19001

							Cei	rtificat	e oi	f Death			Reg.	No.			
	Physic		Decedent's Nama (First, Mid     Be		a Louis	e Henl	ey					2. Data of I Month June	Death	Day 1996	Yaar		na of Death
	/Medi Exami		4a. Facility Nama (If not instituti	on, giva	streat and num	ber)				4b. City, To	own, or Lo	cation of De		4c. Count	y of Death		
			211 Crabb Aver	nue						Rock	ville	2	Montgomery				
	Funeral Director		5. Social Security Number 220-12-4029	6. Sa	ax □M2⁄ÇF	7. Aga (In yrs. 69	last birthday) Yrs.	If Undar Months	1 Yaa Day		24 Hrs. Min.	6. Data of E (Month, I Dec.	lirth Day, Ye	ar) 926	Coun	try)	ata or Foreign
	Pu ,		Usual Rasidance of Decedant			10.0											
	e Menylan Sa-f show	ctor	Maryland Monto	•	ry	10c. Cr	Rockv								10	115	da City Limits Yas 2□ No
	23a or 2	al Director	10e. Street and Number 211 Crabb Avent	ıe				10f. Zip	Coda 085				United Stat				
020	filed within 72 hours efter deeth with the Meryland Hygiene. ther than "natural", or items 23a or 28a-f show ther the Medical Exeminer must be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Ma 3 Awidowed 4 Divorce		12. Was Deced Armed Ford 1  Yas 2 If Yas, Giva Yaar or Da	cas? 2 ∐XNo I		Was Deced If Yas, spec 1 ☐ Yas	cify Cu	ban, Maxica	n, Puarto	ecify Yas or N Rican, atc.)	) Black, Wh		ce - Amaricack, Whita, a	atc.	n,
Maryland 21215-0020	vithin 72 ho ne. han "natur	Completed by	15. Decede (Specify only high Elamantary/Secondary (0-12)	ast grad	ucation da complated) Coltage (1-	4or 5+)	life.	kind of wo DO NOT u	rk don se retir	a during mos	st of work	hg	16b. Kind of Business/Industr				
N	hygie her t		12 17. Fathar's Nama (First, Middle	( not)			W	aitre	SS	10 Math	orla Manua	Food Ser				9	
and	S E S	Be	William A. I		AV					Orria T. Gre				an Suma	ma <i>)</i>		
2	2 should be filed withli end Mental Hygiene. Is marked other than sumetic event, the Ma	2	19a. tnformant's Name/Relation				10h Mailie	a Address	/Ctro				h. a. Taua	Ctate 7in	Codel		
Z S	and 2 sealth en n 27 is ner trau		Heather L. Hen			er		_					Number, City or Town, State			20850	
d)	_ +		20a. Mathod of Disposition	теу	/ Duagiic			211 Crabb Avenue, Rockville, Maryland 20850  ce of Disposition (Nama of natary, crematory or other place) June 13, 1996  20c. Location - City or Town, S								la	
no	ant of t: H h		1 Burial 2 Cramation			lata					е та,	1996					
Baltimore,	permit. Pages Department of H Important: If ite any injury or of					Par					ty Rol	ort A		_			
Ba	Depa Impo any i	9	Michele (	A Donation 5 Other (Specify)  Parklawn Memorial Park  Signature of Funeral Service Licensee  Parklawn Memorial Park  22. Nama and Address of Facility Robert A. Pumphrey Funeral Rockville, Inc., 300 W. Montgomery Avenue, Rockville, Maryland 20850-2805													11 HOME
	Physician /Medical		23a. Part1. Entar the disaasa, shock, or haart failura. Lis	or comp at only o	ona causa on aa	ch tina.		ar tha mod	la of dy	ying, such as	cardiac (	or raspiratory	arrast,			Onset a	Batween and Death
	Examiner		disaasa or condition rasulting in death)		a. Sep	ticemi	100									l mo	nth
		ē			E w d		or as a consec	uance of):							1 month		
	cuted	흝	Endocarditis  Sequentially list conditions, if any, leading to immadiate cause Enter Livedryling Creating Discourse Company Discourse Comp								1	I IIIO	IICII				
ó	an en		Sequentially tist conditions, if any, leading to immadiate cause. Enter Underlying Causa (Disaasa or Injury	J	Cro	hns Di		100.100 017.								20 v	ears
68760,	ate be hysici	Ical	Causa (Disaasa or Injury that initiated avants rasulting in death) Last	5	c		or as a conseq	uance of):								1	
29 X	ocarificate be executed anding physician and use as the buriel-transit	/Medical	resource in doubly East	U											1		
ô	eath ce ettendi for use				d										1		
	0 0 0	Physician	Part II. Other significant condit	lons co	ntributing to dea	th but not ras	sulting in the u	ndarlylng c	ausa ç	given in Part	t.	23b. DI	d toba	co ues c	ontributs to	the car	use of death?
s, P.O	requires that the seen signed by the hould be detech	by Phy										10	Yes	2□ No	3 □ Prob	ably	4 Unknow
Records,	aw 2 s	Completed										24a. Wa	is an a formed		ava	allable p	psy findings rior to of cause
~	0 - 6	000										10	Yas	2 🔀 No	1 -	Yas	2DXNo
VItal	iclan: Th certificate rector, pa	Be	25. Was casa rafarred to medic axaminar?	at						26. Place	a of Deatl	(Check only	ona)				
0	Physician: this certific ral director,	P	1 □XYes 2 □ No			-	ER/Outpatier		/^		ursing Ho	ma 5∐ŽRa	sidence	6 □Ot	har (Specify	1)	
	Attending P or death.	ertification:	Z D 7 tooldant	tigation	28a. Data of (Month	tnjury , <i>Day Year)</i>	28b. Tima of tnjury	M 2	28c. tnj W 1[	uryat ork? □Yes 2□		28d. Dascrib	e how I	njury occu	rred		
	10年2日	Certific	3 Suicida 6 Could 4 Homicide detar	I not be minad	28a. Ptace of building	of Injury - At h g, atc. (Specil	oma, farm, str	eet, factor	y, office	9		28f. Location City or T			ber or Rura	/ Routa	Number,
	To the Hospital within 24 hours a To the Funeral Completely filled	edical (	29a. Cartiflar (Check only one)	ng Phy I Exami	elcian: To tha b	is of axamina	wtedga, daath ttion and/or inv	occurred vastigation	at tha , in my	tima, data ar opinion, das	nd place, ath occurr	and dua to the	a caus a, data	a(s) and m and place	anner as st , and dua to	ated. tha cau	ise(s)
	within To the comple	Me	29b. Signature and title of certifi	10	1	1		290	29c. Licansa number			29d.	Data sign	ed (Month, I	Day, Ye	ar)	
	1		> Selly 1	M	1021	_ /			D04	541			Jι	ne l	2, 199	96	
	0		30. Nama and addrass of person	n who c	ompleted causa	of death (Iter	n 23a) (Type,	Print)									
	T		30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print)  Gary M. ROggin, M.D., 10215 Fernwood Road, Bethesda, Maryland 20817-110								7-110	5					

Registrar

JUN 1 3 1996

man the second

DIVISION OF VITAL RECORDS, P.O. BOX 68760

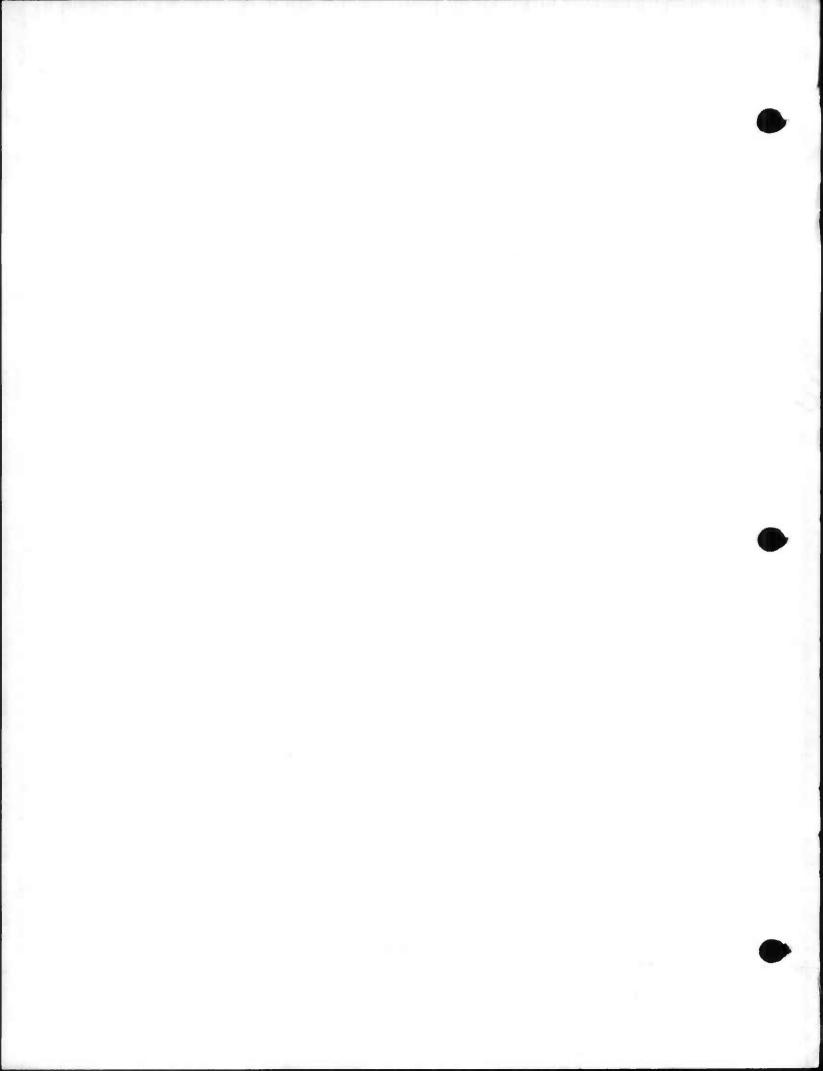
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN			CI	-niir	CAIL	JE DE	AIH	F	REG. NO.			
	1. DECEDENT'S NAME (First,	HI CHILLIAN .	Richar	- 1 t		0			2. DATE OF	DEATN DA	Y	YEAR	TIME OF DEATH
		-				dre			Sun	1 -	6 19	394	C= dd bu
	4. SOCIAL SECURITY NUMBER			. AGE (In yrs. las	t birthday)	MONTHS DA	AR IF L	INDER 24 HRS.	7. DATE OF I			8. BIRTNP	ACE (State or Foreign
1	213-48-5133		1X M 2   F	38	YRS.	months of	no.	min.	Sept.		1957	Jap	an
-	9e. FACILITY NAME (If not ins					9b. CITY, TO	WN OR LO	CATION OF DE	ATN		9c. COUN	ITY OF DEA	
DIRECTOR	Holy Cross	Hospit	al			Silv	er S	pring			Mont	tgome	ry
D D	10a. STATE	10b. COUNTY			10c. CITY	, TOWN OR L	OCATION					1.	Od. INS/DE CITY
1 8	Maryland	Monto	jomery			Kensir							LIMITS?
	10e. STREET AND NUMBER	1101109	Joiner y			KCHSTI	101. ZIP			_	10m CITI		AT COUNTRY?
FUNERAL	4013 Decatua	r Avenu	IP.					895					
N N	11. MARITAL STATUS		2. WAS DECEDENT E	VER IN U.S. AR	MED	12 MAG		NT OF NISPAN	IIC OBIOINS (6	nasth. Man			States - American Indian,
	1 Never Married 2XXI	Married	FORCES? 1 [	YES 2 X		If ye	s, specify	Cuben, Mexica	n, Puerto Ricas	n, etc.)	01 NO.	Black,	White, atc.
BY	3 Widowed 4 Divon	ced	ii izo, aive wa	ONDRIES		''	IES & LA	NO Specify	<i>'</i> :			Specify:	white
COMPLETED	15. DECE (Specify only	DENT'S EDUCAT	TION (mpleted)	16e. DE	CEDENT'S	USUAL OCCU	PATION		16b. K/N	ID OF BUS	INESS/IND		WITTOO
i iii	Elementary/Secondary (0-		College (1-4 or 5+)	life.	Do NOT us	e retired.)	y most or t	vonung					
MP			2	Syst	cems	Analys	t		U. S	S. De	pt.	of Ad	riculture
00	17. FATNER'S NAME (First, Mic	idle, Last)					10.	MOTNER'S NAI					
BE (	Charles Her						Н	elen	Sch	ueth			
0	19a. INFORMANT'S NAME (Ty)			198	. MAILINO	ADDRESS (St	eet and Nu	mber or Rural F	Route Number, (	City or Town	, State, Zip	Code)	
-	Stephanie C.		У		Sam	e as l	0						
	20s. METHOD OF DISPOSITION  1  Burist 2  Cremation	3 Remova	al from State	20b. PLACE A	ND DATE C	F DISPOSITIO	N (Name of		DATE		CATION — C	Ity or Town	n, State
0	4 Donation 5 Other	Specify)		Chesa	peak	e Cren			6-13		tsvi	lle,	Maryland
1	21. SIGNATURE OF FUNERAL	SERVICE LICEN	ISEE	2	Rapp Funeral Services, P. A.								
8	- Cle	ex	N.K	ap	933 Gist Avenue, Silver Spring,						ina i	MD 20910	
	23. PART I. Enter the dis	eesea, or cor	mplications that c	eused the de	ath. Do n	ot enter the	moda o	dying, auch	n aa cardiac	or reepl	ratory arm	est.	Approximata
	immediate cause (Fina	art fallure. Lie	at only one ceuse	on each line	•			CONTRACTOR					Interval Between Onset and Death
	disease or condition		Ca	0.5		OR. V	-~-	44	River				Onset and Death
	resulting in death)	<b>a.</b> ,	DUE TO (O	R AS A CONSEC	Debe arrythwich consequence of:								0 100
z		<b>6</b> .											
CERTIFICATION	Sequentially list condition if any, leading to immed	na,	DUE TO (O	AS A CONSEC	UENCE OF	):							
S	cause. Enter UNDERLYIN CAUSE (Disease or injur	IG											
ᄪ	that initiated events		DUE TO (O	R AS A CONSEC	DUENCE OF	):							
E	resulting in death) LAST	d.,											
	PART II. Other algoliticen	t conditione	contributing to de	eth but not r	eeulting i	n the under	vina ceu	ee given in i	Part I 24s	. WAS AN	MITTOPEY	24h W	PERE AUTOPSY FINDINGS
EDICAL	7.1									PERFOR	MED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE
									-   10	YES 2	<b>1</b> /40	٥	F DEATH?
Σ.	DID TOBACCO US	E CONTRI	BUTE TO CAUS	SE OF DEA	TH VE	S NO		NCERTAIN				1	☐ YES 2 NO
\A	25. WAS CASE REFERRED TO		TO CAO			H (Check only		IACEKIMI	, []	-			
Sic	EXAMINER? YES 2 NO		OSPITAL:	B/Outpatient 3	□ DOA	OTHER:	Mama 8 /	Residence	a 🗆 au	- M b			
	27. MANNER OF DEATH		26a. DATE OF IN	JURY	26b. TIME	OF 28c	INJURY A		28d. DESCRI		JURY OCC	URED	
主	27. MANNEH OF DEATH		(Month, Day,	Year)	INJ		WORK?	2   NO					
Y PHYSICIAN:	Netural 5 🗆 P				M 1 YES 2 NO								de Alumbas
BY	Netural 5 P	rvestigation	28e. PLACE OF I	NJURY — At ho	— At home, farm, street, factory, office 281				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ED BY	Netural 5 P 2 Accident In 3 Suicide 6 C		28e. PLACE OF II building, etc	NJURY — At ho	me, farm, s	treet, factory,	office				nd Number (	or Rural Rou	ile Number,
ED BY	Netural 5 P 2 Accident In 3 Suicide 6 C 4 Homicide d	ovestigation ould not be etermined	building, etc	: (Specify)					City or To	wn, State)			io rumos,
ED BY	Netural 5 P P Accident 1 S Suicide 6 C C Homicide 6 C C Check only 1 CERTII	rvestigation rould not be etermined	N: To the best of my	knowledge, de	eth occurre	d at the time,	data and p		City or To	wn, State) ) and men	ner as state	d.	
COMPLETED BY	Netural 5 P P Accident 5 In	restigation could not be etermined  FYINO PNYSICIA CAL EXAMINER:	N: To the best of my	knowledge, de	eth occurre	d at the time,	data and p	occured at the	City or To	wn, State) ) and men	ner as state	od. o ceuse(s) s	nd manner se stated.
ED BY	Netural 5 P P Accident 1 S Suicide 6 C C Homicide 6 C C Check only 1 CERTII	restigation could not be etermined  FYINO PNYSICIA CAL EXAMINER:	N: To the best of my	knowledge, de	eth occurre	d at the time,	data and p		City or To	wn, State) ) and men	ner as state	od. o ceuse(s) s	
COMPLETED BY	Netural 5 P P Accident 5 P P P P P P P P P P P P P P P P P P	restigation could not be stermined	NN: To the best of my	knowledge, de	ath occurre	d at the time,	data and p	occured at the	City or To	wn, State) ) and men	ner as state	od. o ceuse(s) s	nd manner se stated.
BE COMPLETED BY	Netural 5 P P Accident 5 In	restigation could not be stermined	N: To the best of my On the basis of axan	r knowledge, de nination and/or i	nvestigation	d at the time,	data and p	LICENSE NUM	City or To	) and menoplace, and	due to the	d. scouse(s) s	nd menner as stated.  North, Day, Year)
BE COMPLETED BY	Netural 5 P P Accident 5 P P P P P P P P P P P P P P P P P P	restigation found not be stermined  FYINO PHYSICIA AL EXAMINER:  OF CERTIFIER  PERSON WHO C	On the best of my	knowledge, de inination and/or i	ath occurre	d at the time,	data and p	LICENSE NUM	City or To	) and menoplace, and	due to the	d. scouse(s) s	nd manner se stated.
BE COMPLETED BY	Netural 5 P P Accident 5 P P P P P P P P P P P P P P P P P P	restigation rould not be retermined  FYINO PHYSICIA AL EXAMINER:  PERSON WHO (	N: To the best of my On the basis of axan	or DEATH (ITEN	nvestigation	d at the time,	data and p	LICENSE NUM	City or To	) and menoplace, and	due to the	d. scouse(s) s	nd menner as stated.  North, Day, Year)



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

19003

1.5						Cer	tificate	of Death	7	F	Reg. No.		
	Physic	ian	1. Decedant's Nama (First, Middla, La							2. Data of Dea Month	Dav.	Year	3. Tima of Death
	/Medi		PHYLLIS	ISA			144	· ,		JUNE 1:	2, 1996		11:10 PM
	Exami	ner	4a. Facility Nama (If not institution, git	va street and nun	nber)			4b. City, T	own, or L	ocation of Death	4c. Count	y of Death	
			12717 TRIPLE CRO		- 4 4 .		Hilladay 1 V	N. I	POTOM	AC	MON	TGOME	
	Funeral			Sex 1□M <b>XX</b> F	7. Aga (In yrs. I. <b>40</b>	ast birthday) Yrs.	If Undar 1 Y Months D	ays Hours	Min.	8. Data of Birth	Year)	9. Birthp	place (Stata or Foraign
VL. U	Director		Usual Rasidence of Decedant		- 10					3011	, 1999	MEM	TORK
000	A 11		10a. Stata 10b. County		10c. City	, Town or Lo	cation				20	1	Od. inside City Limits
207	E P	to	MARYLAND MONTG	OMERY	1	N. POT	DMAC						1 ☐ Yas SENO
40	128	Director	10e. Street and Number				10f. Zlp Co	da			10g. Citizen of	What Cour	ntry?
3	8	O ie	12717 TRIPLE CRO	WN ROAD			20	878			UNITE	D STA	TES
5-0020	"naturel", or flems 23a or 28a-1 show	Funeral	11. Maritai Status	12. Was Dece Armed For	dant Evar in U,	S. 13. V	Vas Decedani	of Hispanic O	rigin? (Sp	pecify Yas or No- Rican, atc.)	14. Ra	ce - Amaric	
0	or R		1 Navar Married Married	1  Yas If Yas, Giv			□ Yas 2			rioan, atc.)	1	ck, Whita,	
21215-0020	1.0	d by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Da	itas:		U 183 ZE	THO Specify	·		Specia	y: WHI	.TE
2	natur	Completed	15. Decedent's E (Specify only highest gr	ducation ada complated)		16a. Deced (Giva	ant's Usual O	ccupation lona during mo etired)	st of work	king	16b. Kind of E	lusinass/In	dustry
2121	then the Me	Id III	Elamantary/Sacondary (0-12)	College (1	-4or 5+)		reache)				FDIIC	ATION	ī
d 2			17. Fathar's Nama (First, Middla, Last	*)			LIMION		are Nam	na (First, Middla,			1
an	la de	Be C		7							Waldan Gama	na,	
Maryland	th and Menta 7 is marked traumatic e	2	WILLIAM COOPER  19a. Informant's Name/Ralationship	(Tyne Print)		19h Mallin	n Addrage /S		CE W	OLF rai Routa Numbe	City or Tour	State 7in	Code
N S			STEVEN ISAACS (H							N. POTO			
a .	Health a Hem 27 Is other tra				20b. PI	ace of Dispos	ition (Nama	of		Data Data	20c. Location		
			20a. Method of Disposition  4 Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Spaci		Stata		atory or otha	r place)					
Baltimore,	는무무		21. Signature of Euneral Service Lice				DEAN Nama and A	ddrass of Faci		-14-96	OLNEY,	MARY	LAND
e a	Depa Impo		WI-	27	_					MEMORIA	AL CHAP	ELS I	NC.
	THE REAL PROPERTY.	Н	23a. Part1. Entar tha disaasa, or com	onlications that ca	sused the death							ARYLA	ND 20878 Approximata
	huoloian		shock, or haart failura. List only	ona causa on a	ach lina.	. Do Hot divice		t dying, odon d	0 00/0/00	or raspiratory as	1401,		Intarval Batween Onsat and Death
	hysician /Medical		Immadiata Causa (Final	Anc.				\	0			-	7. 10
E	xaminer		disaasa or condition resulting in daath)	a. MUEN	OCARC.			できる	V.	1:na-	7	- '	tmonths
	S. Line	Je.			Dua to (or	as a consequ	Janca or):				()	1	
ox 68760,	physician end s the buriel-transit	Examine	Sequantially list conditions,	b	Dua to (or	as a consaquance of):							
0,	ian ei uriel-t		If any, laading to immadiate cause. Enter Underlying Cause (Disease or Injury										
68760,	hysic the b	//Medical	that Initiated avents resulting in death) Last	С	cDua to (or as a consaquanca of):								
9	ding p	Med	ALL CONTRACTOR OF THE CONTRACT	a								!	
		iclan/		0.									
.O. Bo	the e	/sic	Part II. Other significant conditions of	contributing to de	ath but not rasu	iting in tha un	darlying caus	a givan In Pari	I.	23b. Did t	obacco use co	ontributa to	o the cause of death?
ק, בּבְּ		Physi								101	res 2 No	3 <b>5</b> fo	bably 4 Unknow
ds,	6.8	by										O45 144	
ords	been si	etec								24a. Was a	an autopsy med?	av	ara autopsy findings ailabla prior to implation of cause
Zec .	N C/	Completed											daath?
<u>a</u> .	pare									1 🗆 Y	as XX No	10	□Yas 2□No
of Vital Records,	s certificate director, pag	Be	25. Was casa rafarred to medical axaminar?	Hospitai:				Other		th (Check only o			
5	e Sis	၉	1 Yas 20 No	1 U Ir		ER/Outpatient			lursing Ho	oma AARasid			у)
L out	h. After funer	lou	27. Mannar of Death		n, Day Year)	28b. Tima of injury	28c.	Injury at Work? 1 ☐ Yas 2 ☐	T No.	28d. Dascribe h	low injury occu	rred	
ISI Ten	efter deat Director: I in by the	Ica	2 Accidant Invastigatio	a one Diese	of injury - At hor	me ferm etre			3140	28f Location /9	Straat and Num	her or Rure	al Routa Number,
DIVISION or Attending	efter death.  Oirector: After d in by the funer	Certification:	4 ☐ Homicida datarmined		g, atc. (Specify,		at, lactory, or	1100		City or Tow		DOT OF FIGH	irriodia ridiniper,
Hospital	within 24 hours efter death.  To the Funeral Director: After completely filled in by the fune	- 1	29a. Cartifiar Dartifying Pt	vsician: To the l	nest of my know	dadoa daath	occurred at the	na tima data a	nd place	and due to the o	rausa(s) and m	annar as s	tated
	Fur letely	edical	(Check only 2 Medical Examone)	niner: On the ba and mann	sis of axaminati	on and/or Inv	astigation, in	my opinion, da	ath occur	red at tha tima, o	data and place,	and dua to	tha causa(s)
othe	within To the comple	Me	29b. Signature and title of curifier	0			29c. LI	cansa numbar		- 2	29d. Data sign	ed (Month,	Day, Yaar)
	/		1 40	L_			D	354	35		JUNE 1	3, 19	96
<i>)</i>	6		30. Nama and addrass of person w	omplated cause	of death (Itam	23a) (Type. F	Print).		_			,,	
	9		Joseph KARLA	_ \{	3111 P	11 ~ W	PL:	\ <u></u>	Dr.	OL	NEY.	mo .	20832
	Sta	ite	31. Data filed (Month, Day, Year)	32. Re	gistrar's Signat	ura		1			- 14		- / _
	Registi	ar	JUN 1 4 1996	Julia	evidson A	Indess.							
	1 40 0 000	_	No.	U	-								

DHMH 16 Rev 6/95

gara. Major III records to the first tell to the first tell to the second of the second 

Kongres and the sense of the

State of Maryland / Department of Health and Mental Hygiene

19004

							(	Certific	ate of	Death			Reg. No.	0	191	004
			1. Decedent's Nema (First, Min	idla, La	ist)						2	. Date of Dea	ath		3. Tima	of Death
Į	Physic /Medi		Maurice	Th	eobald I	verso	n				3	Month June 7	Day 1996	Yeer	4:(	00 AM
	Exami		4a. Fecility Nama (If not Institu	ion, gh	ra streat and numbe	or)		_		4b. City, Tov		tion of Deeth		of Death		
ſ			Medlantic Ma	nor	at Layhi	.11				Silver	Spri	ing	Mont	gomery	У	
	Funeral		5. Social Security Number	6. 5	Sex 7. /	Aga (In yrs.		Mont	ndar 1 Yaar hs Days		24 Hrs. 8 Min.	. Data of Birt (Month, Day	h v. Year)	9. Birthpi	aca (State	a or Foreign
	Director		484-24-0204 Usuai Rasidance of Decedent		IQM ZUF	92	Y	rs.					7,1904	Iowa		
	pu Ma		10a. Stata 10b. Cour	ity		10c. Ci	ty, Town	or Location						10	Od. Insida	City Limits
	Mary 4 she led s	ŏ	Marviland Mont	~~~		C4	1	Cond								as 2 No
	28a notif	Director	Maryland   Mont	gom	ery	51	.iver	Spri	Zip Coda				10g. Citizan of	What Coun	trv?	
	ter death with the Maryland Itsems 23a or 28a-f show inst. must, be notified at		15101 Glade Dr	1110	#1_C			1		0906			U.S.		,.	
	Seeth The 2	Funeral	11. Marital Stetus	TAE	12. Wes Deceder	nt Evar in U	l,S.	13. Was De			oin? (Speci	fv Yes or No-		ca - America	an Indien.	
0		E	1 Nevar Married 2 M	arried	Armed Force:			If Yas, s	specify Cub	an, Mexican,	, Puerto Ri	fy Yes or No- can, atc.)	Blee	ck, Whita, a	Mc.	
Maryland 21215-0020	hours after hursi', or its at Examins	by	3 🖾 Widowed 4 □ Divord	ed	If Yas, Giva Yeer or Dates	_		1 🗆 Ya	s 2½ No	Specify:			Specify	y: Whi	te	
2	natural', edical Exa	Completed	15. Deced				18a. C	ecedant's L	Isuel Occu	pation			16b. Kind of B			
2	within 7 than "r	ple	(Specify only hig Elamentary/Secondery (0-12		coilaga (1-40	r 5+)	- 9	ifa. DO NO	Tusa ratire	during most	of working	1				
2	Hygien Hygien filher flu	200			5+		Pr	ofess	or				Educa	tion		
pu	を見る	Be	17. Father's Nama (First, Midd	e, Last,	)					18. Mother	r's Nema (i	First, Middla,	Middla, Maidan Sumame)			
уB	Ould be Mental Marked o	2	Edwin Iv	ers	on						Lena U					
lar	なると		19a. Informant's Name/Ralatic	nship (	Type, Print)		19b. l	Malling Addi	ass (Strea	t and Number	r or Rural F	Routa Numbe	er, City or Town,	Stata, Zip	Coda)	
3,2	1 and Health em 27		Robert M. Ive	rso	n		151	01 G1	ade D	rive #	1-C S	ilver	Spring	,Mary	land2	20906
0	Pages 1 nent of H int: If the iry or off		20a. Method of Disposition  1 ☐ Burial 2 ☐ Cremation	n 3 [	Removel from Stet		Place of L comatary,	crematory	Name of or other ple	ca)	1	Data	20c. Location -	· City or Tov	wn, Stata	
Baltimore,			4 □ Donation 5 □ Othar	olitar	n Crei	natory	6/	8/96	Alexand	iria, V	/irgi	nia				
Sal	eparti eparti my inj ng inj		21. Signature of Funarai Servi	e Licer	nsee	- 1				ess of Facility		lunera'	Ното	Tno		
ш	00286		Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 20901												) 1	
П			23a. Part1. Enter the diseasa, shock, of haart failure. L.	or com	plicetions thet caus	ed the dee	th. Do no	t enter the r	noda of dy	ng, such as o	cardiac or r	espiretory er	rest,		Approxim Interval B	eta
	Physician		Immediata Causa (Final disasse or condition Alzheimer's Disease 3 Vo											Onset an		
И	/Medical Examiner													Year	s	
П	Examinie		disaese or condition rasulting in daeth)  Alzheimer's Disease 3 Years  Dua to (or as a consequence of):													
-	D #	i e	b													
	stificate be executed ing physician and e as the burial-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying		J	Due to (	or as a co	nsequance	of):							
60,	cian buria		Cause (Disease or injury	,	c									1		
68760,	physis the	edical	that initiated events rasulting in death) Last	1	•	Due to (d	r es e co	nsequance	of):							
ox 6	certificate be executed ding physician and use as the burial-transf	≥		L	d									i_		
$\mathbf{\alpha}$	s that the death ce ned by the attendi e detached for use	Physician/												1		
P. O.	the d y the ached	ıysı	Part II. Other significant cond	tiona c	ontributing to death	but not res	ulting In t	he underlylr	ng cause gi	van in Part I.			obacco use co			
	that deta		Pneumonia									10	ree 2 ₩ No	3 Prob	ably 4	Unknown
of Vital Records,	w requires to been signed should be	d by										240 Was	en autopsy	24h We	ra autops	v findings
Ö	been	ete	Arterioscle	rot	ic Heart	Disea	se						med?	ava	nileble prio	or to
Re	has be 2	Completed												of d	daath?	
0	ician: The li certificate ha rector, page											1 🗆 Y	as 2 🔯 No	1 🗆	Yes 2	□ No
5		Be	25. Was case rafarrad to medi axaminar?	al	Hospital:				Ot	hor:		Check only o				
ō	Phys this ral di	P.	1 ☐ Yas 2 ☒ No 27, Mannar of Death		1 L Inpa		ER/Outp 28b. Tir		DUA	4 KN NUI	T .		lence 6 Oth		)	
ou	ding h. After fune	ti U	1 ⊠Natural 5 □ Pane	ding stigation	28a. Data of In (Month, E	Day Year)	Inje		28c. Inju Wo	rk?  Yas 2∐ N		u. Dascribe ii	low injury occur	160		
S	or Attending after death. Director: After in by the fune	fica	3 ☐ Sulcida 6 ☐ Coul	d not be		niury - At h	oma fam			,		f. Location /5	Street and Numb	her or Rural	l Route No	ımber
Division	after Dire	Certification:	4 Homicide	mined		atc. (Specil		, 011001, 140	, oinos			City or Tow		701 01 110101	7100.0710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Τ.	epita ours peral		29a. Certifiar 1 X Certifi	ing Ph	ysician: To the bes	t of my kno	wiedoe.	laath occurr	ed at the ti	ma data and	I place and	d due to the /	n bne (s)eaus	enner es st	hete	
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	(Check only 2 Medic	l Exan	niner: On the basis and mannar	of axamina	tion end/	or Invastigat	ion, in my	opinion, daatl	h occurred	at the time,	data and place,	and due to	the cause	i(s)
	ro th vithin ro th	Me	29b. Signetura and title of carti	iar					29c. Licen	se number			29d. Data signe	d (Month, L	Day, Year)	)
	. > - 0		A		1 R	men	mo D 24543 June 7, 1996									
	12		30. Nama and address of person	n who	completed cause of	death (Ita-	n 23e) (T	(ne Print)	D 2	7,740			Julie /,	1970		
			James A. Ross						e Wor	1d B1 <sub>17</sub>	d. Si	lver (	Spring,	Marv1:	and 2	0906
	Sta	te			32. Renis	trar's Signa	tura .		_ ,,,,,,		U1		-hr Tite 21	-u1 y 10	-11U 4	,000
	Registr	ar	31. Data filad (Month, Day, Yea	19	96	in Deep	down-	phylass								

te at her il il il il

and the second

State of Maryland / Department of Health and Mental Hygiene

Physician
/Medical
Examiner
Examiner

**Funeral** Director

filed within 72 hours efter death with the Maryland 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at permit. Peges 1 and 2 should be filed within 7. Depertment of Heelth and Meniel Hygiene. important: if item 27 is marked other than "ne any injury or other traumatic event, fire Media once.

Saltimore, Maryland 21215-0020

**Physician** /Medical Examiner

physician end the buriel-transit Records, P.O. Box 68760. The law requires that the death certificate be signed by t page 2 should peed has certificate Division of Vital Hospital or Attending Physician: 24 hours after death. this

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year ERVIN L JUNE 08,1996 JONES JR. 15:40 P 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death PRINCE GEORGES HOSPITAL ER Cheverly PRINCE GEORGES If Under 1 Yaar If Undar 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foraign Country) Days Hours XXM 2DF Yrs 570 33 2100 35 Oct. 23, 1960 California Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 74% Director Maryland Prince George's Upper Marlboro 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1113 Mandrin Drive 20772 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ Mo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 11. Marital Status 1 ⊠Xever Marriad 2 ☐ Married 1 ☐ Yes 🔀 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced **Black** Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/industry Elementary/Secondary (0-12) College (1-4or 5+) Attorney U.S. Government 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maidan Surname) Ervin L. Jones Sr. Linnie Mae Washington 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Linnie Mae Jones Mother 3741 Ruthford Ct. Inglewood California 90305 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 15 Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Forest Lawn Memorial Park 6/21/96 Hollywood Ca. 21. Signature of Funeral Service Licansee 22. Name and Addrass of Facility Robert E. Evans Funeral Home, P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 2□ No Be 25. Was casa referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 【X 【\*\*\* Pl/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) 2 1XXes 2□ No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? After 5 Pending 1 Natural subject shot 1 ☐ Yes 2 100 investigation 257 pm 2 Accident Director: 28f. Location (Street and Number or Rural Route Number, City or Town, State) Could not be determined 3 ☐ Suicide 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1113 Mandaving To the Hospital or within 24 hours aft To the Funeral Di completely filled In 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

20 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) OCME JUNE 09,1996 Mikn MEUDURE 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

**DHMH 16 Rev 6/95** 

Registrar

KFC to a sky the arms to the sky the s 1 12

which are the feet and a

State of Maryland / Department of Health and Mental Hygiene

1	0	0	0	-
П	9		H	h
- 8	000	0	0	-

					Cer	tificate	of.	Death			Reg. No.				
Discolate		1. Decedent's Neme (First, Middle, La	ist)						2.	Date of Dec		Year	3. Tim	e of Death	
Physiciai /Medica		VAMES	A. Jon	14501	V				7	TUNE	- Jay	96	1:	DAPA	
Examine		4a. Facility Neme (If not Institution, give					1	4b. City, Town,	or Locat	ion of Death	4c. Count	y of Death			
	ı	SOUTHERN MAS	RYLAND ;	HOSPI	TAZ			CdI	NTE	M	PRI	NE (	SFO	RIJES	
Funeral		5. Sociel Security Number 8. S	Sex 7. Age	(in yrs. lest	birthday)	If Under 1 Months	Yeer Days	If Under 24 H		Dete of Birti (Month, Day	h		lace (Ste	te or Foreign	
Director		578-58-2388	EM 2UF	53	Yrs.	WOINIS	Days	Tiodis 16		May 19		D.			
2 .	-	Usuei Residence of Decedent  10a. Steta 10b. County		10- 0'- T											
Aarylar f show ed at		Md. P. C	3.	10c. City, To		Hill	C					1		e City Limits	
or 28a-f sh as notified.	2					_								res 2 □ No	
2 4	Funeral Director	10e. Street end Number 5604 Mansfield Dr	rivo			10f. Zip 0		0747			10g. Citizen of		The state of the s		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>e</u>	5004 Hansileid Di	ive					0747				ed States			
the man	nue l	11. Marital Stetus	12. Was Decedent E Armed Forces?		13. V	Vas Decede I Yes, specif	nt of H	lispanic Orlgin? an, Maxican, Pu	(Specify lerto Ric	pecify Yas or No- to Rican, etc.) 14. Raca - A Bleck, W				٦,	
	D I	1 Never Merried 2 Merried	1 ☐ Yes 2 🖾 N If Yas, Give	lo		□Yes 2		Specify:			Speci	D11-			
		3 Widowed 4 Divorced	Yaer or Datas:												
nat and a	Completed	15. Decedent's Ed (Specify only highest gra	ducation ada co <i>mpleted)</i>	10	(Give	lent's Usuai kind of work OO NOT use	done	durina most of t	working		16b. Kind of I	of Business/Industry			
than to Me	Ē	Elementery/Secondary (0-12)	Collega (1-4or 5-	+)				•			Dedan	ote Te			
The the	3	12th 17. Fether's Neme (First, Middle, Last	1			ainte	nan	ce Work		Tund Adielella	Private Industry				
e ve	e n	James E. Johnson	,						Neme (First, Middle, Meiden Sum Marie L. Jackson			7.55°			
1 Ma nark	2				24 - 27.44										
Dand Tamen	ŀ	19e. Informent's Neme/Reletionship ( Shirley C. Britt		1				end Number or							
f Health Item 27 other t	-		(Sister)	OOh Disease				ld Dr.,							
10 10		20a. Method of Disposition  P Buriel 2 □ Cremation 3 □	Removel from Stete	ceme	a of Disposition (Neme of stery, cremetory or other plece)					Dete	20c. Location				
dury lury		4 Donetion 5 Other (Specif	4 Donetlon 5 Other (Specify)  1. Sloneture of Funeral Service Licenses					ry	6/6	5/96	Wash:	ingtor	ı, D	. C.	
ny in		21. Signeture of Funaral Service Licer	. Morticians, Inc.												
DESG		R. N. Horton Co. Morticians, Inc. 600 Kennedy Street, N. W.													
13.0		23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or raspiratory arrest, shock, or heart fellure. List only ona cause on each line.												mata Between	
hysician	1	shock, or heart fellure. List only one cause on each line.											Onset a	nd Deeth	
Medical		Immediata Cause (Finel disaasa or condition	STATUS	STATUS ASTHMATICUS DAYS.										S.	
caminer		diseasa or condition resulting in death)  Due to (or es a consequence of):													
= 2			ACUTE RESPIRATORY FAILURE											IRS.	
burial-transit	Examiner	Sequentially list conditions,	D	Due to (or as	(or as a consequence of):										
ian a	ă	Sequantially list conditions, if eny, leading to immediate causa. Enter Underlying	ACUTE MYOCARDIAL INFARCTION								HOU	JRS.			
physician is the buria	200	Ceuse (Diseese or Injury thet Initiated events resulting in daath) Last	C	c. Dua to (or as a consequence of):						Hook					
ling p	MG		SEVERE	CHRO	NIC	OBST	RU(	CTIVE	PUL	MONAF	RY DIS	EASE	· YE	CARS.	
attend for us	2	_	d												
ed by the atter	Priysiciary	Part II. Other eignificant conditions of	ontributing to death but	t not resulting	in tha un	ndarlying cau	ise giv	en in Part I.		23b. Dld t	obacco use c	ontribute to	the cau	se of death?	
d by t	È									101	res 2□No	3 Prot	bably	Unknown	
igned be de	2								-						
been signed by the attending physician and should be detached for use as the burial-iran	completed by									24a. Wes	an eutopsy med?	24b. We	ere autop	sy findings for to	
0 0	2								-			COL	mpletion death?	of cause	
ate ha	5									1 🗆 Y	es 28 No	10	] Yes	2 No	
certificate has rector, page 2	2	25. Wes case referred to medical						26. Pleca of 0	Death (C	heck only o	ne)	1	21/21/		
9 5		examiner? 15⊈Yes 2□ No	Hospitel: 1 ☐ Inpatien	nt 2 KER/	Outpatien	t 3 DOA	Oth	or			lence 8 🗆 Ot	har (Specifi	v)		
er this serai d		27. Menner of Deeth	28e. Dete of tnjun (Month, Dey		. Time of		. Injur				ow Injury occu				
r death. octor: After by the funer		1 Netural 5 ☐ Pending 2 ☐ Accident Investigation		rear)	Injury	М		Yas 2 □ No							
is after death.  al Director: After to the in by the funeral formula f	3	3 Suicida 6 Could not be determined	28a. Place of injui	ry - At homa,	farm, stre	et, fectory,	offica		28f.	Location (S	Street end Num	ber or Rura	I Route I	lumber,	
d in		4 LI HOMICIOS	building, etc.	. (Specify)						City or Tow	m, Steta)				
mera y file	8	29e. Certifier Certifying Ph	ysician: To the best of	f my knowled	ge, deeth	occurred at	the tin	ne, dete end pie	ece, and	due to the c	ause(s) and m	nanner as st	eted.		
within 24 hours after death To the Funeral Director: completely filed in by the Medical Contification	3	(Check only 2 Medical Examone)	niner: On the besis of and manner stet	examinetion :	and/or inv	estigetion, in	my o	pinion, deeth o	ccurred e	et the time, o	dete end placa	, and dua to	tha caus	se(s)	
To the	-	29b. Signature end title of certifier 29c. Licansa number 29d. Deta signe								ed (Month, i	Day, Yea	ir)			
		Docto 11 202 D12884 June 3 19									996				
2/	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)									2073	35				
)		PETER W.YIM M.		OLD B			E	SUTTE	10	1. CT	LINTON				
State		31. Dete filed (Month, Dey, Year)	32. Registrer		ALY (		- •	JUTIE		_, 01		,			
Registrar		JUN 1 2 1996			A 40										
H 16 Rev 6/95		VUIT 1 W / 1550	The soul	- TOOK 'S	74.4										

		•	State of Maryland / Department of Health and Certificate of Death		giene 96	19007	
	Physic /Medi Exami	cal	PRINCE GEORGE'S COUNTY MEDICAL CENTER CHEVE		Dey Yee 4, 1996 4c. County of De PG	3:00 PM	
	Funeral Director		5. Social Security Number  579-88-3262  6. Sex 12 M 2 F 35  7. Age (In yrs. last birthday) Yrs.  15 M 10 Pos Hours M  Wonths Deys Hours M  Well Residence of Decedent	lin. 8. Dete of Bir (Month, Da 7/11/	th by Year) 9. B 60 WAS	irthpiece (State or Foreign Spinty) HINGTON, DC	
	a Maryland Sa-f show riffed at	ctor	10e. Stete         10b. County         10c. City, Town or Location           MD         PG         OXON HILL			10d. Inside City Limits 1	
	23a or 24	Funeral Director	10e. Street end Number         10f. Zip Code           1130 KENNEBEC STREET #3         20745		10g. Citizen of Whet C	The state of the s	
020	72 hours efter death with the Maryland natural; or items 23s or 28s-f show dical Examiner must be nutified at	þ	11. Merital Stetus    12. Wes Decedent Ever in U,S. Armed Forces?   12. Wes Decedent Ever in U,S. Armed Forces?   12. Wes Decedent Ever in U,S. Armed Forces?   13. Was Decedent of Hispenic Origin? If Yes, specify Cuben, Mexican, Pull Yes, Give Yeer or Detes:   13. Was Decedent of Hispenic Origin?   14. Wes Decedent of Hispenic Origin?   15. Was Decedent of Hispenic O	(Specify Yes or No lerto Rican, etc.)	14. Rece - An Bieck, Wh Specify:	American Indien, White, etc. BLACK	
21215-0020	within the	Completed	15. Decedent's Education (Specify only highest grede completed)  Eiementary/Secondery (0-12) 12 YEARS  16e. Decedent's Usuei Occupation (Give kind of work done during most of life. DO NOT use retired)  FEDERAL GOVERNMENT	working	16b. Kind of Busines		
Maryland	ould be filed a Mental Hygle arked other i	To Be		Neme (First, Middle, LLA C. HC			
	Maltimore, Maryla wmm. Peges 1 and 2 should morning of theith and Men morning if hams 7 is marke iny injury or other treumstic.	1	19e. Informent's Neme/Reletionship (Type, Print)  STELLA FAISON  1130 KENNEBEC ST., OX  20e. Method of Disposition    XBurial   2   Cremation   3   Remove from State     4   Donation   5   Other (Specify)	ON HILL,	MD 20785 20c. Location - City of LANDOVER,	or Town, Stete	
Balt	permit, Departri Importa any Inju		21. Signature of Emeral Service Licensee 22. Name and Address of Facility	030 12TH	HINES CO., ST NE, DC	INC. 20017  Approximete Intervel Between	
	Physician /Medical Examiner		immediate Ceuse (Finel disease or condition resulting in death)  e. Res pure disease or condition pue to (or es e condequence of):			Onset and Deeth	
Box 68760,	death certificate be asscuted attending physician and for use as the burial-transit	in/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last  Due to (or es a consequenca of):  Due to (or es a consequenca of):	Herry	vhage.	5 days	
P.O.	that the c ed by the datached	by Physician/Med	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did		te to the cause of death?  Probably 4 Unknown	
Records	e law requir has been s je 2 should	Completed b			en autopsy med?	were autopsy findings available prior to completion of cause of death?	
Vital		Be	examiner:	1□ : Death (Check only o	one)	1 Yes 2 No	
Division of Vital Records,	or Attending Phitter daath.  Virector: After this in by the funerel	Certification: To	Topic   Topi	28d. Describe	denca 8 Other (Sphow injury occurred  Street and Number or Invn. State)		
_	To the Hospital or Att within 24 hours after of To the Funeral Direct completaly filled in by	edical Ce	29a. Certifier (Check only onle)  Check only onle)  Contifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placed Examiner: On the basis of examination end/or investigation, in my opinion, deeth or end menner steted.	ece, end due to the	cause(s) end manner dete end piaca, and di	as stated. ue to the cause(s)	
	To the Within To the	Me	29b, Signature and title of cartifier  29c. License number  3 16 0 7	7	29d. Dete signed (Mod	nth, Day, Year)	
	(11)		A JINDINL S-SIDIAM MD 9470 AWNAPULIS LD #	412 , LA	NHAM MB	2.706	

State Registrar

3/4

The assert of the state of the

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

**Physician** /Medical Examiner 1. Decedent's Neme (First, Middle, Last) THERESA

DERRA

JONES

2. Dete of Deeth Dey 1996 ar JUNE 8,

3. Time of Deeth 7:00AM

4e. Fecility Neme (If not institution, give street end number)

4b. City, Town, or Location of Deeth 4c. County of Deeth

**Funeral** 

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filled within 72 hours after c Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural, or item any injury or other traumatic event, the Medical Exemples 2008.

Physician /Medical

Examiner

physician and s the burial-transit

signed by the at

been sig

page 2 certificate has

filled in by

To the Hospital within 24 hours a

this funeral

Baltimore, Maryland 21215-0020

Director

þ

Completed

2

Examiner

Physician/Medicai

à

Completed

Be

2

Certification:

Medical

6506 KNOLLBROOK DRIVE 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 1□M ŽDF 579-76-2948

LANGLEY PARK | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth | Sept. | Devs | Hours | Min. | Sept. | Devs | Wash. |

PRINCE GEORGES

Director

with the Maryland

death

10a Stete 10b County Prince Georges MD

Usuei Residence of Decedent

10c. City, Town or Location

Yrs.

39

10d. Insida City Limits N Yes 2 □ No

Birthpleca (Stete or Foreign Country)

10e. Street and Number

Hyattsville 10f. Zip Code

10g. Citizen of Whet Country?

6506 Knollbrook Drive

20783

USA 14. Rece - American Indien.

1 Never Merried 2 Merried 3 Widowed 4 Divorced

12. Wes Decedent Ever in U,S. Armed Forcas?

1 Yes 2 XNo
ff Yas, Give
Yeer or Detes:

Coilege (1-4or 5+)

 Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Yes 2 No Specify:

Bleck, White, etc. Black

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12)

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

12th

Food Service Supervisor Carroll Manor N.H 18. Mother's Name (First, Middle, Meiden Sumeme)

17. Fether's Neme (First, Middle, Last)

Elbert Jones

Bessie D. Jackson

19e. informent's Neme/Reletionship (Type, Print)

19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1714 Lyman Pl. N.E., Washington, DC 20002

DeShantel Jones-Niece 20e. Method of Disposition

20b. Plece of Disposition (Name of cemetery, crematory or other plece)

Lincoln Memorial Cem. 6-15

20c. Location - City or Town, Stete Suitland, MD

1 Buriai 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) 21. Signeture of Funerel Service Licenses

Mais 23a. Eart. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart feliure. List only one ceuse on eech line.

22. Name and Address of Facility
Marshall's Funeral Home, Inc. 4217 9th St. N.W., Wash., DC 20011

Immediate Cause (Finel disease or condition resulting in deeth)

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest

Due to (or es e consequenca of)

Due to (or es a consequença of):

Pert If. Other significant conditions contributing to death but not resulting in the underlying cause givan in Pert I.

1 Yes

23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown

24a. Wes an eutopsy performed?

24b. Were autopsy findings aveilable prior to completion of cause of deeth?

Approximete Intervel Between Onset end Deeth

25. Wes case referred to medical examiner: 1XXes 2 □ No

1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work?

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

2 No 26. Place of Deeth (Check only one)

2□ No

27. Manner of Deeth Neturei
Accident

3 ☐ Suicide

4 Homicide

5 Pending investigation 8 Could not be determined

Other: 4 Nursing Home 5 Nesidenca 8 Other (Specify) 28d. Describe how injury occurred

29s. Certifier

1 Certifying Physician: To the best of my knowledge, death occurred et the time, deta and place, and dua to the cause(s) and mannar as stated. 2XX Redical Examiner: On the basis of examination and/or investigation, in my opinion, daeth occurred et the tima, data and place, and due to the cause(s) and menner steted.

and title of certifier 29b. Signeture

29c. License number O.C.M.E.

1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Day, Year) JUNE 8, 1996

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

end eddrass of person who completed cause of death (Itam 23a) (Type, Print)

LAKEN Locke. 31. Dete filed (Month, Day, Year)

mo 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signeture

Jali Shudgar Ran

Division of Vital i or Attending P after death. Director: After t

> State Registrar

Marina a American de la comitación de los comos de la comitación de los comos de la comitación de la comitac

Physician /Medical Examiner physician end s the burial-transit Division of Vital Records, P.O. Box 68760

**Physician** 

/Medical

Examiner

**Funeral** 

Director

**ehow** 

ns 23a or 28a-f show

Herns

other traumatic svent, the Medical Examiner 2 should be filed within 72 hours after on and Mental Hygiene.
Is marked other than "natural", or har

Hygiene.

permit. Pages 1 end 2 sh Department of Health and Important: If item 27 is m any injury or other traum once.

Director

Funeral

Àq

Completed

the Maryland

death

Baltimore, Maryland 21215-0020

Examiner Completed Be 2

Physician/Medical à Certification: Medical

29a. Certifier

USB isigned by the a ld be detached f peed certificate hes urs efter death.

wal Director: After this certific illed in by the funeral director. or A Hospital To the Hospital
within 24 hours e
To the Funeral C
completely filled

Registrar

Other: Nursing Homa 5 Residence 8 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 1 Naturel 2 Accident 5 Panding Investigation 1 Yes 2 🗆 No 6 Could not be detarmined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Cartifying Physician: To tha best of my knowledga, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) ath (Item 23a) (Type, Print) 585 MAIN STE

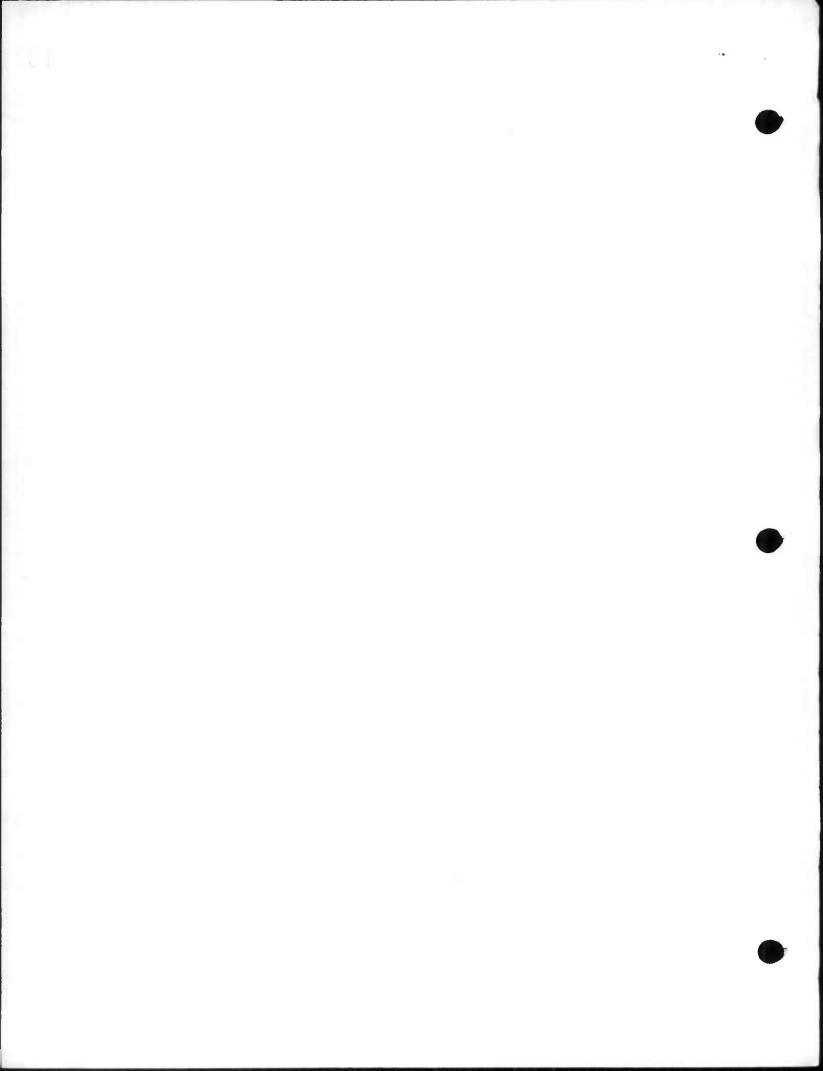
JUN 1 4 1996

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after the state of may be retained by the hospital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furners amends again 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPI	THE FUNER	he filed within	MPORTANT:

BALTIMORE, MARYLAND 21215-0020

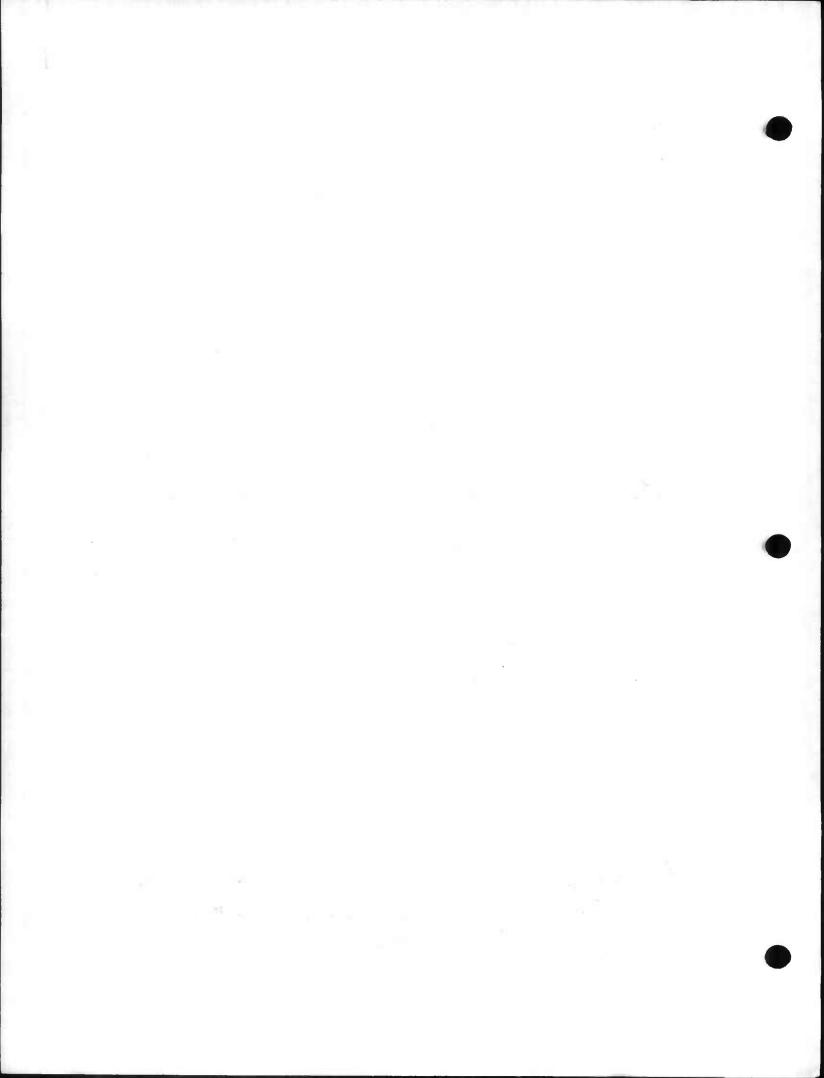
DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1. decreases NAME (First, Middle, Last) Viola Slaalien Jacobs  2. DATE OF DEATH  WAR 13. TIME OF DEATH  VEAR  1.3 1936  7.30 A M													
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yrs. las	If UNDER 1 YEAR   IF UNDER 24 HRS.				E OF BIRTH		996	7-30 A M				
		1 □ M 2 ☑ F 81	YRS. MONTHS		HOURS MIN.	(Mo	nth, Day, Year)		Country,	Butterfield				
	9a. FACILITY NAME (If not institution, give street			LA LOMN (	OR LOCATION OF		il 2,19	112	VIII.	age, MN				
DIRECTOR	National Luthera				/ille	DEATH			ntgor					
EC	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCAT	ION				T	10d. INSIDE CITY				
DIR.		gomery		hesda	a				i i	LIMITS?				
3AI	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZ	ZEN OF WI	HAT COUNTRY?				
FUNERAL	5015 Battery Lan				2081				USA					
	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N		If yes, sp	ENDENT OF NISF	PANIC ORIG	ilN? (Specify Yes o Rican, atc.)	or No-	14. RACE Black,	- American Indian, White, atc.				
ВУ	3 XWidowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 XNO Spe	effy:			Specify	White				
ED	15. DECEDENT'S EDUCAT		CEOENT'S USUAL	OCCUPATION	ON	10	Sb. KIND OF BUS	INESS/IND	USTRY	WHITEC				
COMPLETED	(Specify only highest grade co-		ive kind of work done Do NOT use retired.	e during ma .)	st of working			INCOS/INDOS/IN						
MP	12	Se	cretary			_	Marit	ime						
00	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S	NAME (First	Middle, Meiden	Sumame)						
BE	Hans E. Slaali				Ronna	ug T	jostolv	lon						
2	199. INFORMANT'S NAME (Type/Print)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Rolland H. Tabb, Jr.  8515 Victory Lane Potomac Marry Land 2085/													
	Lane, Totomac, Mary Land 20034													
- 1	20b. PLACEAND DATE OF DISPOSITION  20b. PLACEAND DATE OF DISPOSITION (Name of cametery, crematory or other place)  20c. LOCATION — City or Town, State													
	Donetion 5 Other (Specify)  Netropolitan Crematory 6/14/96 Alexandria,  R. BIONATUJE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY													
	Service Licen	CON .					e Funo	rol L	Jomo	Tma 20001				
_	John X	Chripak		Francis J. Collins Funeral Home, Inc. 209 500 University Blvd. W. Silver Spring. MI										
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximate interval Batween													
	IMMEDIATE CAUSE (Final disease or condition )													
	disease or condition													
	DUE TO (OR AS A CONSEQUENCE OF):													
	Sequentially list conditions,  Due to (or as a consequence of):  Due to (or as a consequence of):													
NO NO		DUE TO COR AS A CONSEC	HENCE OF	u	~ `					19000				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):	au	~					1				
IFICATION	if any, leading to immediate	DUE TO (OR AS A CONSEC		a	<i>^</i>					1				
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury			·ac	<i>x</i> -					19402				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):	·ac						1900				
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	QUENCE OF):	enderlying	g cause given	in Part I.	24s. WAS AN		1	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):	inderlying	g cause given	in Part I.		MED?	1					
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):				PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE				
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CONSECUTION OF THE CONTRIBUTION OF THE CONTRIBUTIO	equiting in the u	NO Ş			PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
: MEDICAL	If amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST  PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CONSECUTION OF DEA)  SUTE TO CAUSE OF DEA)  26. PLAC	TH YES E OF DEATH (Check	NO (xik only one)	UNCERTA	MN 🗆	PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
: MEDICAL	If amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST  PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CONSECTION OF THE PROPERTY OF	TH YES DEATH (Check	NO Sk only one)	UNCERTA  5 □ Residence	AIN	PERFOR	MED?	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CONSECUTION OF DEA)  SUTE TO CAUSE OF DEA)  26. PLAC	TH YES E OF DEATH (Check	NO k only one) ER: ursing Nom 28c. INJ WO	UNCERTA  5 □ Residenc	AIN	PERFOR	MED?	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions of the cause of the conditions of the cause of the conditions of the cause of the c	DUE TO (OR AS A CONSECTION OF TO CAUSE OF DEAD TO CAUSE OF DEAD TO CAUSE OF DEAD TO CAUSE OF DEAD TO CAUSE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — AI how	TH YES DEATH (Check DOA OTHE DOA OTHE OF INJURY M	NO Sk only one) ER: 28c. INJ WO 1 1	UNCERTA  5   Residence URY AT RK? (ES 2   NO	a 8 0tr	PERFOR  1 YES 2  Mer (Specify)  ESCRIBE NOW IN	MED?	URED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions of the cause of the conditions of the cause of the conditions of the cause of the c	DUE TO (OR AS A CONSECTION OF DEA)  BUTE TO CAUSE OF DEA)  26. PLAC  IOSPITAL:  Inpetient 2 ER/Outpetient 3	TH YES DEATH (Check DOA OTHE DOA OTHE OF INJURY M	NO Sk only one) ER: 28c. INJ WO 1 1	UNCERTA  5   Residence URY AT RK? (ES 2   NO	a 8 0th 28d. Di	PERFOR	MED?	URED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST  PART II. Other significent conditions of the con	DUE TO (OR AS A CONSECTION OF TO CAUSE OF DEAD TO CAUSE OF DEAD TO CAUSE OF DEAD TO CAUSE OF DEAD TO CAUSE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY — Al houbuilding, atc. (Specify)	TH YES DE OF DEATN (Checond DOA 1 No. 28b. TIME OF INJURY M. Time, farm, streel, factorists)	NO k only one)  Fig.:  28e. INJ WO 1 1 1	UNCERTA  5 G Residence URY AT RICES 2 G NO	a 8 0 Ott	PERFOR  1 YES 2  Her (Specify)  ESCRIBE NOW IN  CATION (Street a y or Yown, State)	MED?  NO  JURY OCC	URED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
BY PHYSICIAN: MEDICAL	If amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the initiated events resulting in death) LAST  PART II. Other significent conditions of the cond	DUE TO (OR AS A CONSECTION OF THE PROPERTY OF	TH YES DE OF DEATN (Chec)  DOA 4 No.  28b. TIME OF INJURY M  me, farm, street, farmeth occurred at the	NO k only one)  R:  28c. INJ WO 1 1 time, dete	UNCERTA  5 G Residence UNY AT RRY? FES 2 G NO	a 8 Ott	PERFOR  1 YES 2  Her (Specify)  ESCRIBE NOW IN  CATION (Street a y or Town, State)	MED?  NO  IJURY OCC  Ind Number of Number as state	URED or Rural Room	MANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO				
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CONSECTION OF TO CAUSE OF DEAD TO CAUSE OF DEAD TO CAUSE OF DEAD TO CAUSE OF DEAD TO CAUSE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY — Al houbuilding, atc. (Specify)	TH YES DE OF DEATN (Chec)  DOA 4 No.  28b. TIME OF INJURY M  me, farm, street, farmeth occurred at the	NO k only one)  R:  28c. INJ WO 1 1 time, dete	UNCERTA  5 G Residence URY AT RK? VES 2 MO  and place, and de- neth occurred at the	a 8 Ott 28d. Di 281. LO	PERFOR  1 YES 2  Her (Specify)  ESCRIBE NOW IN  CATION (Street a y or Town, State)	MED?  NO  NO  NURY OCC  and Number of the state of the st	URED  or Rural Root  et d.	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  uite Number,  end menner es stated.				
BE COMPLETED BY PHYSICIAN: MEDICAL	If amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the initiated events resulting in death) LAST  PART II. Other significent conditions of the cond	DUE TO (OR AS A CONSECTION OF THE PROPERTY OF	TH YES DE OF DEATN (Chec)  DOA 4 No.  28b. TIME OF INJURY M  me, farm, street, farmeth occurred at the	NO k only one)  R:  28c. INJ WO 1 1 time, dete	UNCERTA  5 G Residence UNY AT RRY? FES 2 G NO	a 8 Ott 28d. Di 281. LO	PERFOR  1 YES 2  Her (Specify)  ESCRIBE NOW IN  CATION (Street a y or Town, State)	MED?  NO  NO  NURY OCC  and Number of the state of the st	URED  or Rural Root  et d.	MANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO  ute Number,  end menner es stated.				
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CONSECTION OF THE PROPERTY OF	TH YES DEATH (Check DOA OTHER NUMBER OF INJURY Menter of Inger of	NO k only one)  R:  28c. INJ WO 1 1 time, dete	UNCERTA  5 G Residence URY AT RK? VES 2 MO  and place, and de- neth occurred at the	a 8 Ott 28d. Di 281. LO	PERFOR  1 YES 2  Her (Specify)  ESCRIBE NOW IN  CATION (Street a y or Town, State)	MED?  NO  NO  NURY OCC  and Number of the state of the st	URED  or Rural Root  et d.	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  uite Number,  end menner es stated.				
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DID TOBACCO USE CONTRIE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER 1 CERTIFYING PNYSICIA (Check only one)  2 MEDICAL EXAMINER: COULD STORMER (Check only one)  29b. STORMATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A CONSECTION OF DEAT OF DEAT OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — Al houbuilding, etc. (Specify)  N: To the best of my knowledge, deat on the basis of examination and/or in the basis of examination and/or in the deat of Day knowledge, death of the basis of examination and/or in the death of the deat	TH YES DEATN (Checino DOA 4 No. 28b. TIME OF INJURY Mene, farm, street, factor of the course of the investigation, in my	NO k only one)  R:  28c. INJ WO 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	UNCERTA  5 G Residence UNT AT RK?  VES 2 G NO  and place, and death occured at the seath occurs of the seath occurs occurs on the seath occurs of the seath occurs occurs occurs on the seath occurs of the seath occurs occurs on the seath occurs occurs occurs on the seath occurs occurs occ	a 8 Ott 28d. Do 28d. LO Cir. us to line, def	PERFOR  1 YES 2  Ther (Specify)  ESCRIBE NOW IN  CATION (Street a y or Yown, State)  Buse(a) and mem  the end place, and	MED? NO	URED  Or Rural Roo  ed.  s cause(s) (	MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 VES 2 NO  ute Number,  end menner es stated.  Month, Day, Year)				
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Initiated events resulting in death) LAST  PART II. Other significent conditions of the Initiated events resulting in death) LAST  DID TOBACCO USE CONTRIES  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Natural 5 Pending Investigation 1 Natural 5 Pending Investigation 2 Decident Investigation 1 Nomicide 8 Could not be determined 1 Centrifier (Check only one)  29e. CERTIFIER (Check only one)  1 MEDICAL EXAMINER: 0  29b. SIGNATURE AND TITLE OF CERTIFIER 0  30. NAME AND ADDRESS OF PERSON WHO CO	DUE TO (OR AS A CONSECTION OF THE PROPERTY OF	TH YES DE OF DEATN (Check DOT):  BE OF DEATN (Check DOT)  BOA 4 No.  28b. TIME OF INJURY M  The farm, street, last the occurred at the investigation, in my  A 27) (Type, Print)  (ain Street)	NO k only one)  R:  28c. INJ WO 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	UNCERTA  5 G Residence UNTY AT RKY  VES 2 G NO  and place, and de eath occured at til  29c. LICENSE N	a 8 Ott 28d. Do 28d. LO Cir. us to line, def	PERFOR  1 YES 2  Ther (Specify)  ESCRIBE NOW IN  CATION (Street a y or Yown, State)  Buse(a) and mem  the end place, and	MED? NO	URED  Or Rural Roo  ed.  s cause(s) (	MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 VES 2 NO  ute Number,  end menner es stated.  Month, Day, Year)				



ding	the		
tten	e as		
0 20	N US		
pital	ed fr		
hos	tach		Ce.
the	e de		1 01
d by	d Pi		e p
taine	shou		tiffe
Se re	6 5		1 no
nay l	pag.		t b
9	octo		DE.
Page	I dir		ner
ath.	nera		Ē
r de	ne fu	9	ex
afte	4	МОМ	lea
OUR	e in	00	me
24	/ fille	tion.	the
Athin	leteh	rema	ant,
N per	Dung.	al, c	ě.
cecul	pur	Pur	atic
be es	ian	20 70	шпе
atte	Mysic	bud a	r tr
ertific	o Du	Dien	othe
th c	lendi	E H	10
dea	ne at	Ment	ury,
at th	9	and	y in
s the	peu	alth a	me :
quire	in sig	He	10 W
aw re	s bee	pr. o	3 8
The	le ha	e D	E
AN:	tifica	e Sta	=
YSIC	S Cer	中日	d, c
PH	Ē	H W	arke
DING	Afte	deat	E
TEN	10R:	after	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL O	100	2 19	H III
SPIT	NE.R.	hin 7	H
9	E	1 will	RTA
置	E	filec	PO
2	2	8	=

	500				recount.		96	19011					
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	ICATE O	HEALTH AND I F DEATH	MENTAL HYGIEN REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH					
	Leona M. Johann	Louisson				06 05		7:23 P M					
	538-34-6662	☐ M 2 💢 F	88 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 07/27/19(	0.7 BIR Cou	THPLACE (State or Foreign ntry) Kansas					
_	9a. FACILITY NAME (If not institution, give street				N OR LOCATION OF DE	АТН	9c. COUNTY OF						
DIRECTOR	Sacred Heart Home,	Inc.		Hya	ttsville		Prince	George's					
E	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY					
ă	Maryland Montg	omery	Ke	ensingt	on			1 YES 2 K NO					
₹	10e. STREET AND NUMBER	0			10f. ZIP CODE 2089.	5		WHAT COUNTRY?					
FUNERAL	3504 Kensington						USA						
교	11. MARITAL STATUS  1 Never Merried 2 Merried	FORCES? 1 YES	2 XNO	If yes,	specify Cuban, Mexica		Bio	CE — American Indian, ack, White, atc.					
B≺	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	IES	1 1 4	ES 2 🖾 NO Specify	γ:	Sp	White					
B	15. DECEDENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT'S	USUAL OCCUPA work done during	TION most of working	16b. KIND OF BUS	SINESS/INDUSTRY						
		College (1-4 or 5+)	life. Do NOT u	se retired.)	•	Fodor	al Gover	rnment					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	Lawye	r	40 1407417010 144	ME (First, Middle, Maiden		Innenc					
	Dick Johann					Buetler	Sumame)						
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	et and Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	1 1 20005					
F	Bonita Condon					, Kensingt	on, Mary	land 20895					
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremstion 3 Ramova	I trom Stata ceme	PLACE AND DATE	ther place)	11-00		CATION — City or						
	4 Donation 5 Other (Specify)		te of H		emetery AND ADDRESS OF FA	6/10/196	Silver	Spring, MD.					
	of 1 fe	/		Fran	cis J. Co	llins Fune		e, Inc. 20901					
Щ	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each fine.  Approximate interval Between												
	ahock, or heart failure. List only one cause on each one.  IMMEDIATE CAUSE (Final												
	IMMEDIATE CAUSE (Final disease or condition												
	resulting in death) a	DUE TO (OR AS	CONSEQUENCE O		- 11 4.00			Lews.					
z	A. 1 1. 1 1. 1. 1. 1. 1.												
CERTIFICATION													
2	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE O	F) ·									
F	that initiated events resulting in death) LAST	552 75 (51176 717	0011020021102	. ,.									
S	0												
AL	PART II. Other algnificant conditions of	. ( .				Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDICAL	agitated featur	at tailure	1 Jenily	e dener	THE WITH	1 TES 2	2.€HO	OF DEATH?					
	DID TOBACCO USE CONTRIB		F DEATH Y	ES D NO	UNCERTAI	N D		1 NES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEA										
PHYSICIAN:		IOSPITAL:	atient 3 DOA	OTHER:	Iome 5 Rasidence	8 Other (Specify)							
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TII		INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED						
BY	1 Return 5 Pending 2 Accident Investigation				YES 2 NO								
<b>₽</b>	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY - building, etc. (Specific	— At home, farm,	atreet, factory, o	ffica	281. LOCATION (Street City or Town, State)		el Route Number,					
LET	29a. CERTIFIER												
COMPL	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowle On the basis of exemination						e(a) and manner on stated.					
	296. SIGNATURE AND TITLE OF CHATUMEN				29c. LICENSE NU	MBER	29d, DATE SIGN	ED (Month, Day, Year)					
BE	Letin 10,00	m			122	750	► 6/C	196					
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type		. ^	1	- 1	1 12					
	Teter M Schisste	-MO 7500	Greens	ay GH	Dr. Gra	centel A	1d 207	70					
	JUN 1 0 1996	32. REGISTRAR'S SIGNA	ATURE	~			D- 2 - 0						
	0011 1 0 1930	- June way	soon-North	الاله									



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Deta of Deeth 3. Tima of Death Month Dev **Physician** RUTH ESTHER KLINE 8, 3:24 pm June 1996 /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Prince George's Hospital Center Cheverly Prince George's If Undar 1 Yaar If Under 24 Hrs. Months Days Hours Min. 8. Data of Birth (Month, Dey, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpleca (Stata or Foreign Country) Months 1 M 2 1 F 74 Yrs. 579-18-6020 Dec. 5, 1921 Maryland Usuei Residence of Decedent 10a, State 10c. City, Town or Location 10d. Insida City Limits 1X Yas 2 No Director Prince George's Hyattsville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2602 Pinebrook Avenue, Apt. Bl 20785 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Yaar or Datas: 1 Nevar Married 2 Merried 1 ☐ Yes 2 ₩ No þ Specify: 3 ☐ Widowed 4 ☑ Divorced White Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry U.S. Government Elemantary/Secondary (0-12) College (1-4or 5+) 12 Bookkeeper Department of Interior 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Edgar Beal1 Gertrude Hargleroad 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Edgar Gordy / Nephew 104 Delford Avenue, Silver Spring, Maryland 20904 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Buriei 2 ☐ Cremetion 3 ☐ Removel from Stata 4 Donation 5 Other (Spacify) Holy Trinity Cemetery 6/11/1996 Bowie, Maryland 21. Signeture of Funarai Service Licensee 22. Name end Address of Facility
Francis Gasch's Sons Funeral Home, P.A. W.D. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart teilure. List only one ceuse on each line. 4739 Baltimore Avenue, Hyattsville, MD 20781 Immediate Cause (Final disease or condition resulting in death) Due to (or es e consequence of): Physician/Medical Examiner Sequentielly list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events Due to (or as e consequence of): Dua to (or es e conseguence rasulting in daeth) Last 2000 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 15KYes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings aveilable prior to completion of cause of death? 24e. Wes en autopsy performed? Completed 2 No 1 ☐ Yes 2 ☐ No 1 ☐ Yes Be 25. Wes case reterred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) Certification: To 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigation 1 Yes 2 No 2 ☐ Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piace, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one)

The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, Attending Physician: i or Attendation of the deat

**Funeral** 

Director

permit. Pegas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Intropretant: If Item 27 is marked other than "natural", or itema 23a or 28e-f show any injury or other traumatic event, the Medical Exercises must be presented.

Physician

/Medical Examiner

attanding physician and for usa as the burial-tran

ed by the a

signed by t

Deen

s certificate has b director, page 2 s

director

this funaral

Aftar

death.

88

124 hours after W Funeral Directional Directions of the Puneral Direction of the Puneral Directi To the Hosp within 24 ho To the Fune completely fi

State Registrar

29b. Signetura and titla of certifian

w 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

29c. Licansa numbar

29d. Deta signed (Month, Day, Year)

Dr. Don B. Cameron, M.D. 6005 Landover Road, Cheverly, Maryland 20785

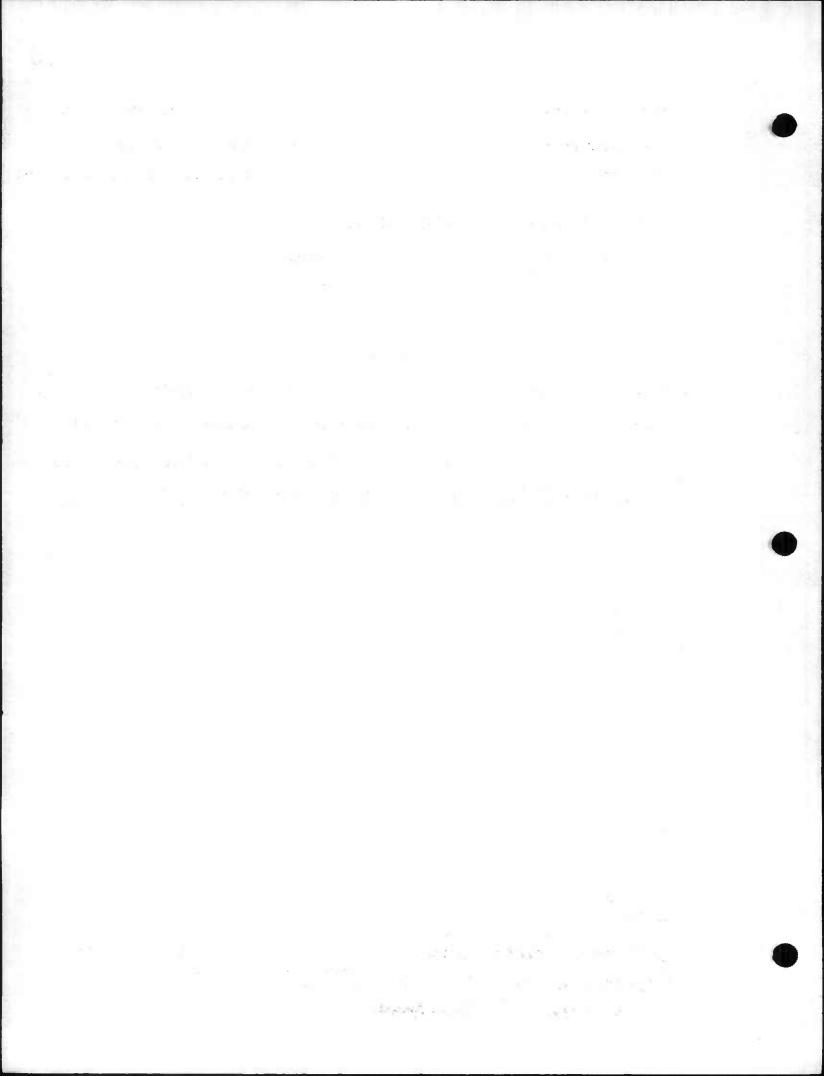
31. Date tiled (Month, Dey, Year) Regintrer's-Signetur JUN 12 1996

= 2 C H - X C I marine to sure the sure of the

State of Maryland / Department of Health and Mental Hygiene 96

						Cei	rtificate	of	Death			Reg. No	).					
			1. Decedent'e Nama (First, Middla,	Last)							2. Data of D			V	3. Tim= f	th		
	Physic /Medi		Dorothy A K	rute							June	De 11		996	5:55	19		
	Exami		4a. Facility Nama (If not Institution,	giva streat and r	umber)				4b. City, To	wn, or L	ocation of Dea	th 4c		of Death				
1			3912 Adams Dr	ive					Sil.	ver	Spring		Mon	tgome	rv			
	Funeral			6. Sax	7. Age (In yrs.	. last birthday)	If Undar 1		If Undar	24 Hrs.		irth		9. Births	olaca (State or I	Foreign		
	Director		578-12-6869	1□M 2⊠F	76	Yrs.	Months	Deys	Hours	Min.	Sept.	23.19	919	Cour	nington			
	B		Usual Raaldance of Decedent				1				Popol					, -		
	show		10a. Stata 10b. County		10c. C	ity, Town or Lo	cation							1	0d. Inalda City	Limits		
	Mar Mar	to	Maryland Mon	gomery	S	ilver S	Spring								1 ☐ Yes 2	X No		
	r 28	Director	10e. Street end Number				10f. Zip 0	oda				10g. Citizen of What Country?						
	3a o		3912 Adams Dr	ive				2	0902			USA						
	laath	Funeral	11. Maritai Status		cedant Ever in U	J.S. 13.	Was Deceda			aln? (St	ecify Yas or N	0-			an Indien,			
	Har o	F	1 Never Married 2 Marrie	Armed		,	. 13. Was Decedant of I If Yes, specify Cub		en, Maxicar	, Puerto	Rican, atc.)			ck, Whita,				
320	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show int, the Medical Evantines must be notified at	by	3 XWidowed 4 □ Divorced	If Yes, (	Biva		1 □ Yes 2	No.	Specify:	Specify: Whit			nite					
ŏ	tura fur	P	15. Decedant's			16a Dece	dant's Usual	Occur	nation			16b K	Ind of B					
15	In 72	Completed	(Specify only highest	grada complated		(Giva kind of work don life. DO NOT use rati			during mos	t of wor	king	100.11	16b. Kind of Business/I		doony			
212	with the	mo	Elemantary/Secondery (0-12)	College	(1-4or 5+)		nemake		•			07	wn H	ome				
P	be filed tal Hygid d other event, it		17. Fathar's Name (First, Middla, L	ast)					18. Mother's Name (First, Middle, Maldan Sumama)									
an	ed be	Be C	William H. Brown	Ι×							eth M.							
2	d 2 should be filed with th and Mental Hygiena. 7 Is marked other than traumatic event, the M	10	19e. Informent's Name/Ralationsh			19b. Meiling Address (Street and Number								State 7in	Codel			
Maryland 21215-0020	257		Deborah Ann				9238 Silver S											
e)	- PEZ		20a. Mathod of Disposition	20h							lumbia, Maryla							
altimore,	or othe		1 XBurial 2 Cramation		n Stata	Place of Dispo cematery, crer	natory or oth	er ple	ce)	1				ation - City or Town, State				
Ħ	permit. Pages of Department of Fireportant: If its any injury or of once.		4 □ Donation 5 □ Othar (Sp.		Gat	te of H	eaven	Ce	meter	y 16	/14/96	Silv	er :	Sprin	ig, Mary	/lar		
Bal			21. Signeture of Funarel Service L	censaa			2. Nama and			•	T.	1 11		т				
ш	20519		Francis J. Collins Funeral Home, Inc. 500 University Blvd.W. Silver Spring, MD 20901											01				
			23a. Part1. Enter tha disaase, or o shock, or haart fallure. List o	omplications that	causad the dee								0 0 2		Approximata			
-	Physician		SHOCK, OF HARIT IAHUTS. LIST O	rily ona causa or	aaciinia.	_									Intarval Betwe Onsat and De	ath		
М	/Medical		Immediata Cause (Final disease or condition rasulting In daath)  Due to (or as a consequence of):										41/2 Ve	5100				
н	Examiner												112/0	Mez				
		je l			0 0 600	Of as a consec	(uarice or).											
	carificate be asscuted ding physician and isa as tha burlal-transit	Examiner	Compostably list and ditions	b	b									-				
Ć	axee In an	EX																
68760,	e be sicia	cal																
89	ficat phy as th	8	resulting in death) Last  d.															
Box		3																
Ö	atter	Physician	5 . u 6u - 1 . u								1							
0	law requires thet the death as been signed by the atte 2 should be detached for	ys	Part II. Other eignificant conditions contributing to death but not rasulting in tha underlying ca							sa givan in Part I. 23b. Did tobacco use cor					ntribute to the cause of death?			
0	thet ed by deta						10	] Yee 2	No	3 □ Pro	bably 4 U	iknowi						
of Vital Records,	sign ed b	d by									04-146-	III I Was	wal.i	Odb W	ara autonov fine	dlage		
0	v require been si should	Completed										s an auto formad?	psy	av	ara autopsy find eilable prior to impletion of cau			
ec	has b	d d	de								of	death?	30					
H	T age	So									1	1 ☐ Yes 2 No		1[	Yas 2□ N	0		
ita	ysician: T s certifica director, p	Be	25. Was case refarred to medical axaminar?						26. Piaca	of Dea	th (Check only	ona)						
£	2 00 0	2	1 ☐ Yas 2 No	Hospital:	Inpatiant 2	ER/Outpatier	nt 3 DOA	Oth	nar: 4□ Nu	irsing H	oma 5 Ras	sidence	8 DOth	ar (Specil	(y)			
			27. Mannar of Deeth	28a. Dat	a of Injury onth, Day Year)	28b. Time of Injury	28	. Inju	ry at		28d. Dascribe	how Inju	ry occur	red				
<u>o</u>	Attending I ir death. ector: Aftar by the funae	atic	1 Natural 5 ☐ Panding 2 ☐ Accident Investiga	,	, , , , , , , , , , , , , , , , , , ,	прогу	М		Yas 2□	No								
Division	or Attendent of the Control of the C	Certification:	3 ☐ Sulcide 6 ☐ Could no 4 ☐ Homloida datarmir	ed 289. Pla	ce of Injury - At h	ome, farm, str	eet, factory,	office			28f. Location	(Street er own, Stete	nd Numb	per or Rura	al Routa Numbe	Pr,		
Ö	s efter	Je J	4 🗆 Hornolda	Duli	ding, atc. (Speci	19)					City or 1	JWII, SIBIR	3/					
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by		29a. Certifier Certifying	Physician: To th	a bast of my kno	owledga, daath	occurred at	the tir	ma, dete an	d place,	and dua to the	e causa(s	) and me	ennar as s	tated.			
	e Ho Fu Petel	edical	(Check only 2 Medical E.	caminer: On tha	basis of axamina innar steted.	ation and/or in	astigation, i	n my c	pinlon, dea	th occur	red et the time	, data en	d pieca,	and dua to	tha cause(s)			
	To the within 2 To the comple	Σ	Signeture end titla of certifier		_		29c.	Licens	se number			29d. De	te signe	d (Month,	Day, Year)	-		
	- > - 0		thanks (	POR	01. 1111	1	1	<b>N</b> -	7785			THA	1	12	1001			
	. \		and govern	1000	- June	A	7	444	07285 JUNE 13, 1996 MES A. BROWN, MO.					-				
	2		9707 MED (CA	ho completed ca	use of daeth (Ital	m 23a) (Type,	Print)	34	ALD	ESK	COUN, V	MI)						
	0			C CENT			CK V(L	L,	140	10	010							
	Sta Registr		JUN 1 4 199	6 34	La Davido	atur Bande												
	าเอยูเอน	COT 1	# 10¢	4		-												

Registrar

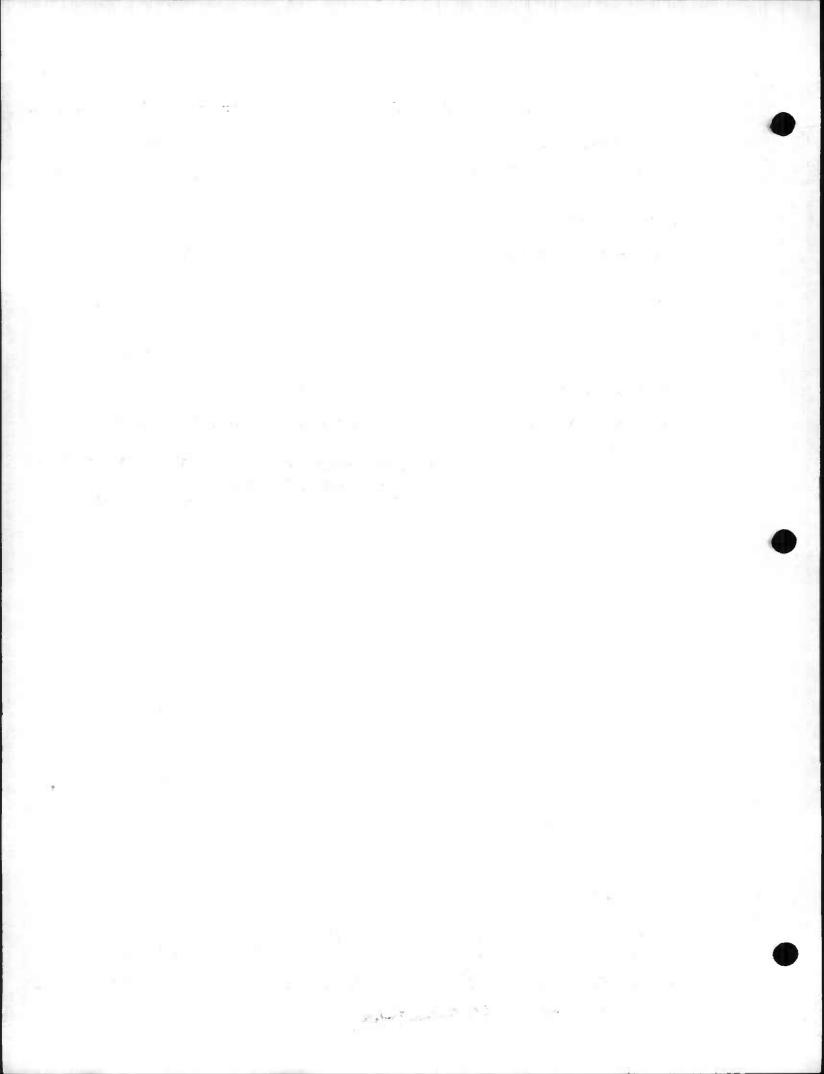


State of Maryland / Department of Health and Mental Hygiene

19014 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** June 11, 1996 Grace Detwiler King 6:50 PM /Medical 4b. City, Town, or Location of Deeth 4e. Facility Nama (If not institution, give street and number) 4c. County of Death Examiner Suburban Hospital Bethesda Montgomery 5. Social Sacurity Number 7. Age (In yrs. last birthday) If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1□M 2☑F Months Deys Hours Min. 89 Yrs. Sept. 8, 1906 Pennsylvania Director 171-20-2230 Usuel Rasidance of Decedant the Maryland 10a Stata 10h County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yas 2√ No Director Maryland Silver Spring Montgomery 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with 20910 10000 Brunswick Avenue, #115 United States 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, Whita, atc. filed within 72 hours efter thygiene. 1 ☐ Yes 2 ☐ XNo If Yes, Giva Yaar or Datas: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: à 3(□X) Widowed 4 □ Divorced White Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Dacedant's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Collega (1-4or 5+) permit. Pages 1 and 2 should be filed wit Department of Heelth and Mentel Hygiene Important: If item 27 is marked other tha any injury or other traumatic event, the 1 once. 12 Secretary Insurance 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Melden Surnama) Detwiler John Ada Keebler 19a. Intormant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) A. Tigert 6314 Carnegie Drive, Bethesda, MD 20817 Marion 20b. Place of Disposition (Nama of camatary, crematory or other piece) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel trom Stata 4 ☐ Donation 5 ☐ Other (Specify) 6-13-96 Beltsville, Maryland Chesapeake Crematory 21. Signature of Funeral Sarvice Licenses 22. Nema and Addrass of Facility
Rapp Funeral Services, P. A. leen 933 Gist Avenue, Silver Spring, MD 20910 23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such es cardiec or respiratory arrest, shock, or haart tallura. List only one cause on each line. Approximeta Intarval Between Onset end Death Physician Immediata Causa (Finel disaase or condition rasulting in daath) /Medical Examiner Examiner transit The law requires that the death certificate be executed Sequentially list conditions, if eny, laading to immediata cause. Enter Underlying Cause (Disaasa or Injury that initiated evants rasulting in death) Last and Dua to (or as a consequance ot) physician and the burief-t Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24a. Was an autopsy page 2 s 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No certificate Division of Vital Hospital or Attending Physician: 24 hours after death. Phoneral Director: After this certificately filled in by the funeral director; g Be 25. Was casa ratarred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 20 No Certification: To Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Deeth 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending Invastigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicide 6 Could not be datarmined 28a. Place of Injury - At homa, farm, street, tactory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide within 24 hours a To the Funeral D completely filled Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, data and place, and due to the ceuse(s) and mannar as stated.

2 Medical Examiner: On the basis of axemination and/or invastigation, in my opinion, daath occurred at tha tima, date and place, and due to the cause(s) and mennar statad. edicai 29a, Cartiflar To the 29b. Signature and trile of ceptitie 29c. Licansa number 29d. Data signed (Month, Day, Year) 30, Nama and eddrass of person who complated chusa of death (Item 23a) (Type, Print) Shields Drive, Bethesda, MO 20817 enn 2 Ragistrar's Signatura 31. Data filed (Month, Dev. Year) State relia Davido JUN 13 1996 Registrar

DHMH 16 Bey 6/95



State of Maryland / Department of Health and Mental Hygiene 96

19015

					Cei	rtificate	of L	Death		Reg.	No.			010		
		1. Decedant's Nama (First, Middla, La	est)						2. Data o	of Death		Vaar	3. Tin	na of Death		
Physi /Med		Frederica	Leeke						Month 6		Day 5	Yaar 96	9:	45 a.r		
Exam		4a. Facility Nama (If not institution, gi			•		4	b. City, Town,	or Location of I		4c. County					
		Independence	Court 8	Nurs	ing F	Iome		Hyat	tsvill	e i	Princ	e Geo	rye	's		
Funera	ıl I	5. Social Security Number 6.	Sax 7	7. Aga (In yrs. ia		If Undar 1	Yaar Days	If Undar 24 h		of Birth	aerl	9. Birthp	laca (St	ata or Foreign		
Directo	r	3/9-36-32/8	1□M 2 <b>∏</b> F	80	Yrs.	WOULD	Juys	110dis IV	08-	-24-1	.5		iana			
pus *		Usual Rasidence of Decedant  10a. Stata  10b. County		10c City	Town or Lo	cation							Od Innie	de City Limits		
72 hours after death with the Manyland naturel', or items 23s or 28s-f show occi Examiner must be notified at	Director		George's		TOWN OF EG		Iyat	ttsvill	.e					Yas 2 No		
ith th	Oire	10e. Street and Number				10f. Zip Co	oda			10g.	Citizen of \	What Cour	ntry?			
23a		5821 Queens Cha	ipel Road	i				2078	12			USA				
tems tems	Funeral	11. Marital Status	12. Was Deced Armed Ford	dant Evar in U,S ces?	. 13.1	Was Decedan f Yas, specify	t of Hi	spanic Orlgin? n, Maxican, Pu	(Specify Yas o	r No-	14. Rad Blad	ck, Whita,	an India	ın,		
n 72 hours afta *naturel*, or fi	by	1 ☐ Navar Married 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas 2 If Yas, Giva Yaar or Dai	l	1 ☐ Yas 2 ☑ No Specify:					Specify:			Black			
in 72 ho	Completed	15. Decedant's E	ducation		16a. Deced	lant's Usuai C	Occupa	itlon	un dela a	16t	. Kind of B	usinass/Ind	dustry			
C	P e	(Specify only highast gri	Collaga (1-4or 5+)		(Give kind of work dona difa. DO NOT usa retired			i during most of working ed)								
77 75 1- 1-	5		2+		Analyst							Government				
0 - >	Be (		17. Fathar's Nama (First, Middla, Last)					18. Mothar's I	Nama (First, Mi	ddle, Maid	den Suman	na)				
should be nd Mental marked o	To	Henry Osborne Rok	erts		Eur			Eun	nice Thomas					7676		
permit. Pages 1 and 2 should be Department of Health and Ments Important: If item 27 is marked eny injury or other treumatic e		19a. Informant's Neme/Ralationship	(Type, Print)						Rural Route N					20521		
and ealth n 27		John Leeke/Son						wells	Lane, 1	41tch	ellvi	lle,	MD	20721		
Pages 1 an ment of Heal ant: If item 2 ury or other		20a. Mathod of Disposition  1 XBurial 2 Cramation 3 C	Ramoval from S		Place of Disposition (Nama of comatary, cramatory or other placa)				6/10		Location -			ta		
Pag ment ant:		4 □ Donation 5 □ Othar (Special			ssur	Cemete	ry	6/10 Clinto			MD					
Depart Import		21. Signature of Funaral Sarvice Lice	,	22. Nama and Addrass of Facility												
2055	R	Nancy A. Percenter J. B. Jenkins Fune									eral Home d, Landover, MD 20785					
		23a. Part1. Entar tha dispasa, or com shock, or haart failura. List only	plications that ca	usad tha daath.	Do not ant	ar tha moda o	of dying	, such as card	diac or raspirate	ory arrast,	L A L'IL	1_20/1	Approx	imata		
Physiciai	1	Onset end Dec											end Deeth			
/Medica	_	Immediata Causa (Final disaesa or condition resulting in daath)  A Metastatic Breast Cancer  Due to (or es e consequance of):										6 4	oare			
Examine												O Y	ears			
2 %	Examiner	b														
ling physician and as tha burial-transit	Eam	Sequentially list conditions, if any, laading to immadiate	Dua to (or a	as a conseq	uance of):						İ					
sian s		cause, Entar Undarlying Cause (Disaasa or Injury	G. ————————————————————————————————————													
that	Medical	that Initiated avents rasulting in death) Last	U	Dua to (or a	s a conseq	uance of):										
a as	X e		d													
2 9	Physician		V													
ed by the atter detached for u	/sic	Part II. Other significant conditions of	ing In tha u	In the underlying cause given in Part I. 23b. D					old tobacco use contribute to the cause of dea			use of death?				
d by	P									1 🗆 Yes	2 No	3 Prol	bably	4 Unknown		
5.8	b			248												
been sign	Completed								utopsy 1?	av	ailabla p	psy findings rior to				
2 5	D de										1	of	mplation death?	of cause		
pag	5									1 🗆 Yas	2 No	10	Yas	2 No		
yarcian: In Is cartificate director, pag	Be	25. Was casa rafarred to medical axaminar?						26. Place of I	Death (Check o	nly ona)						
0.0	2	1 Yas 2 No	Hospital: 1 In	patiant 2 E	R/Outpatien	t 3 DOA	Othe	V: 4 Nursin	g Homa 5 🗆	Rasidance	e 6 □Oth	ar (Specif	y)			
	5	27. Mannar of Deeth 1 2 Netural 5 ☐ Pending	28a. Data of (Month)	Injury 2 , Day Year) 2	8b. Tima of Injury	28c.	. Injury Work	at ?	28d. Dasc	ribe how i	njury occur	red				
r death. ector: After by the fune	Certification:	2 ☐ Accident invastigatio				М	101	as 2□No								
or Amena aftar daati Director: In by tha	ŧ	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicida determined	288. Place 0	of Injury - At hom g, atc. (Spacify)	na, farm, str	eat, factory, o	ffice			on (Stream Town, S	t and Numb tata)	per or Rura	/ Routa	Number,		
a sa	S															
To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	edical	29a. Certifiar 1 Certifying Pt (Check only one) 2 Medical Exar	nysician: To the b niner: On tha bas and manns	ils of axamination	edge, deeth in and/or Inv	occurred at trastigation, in	tha tim my op	e, dete end ple inion, daath o	ece, and dua to ocurred at tha t	tha causima, data	a(s) and ma and place,	annar as si and dua to	tated. tha cau	ısa(s)		
vithir To th	2	29b. Signatura and titla of certifiar				29c. L	icansa	number		29d.	Data signe	d (Month,	Day, Ye	ar)		
		> Stilled	2	-			5	10M2	(N=		1		91			
		30. Name and addrass of person who	completed seurs	of death in	M 1	Print)	d	003	( V-C	/	6 ~	6-	16	>		
				(/			211-7	I <sub>0</sub> 7= -1- '	not	~ ~	0000					
9	tate	Gilbert E. Hurwi 31. Data filed (Month, Day, Year)		glstrer's Signatu		rreer	INM	wasn1	ngton 1	L 2	0006					
Regis		JUN 1 1900 d		Randall												
NU 16 Day 6		1000	AND THE PARTY OF	mandelf												

DHMH 16 Rev 6/95

Section 1. A Section 18.

State of Maryland / Department of Health and Mental Hygiene

					C	ertitic	ate of	Death			Reg. No.			
4.		1. Decedant's Nama (First, Middla,	Last)							2. Date of Do		Yaar	3. Time	a of Deeth
Physic /Medi		Elaine C	Lee							June 1	Dey 1. 1996	Taar	3:	31 PM
Exami		4a. Facility Nama (If not institution,	giva straat and numi	ber)			-	4b. Cify, To		cation of Dea		y of Death		J =
		Montgomery Gene	aral Hospi	i + a 1				Olne	37		Monto	70m0 Y1	,	
Funeral			-	. Age (In yrs.	last birthd		ndar 1 Yaar	If Undar	24 Hrs.	8. Dete of Bi (Month, D		9. Birtho		te or Foreign
Director	н	176-22-8120	1□M 2⊠F	67	Yrs	Mon	tha Deys	Houra	Min.					
_		Usuai Residence of Decedent		- 0,					L	Oct.6	1940	renn	sylv	anla
ye w		10e. Stete 10b. County		10c. Ci	ty, Town o	r Location						1	0d. Inside	City Limits
Me.	ŏ	Maryland Montg	omoru		Vo	nsin	aton					Į.	1 🗆 Y	as 2 No
the the	Director	10e. Street and Number	omery		Ne		Zip Coda				10g. Citizen of	What Cour	itn/?	
with a second						101	Lip Coda							
permit. Pages 1 and 2 should be filled within 72 hours efter death with the Meryland Department of Heelth and Mental Hygiene.  Important: If them 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	Funeral	4422 Ambler Dri		Lat English				20895				U.S.A.		
er de	Š	11. Marital Status	12. Was Deced	ces?	1,5.	If Yea,	specify Cuba	iispanic Or an, Maxica	n, Puarto	ecify Yas or N Rican, atc.)	0- 14. Ha Ble	ce - Amaric ock, White,		,
mil. Pages 1 and 2 should be filed within 72 hours eft partment of Heelth and Mental Hygiene. portunet if lem 27 is merked other than "netural", or in yinjury or other traumatic event, the Medical Example.	by F	1 ☐ Never Married 2 ☑ Marrie	ff Yes, Give		1 ☐ Yas 2 ☑ No Specify:						Speci	fv:		
June!	D	3 Widowed 4 Divorced	Yeer or Det	es:	1							Wh	ite	
72 h	Completed	15. Decedent's (Specify only highest	Education grada completed)		16a. De	cedent's t	Usual Occup I work dona Tuse retired	ation durina mos	st of work	ina	16b. Kind of E	Jusinass/Inc	dustry	
the se	gu	Elamantary/Secondery (0-12)	Collega (1-4	4or 5+)	111	e. DO NO	T use retired	d)						
y Page 4	S	12			Gran	ts M	anagem	ent S	Speci	lalist	Federa	1 Gove	ernme	nt
真真	Be (	17. Father's Name (First, Middle, L.	ast)					18. Moth	ar's Name	e (First, Middle	a, Maiden Sume	me)		
Aent Aent Red Lice	To	Homer N. Carlto	n					Ve	rlo E	Hazel C	ourtrig	ht		
Sho A bu	-	19a. Informant's Neme/Reletionshi	19b. M	eiling Add	ress (Street				Route Number, City or Town, Stete, Zip Code)					
the state of the s		Philip D. Lee			4422	Amb	lar Dr	1370	Kans	ington	,Maryla	nd 20	0895	
E E E		20a. Mathod of Disposition		20b. I			(Neme of or other place		Kens	Data	20c. Location		-	THE STATE OF
0 m 10		1 ☐ Buriat 2 ဩCramation 3		teta	cematery,	cramatory	or other place	ce)	ŀ	-0.00				
of the Paris		4 □ Donation 5 □ Other (Spe		Me	trope		n Crem			12/96	Alexand	ria,V	irgir	nia
epa epa mpo my ir		21. Signature of Funerel Sarvice Li	Funera	1 Home	Inc									
00799		Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD											0901	
		23a. Pert Litter tha disaese, or c	omplications that cau	the daa	h. Do not	antar the	mode of dyin	ng, euch as	cardiac	or raspiretory	errest,	31111	Approxim	nata
Physician		23a. Peril Arter tha disaese, or complications that cause the death. Do not antar the mode of dying, euch as cardiac or respiretory errest, shock, by heert feliura. List only one ceuse on eech limb.										1	Interval E Onset an	nd Deeth
/Medical		Immediate Cause (Fine) diageaa or condition resulting in deeth)  a. Acute Myocardial Infarction										Ī		
Examiner														
	6	The state of the s		Due to (	or as a con	sequance	of):							
nsit led	Examiner		b. Athero	oscler	otic	Heart	Dise	ase				2	yrs	
certificate be executed ding physician and ise as the burlel-transit	xar	Sequentielly list conditions, if any, leeding to immediate ceusa. Entar Underlying ceusa (Disease or Injury c. Diabetes Mellitus										i		
clan	in in											13	31 yr	s.
certificate be executed iding physician and use es the burlet-transit	/Medical	that initieted eventa resulting in death) Lest Due to (or ea a consequence of):												
ing p	Me											1		
		· ·	0											
0 0	Physician	Part II. Other significant condition	s contributing to dea	th but not ras	ulting in th	e underlyl	ng cause giv	en in Pert	l.	23b. Dfd	tobacco use co	ontribute to	the caus	se of death?
t the	ţ.					-				10	Yes 2K No	3 □ Prof	bably 4	Unknow
the ded	by P													
lew requires thet the es been signed by th 2 should be detache							4	j		24e. We	en autopsy	24b. W	are autops	sy findings
v require been sign	ete									perl	ormed?	COI	ailable prid	or to of cause
hes hes	du											of	death?	
The ate h	Completed									1 🗆	Yes 2 No	10	Yes 2	.□ No
ian: ortific ctor,	Be	25. Wes case referred to medical examiner?						26. Plac	e of Deat	h (Check only	one)			
nysician: The lew his certificate hes t I director, page 2 s	2	1 ☐ Yea 2 ☒ No	Hospitel: 1 Int	patient 2 🛭	ER/Outpa	tient 3	DOA Oth	ier: 4 🗆 N	ursing Ho	me 5□Res	idance 8 □Ot	her (Specify	y)	
g Physer this seral di		27. Manner of Death	28e. Dete of	Injury Dev Year)	28b. Tim		28c. Injur Wor	y et		28d. Describe	how injury occu	rred		
offin.	ertification:	1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investige	A	Doy roar)	Inju	M		Yes 2□	No					
Attending Physician: or deeth. ector: After this certific by the funeral director,	Hic	3 Suicide 6 Could no	250. Place 0	f Injury - At h	ome, ferm,	street, fa	ctory, office			28f. Location	ocation (Street and Number or Rural Route Number,			
D at a	e	4 Homicide	building	g, etc. (Specia	y)					City or To	wn, Stete)			
To the Hospital or Attending Ph within E4 hours after deeth. To the Funeral Director: After th completely filled in by the funeral	C	29a, Certifier 1√7 Certifying	Physician: To the b	est of my kno	wledge d	aeth occur	red at the tin	ne dete er	nd plece	and due to the	rausa(s) and m	annar as ef	heter	
Fun Fun	edical		caminer: On the bas	ie of examine	tion and/o	r investiga	tion, in my o	pinion, des	th occurr	ed at tha tima	, data and plece	, end due to	the caus	e(s)
at the	Me	29b. Signature end title of certifiar	. One manne	ii statou.			29c. Licans	a number			29d. Data sign	ed (Month	Day Vaar	r)
₹ ¥ ₽ 8		The state of the s	h	()	200				(		/	12 6	2/	,
^		m-DVe	Onlin	VAD O	5		DX	2849	-		0-1	01-1	0	
11		30. Name and address of person w	ho completed cause	of doubth (iter	n 23a) (Ty	pe, Print)								
10		James F. McMurry	y, Jr. M.	D.	6318	Democ	cracy	Bou 1	vard	Bethe	sda, Mary	71and	2081	7
Sta	ite	31. Date filed (Month, Dey, Year)	32. Reg											-
Regist	_	JUN 1 3 199	5 july	Davidson	-gand	482								

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

-							Cel	TITICATE	OT	Death			Reg. No.				
	Physic /Medi		1. Decedent's Name (First, Midd MARGARET		Lou	ISE		LAU	ER	2		2. Dete of De Month	Day	Year 996	3. Time of Death 12:32 Pm		
٩	Exami		4e. Fecility Name (If not institution  Doctor's (	ta1			4b. City, To		ocation of Death  4c. County of D  Prence O			7.1.0					
Î	Funeral Director		5. Social Security Number 215-20-4189	6. Sex 1 ☐ M 💃	7. Ag	ge (In yrs. les	st birthdey)	If Under Months	Year Deys	If Under Hours		8. Dete of Bir (Month, De March		9. Birth	nplace (Stete or Foreign		
	Maryland a-f show	tor	Usual Residence of Decedent  10e. State 10b. County  Maryland Prince	George!	s		Town or Lo								10d. inside City Limits 1 ☐ Yes No		
	with the	Direc	10e. Street and Number 11320 Cherry	u;11 p	Road, #204			10f. Zip Code 20705					10g. Citizen of United				
0	filed within 72 hours effer death with the Maryland Hygiene. "naturel", or ferms 23e or 28e-f show ont, the Med cal Examiner must be notified at	Funeral Director	11. Merital Stetus  1 Never Married 2 Mai	12. Was Decedent Ever In U Armed Forces?			,S. 13. Was Decedent of Hispenic Origin? (Spe if Yes, specify Cuben, Mexican, Puerto					ecify Yes or No Rican, etc.)	o- 14. Red Bla	ce - Amer ck, White	ican Indien, , etc.		
005	72 hours eff "natural", or	d by	₩idowed 4 Divorce	Y Y	er or Detes:	er or Detes:			1 ☐ Yes 2 ☐ No Specify:					Specify: White			
21215-0020	filed within 72 Hygiene. ther then "net	Completed	15. Deceder (Specify only higher (Specify only higher (0-12)	1	completed) College (1-4or 5+)		(Give life. L	6a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  Data Analyst							usiness		
Maryland 2	s i end 2 should be filed within 72 ho f Heelth end Mental Hygiene. Item 27 is marked other then "natur other traumatic event, the Medical	To Be C	17. Fether's Neme (First, Middle Marshall	Lest)				Norris 18. Mother's Nam			e (First, Middle		Reed				
	Heelth end 2 sho Heelth end I Iem 27 is ma other traums		19e. Informent's Name/Relation George R. Laue		int) (son	Under	ddress (Street end Number or nderwood Road				per, City or Town, State, Zip Core, Maryland 2		ip Code) 21218				
Baltimore,	permit. Peges 1 end Department of Heelth Important: If Nem 27 any Injury or other tr once.		20e. Method of Disposition  1 □ Gremation  4 □ Donation 5 □ Other (5	specify)	George Washington Cemetery						6	Date 20c. Location - City or Town, Stete  /14/1996 Adelphi, Maryland					
Bal	permit Depar Impor any In		21. Signature of Funeral Service	Licensee 3	gway	dt.	Do	onald	V.	Borgver Mil	vard	t Funer	al Home, sville,	P.	A. yland 2070!		
	Physician /Medical Examiner		23a. Pert1. Enter tha diseese, o shock, or heert feilure. Lis Immediata Cause (Final diseese or condition resulting in deeth)		s thet coused so on each li					ng, such es	cerdiac	or respiratory a	irrest,		Approximate intervel Between Onset end Death		
ox 68760,	certificate be executed nding physician end use as the buriel-transit	/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest		nensli		Neno	scleno uence of):		Candio	o vasi	cular	Duesse	1	minules years.		
P.O. Bo		Physician	<b>A</b>									23b. Did tobacco use contributs to the cause of death  1 Yes 2 No 3 Probably 4 Vunknon					
of Vital Records,	aw requisite sections of the section of the secti	Completed by									24a. Was	24a. Was an autopsy performed? 24b. Wer avai		Vere autopsy findings valleble prior to ompletion of ceuse f death?			
E R	The ate h	Com										10	Yes 2 No	1	□ Yes 2 No		
Vita	Physician: The this certificate ral director, par	Be	25. Was cese referred to medica examiner?	l Hospite	ıl:				Oth	anc.		h (Check only					
	ding Phys h. After this funeral di	tion: To	1 X Yes 2 No  27. Mannar of Deeth 1 X Netural 5 Pendli 2 Accidant Invest	288	1 ☐ inpatie Date of Inju (Month, De	Iry 2	NOutpetlen  Sb. Time of  Injury	t 3 DO/	c. Inju	4 LINU	,		dence 6 Oth how Injury occur		ify)		
Division	オモキロ	Certification:	3 ☐ Suicide 4 ☐ Homlcida 6 ☐ Could not be determined 28e. Plece of Injury - At home, farm, s building, etc. (Specify)						street, fectory, office 28f. Location					(Street and Number or Rural Route Number, own, State)			
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical		Examiner: O		f axamination							ceuse(s) end madata end place,				
	To t To t	M	29b. Signature end titla of certific							se number	25		29d. Date signed				
	10		30. Name and eddrass of person  J. BERGER #	205	7720	WISCO	nsa		6	seThes.	da	Md	June 20874				
	Sta Registr		31. Data filed (Month, Day, Year, JUN 13 10		32 Registr	ar's Signetur	Porde	2									

nder para 1 de 60 grande de la regista

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

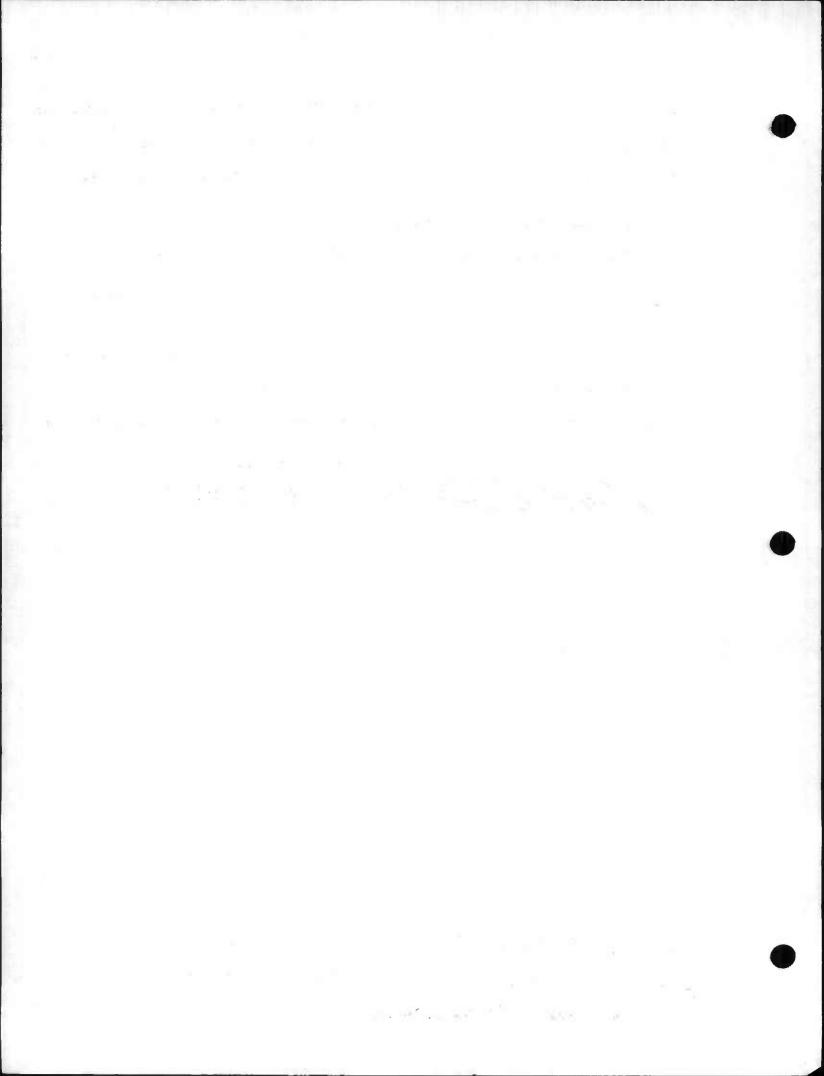
Ben No.

						Jertincate	UI D	Galli		Reg. No.			
	Physic /Medi		Decedent's Neme (First, Middle, Last)     Sarah France	es Leizear					2. Dete of De Month June 7	Dey	Yeer	3. Time of Death 12:05PM	
k .	Exami		4e. Fecility Name (If not institution, give str	reet end number)			4b.	City, Town, or	Location of Deet		4c. County of Deeth		
	Exami	1101	19106 Mills Choice	Road, #2			G	aithers	hura		gomer	C37	
_	Fordering.		5. Sociel Security Number 6. Sex	7. Age (In yr	s last hirth	day) If Under 1		If Under 24 Hrs				-	
	Funeral Director			M 20XF 61	Yı	Months   [		Hours Min		y, Year) L, 1934	Coun	lace (Stete or Foreign	
	s 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. It has not been a 18e-1 ahow from 27 is marked other than "natural", or items 23e or 28e-1 ahow other traumstic event, the Medical Examinar must be notified at		Usuel Residence of Decedent	01					NOV. I.	1934	Cana	ada	
			10e. Stete 10b. County	10c. (	City, Town	or Location		-		-	1	0d. inside City Limits	
		2										1 ☐ Yes 2 ☐ No	
	N 1	oto	Maryland Montgomery Gaithersburg									TO Yes 2CONO	
	5 6	Fe	10e. Street and Number			10f, Zip Co	ode			10g. Citizen of V	Vhet Coun	ntry?	
	7 W	=	19106 Mills Choice	Road, #2		208	379			United	State	es	
	e E E	Funeral Director	11. Maritel Stetus	. Was Decedent Ever in	U,S.	13. Wes Deceder	nt of Hisp	anic Origin? (	Specify Yes or No	- 14. Rec	a - Americ		
	a e e	F	1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 ② No				rto Rican, etc.)	Bled	k, White,	etc.		
	ITS B	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes 2 🖸	No s	Specify:		Specify	Whi	ito	
	por la	g	15. Decedent's Educa	tion	16e D	ecedent's Usuei (	Decupation	00		16b. Kind of Bu			
	_	Completed	(Specify only highest grade of	completed)	- 6	Give kind of work of the DO NOT use	done dur retired)	ring most of wo	orking			20011	
	the man	E	Elementery/Secondery (0-12)	College (1-4or 5+)	-	memaker				Own Home			
	Hygiena.  Hygiena.  Other than	Ö	17. Fether's Neme (First, Middle, Last)		1101	iiciiaxci	141	O Mothada Na	me (First, Middle				
200	a ta b	Be					10	o. Mother 2 Me	ine (First, Migule	Weiden Sumen	Θ)		
	should be and Mental I marked of numetic eve	2	Patrick Dunn					Marg	aret Bro	phy			
	and and and and and		19a. Informent's Neme/Reletionship (Type	, Print)		Melling Address (S						,	
	Haalth tem 27 l		Carlton D. Leizear/						Gaither	sburg	, MD 2087		
			20e. Method of Disposition	20b	Plece of D	isposition (Neme cremetory or other	of ar niece)	Tune 10	1 98%	20c. Location -	City or To	wn, Stete	
	permit. Pages 1 and Department of Haalth Important: If Item 27 any Injury or other tronce.		1X Buriel 2 □ Cremetion 3 □ Rer 4 □ Donetion 5 □ Other (Specify)		,1330	Silver	Enrir	or Marulan					
	TE PE		4 Donetlon 5 Other (Specify)  Gate of Heaven Cemetery Silver Spr  21. Signeture of Funerel Service Licansee  22. Name and Address of Fecility Robert A. Pumphrey F										
	Department of the control of the con		Rockville, Inc., 300 W. Montgomery Ave.										
			Michel J. 3	rutta Moc	348	Rockvill	le, N	Marylan	d 20850	-2805			
			23a. Pert1. Enter the disease, or complice shock, or heart fellure. List only one	tions that caused the de ceuse on each line.	eth. Do no	t enter the mode of	of dying,	such ea cardie	c or respiretory a	rrest,		Approximete Interval Between	
F	hysician											Onset and Death	
	/Medical	п	Immediate Cause (Final disease or condition	Non Small	Ce11	Lung Ca	ncer				6	weeks	
-	Examiner		Mon Small Cell Lung Cancer 6 weeks  Due to (or es a consequenca of):										
-	0.000	ě	Sequentially list conditions, if eny, leading to immediate cause. Enter Likethyino.										
	r cermicata be executed inding physician and usa as tha bunal-transit	E											
	al-tri	Exa											
	Sicia	a											
	phy s the	n/Medical	resulting in death) Lest			1							
	ding sa as	Ž	d.			1							
	attan	lan								1			
	res mar me de signed by tha a be datached i	Physicia	Pert it. Other significant conditions contri	buting to death but not re	suiting in t	he underlying caus	se given	in Pert i.	23b. Dld	tobacco use contribute to the cause of death			
	by l	Ph						12	1 Yes 2 No 3 Probably 4				
	pe de	by											
	v requires that the deam been signed by the atter should be datached for u	b								an autopsy	24b. We	ere autopsy findings	
		Completed							репо	rmed?	cor	elleble prior to mpletion of cause	
	ata has b	E P								V		deeth?	
F	cata h								10	Yes 2XXNo	1 🗆	Yes 210 No	
	r this certificata	Be	25. Wes case referred to medical examiner?	- 20 1				6. Plece of De	eth (Check only	one)			
	this c	2	1 ☐ Yea 2 ☒ No Hot	spitel: 1 Inpatient 2	☐ ER/Outp	etient 3 DOA	Other:	4 Nursing I	Home 5X Resi	dence 6 Oth	er (Specify	y)	
-		ü	27. Menner of Deeth	28a. Dete of tnjury (Month, Dey Year)	28b. Tin Inju	ne of 28c.	. Injury et Work?	t	28d. Describe	how Injury occurr	ed		
	death. ctor: Af y the fu	atic	1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	(,),,	,	M		s 2 No					
-	ar death. ector: Aftai by the funs	Certification:	3 Sulcide 6 Could not be determined	28e. Pleca of Injury - At	home, ferm	n, street, fectory, o	office			Street and Numb	er or Rure	l Route Number,	
	2 = C	en	4 Homicide	building, etc. (Spec	cify)				City or To	wn, Stete)			
4	ours after our our our our our our our our our ou		29a. Certifier 1X Certifying Physic	ian; To the best of my kr	owledge o	leath coourred at t	the time	data and place	a and due to the	sauss/s) and ma	nnor so al	ntad	
-	Fun Fun ietaly	edical		r: On the baals of examir	netion end/	or Investigetion, in	my opini	ion, deeth occ	urred et the time,	date end place,	and due to	the cause(s)	
44	within 24 hours at To the Funeral D completaly filled i	Me	A	end menner steted.		00-1	1	and the same		00 d D - 4 1 1	. (0.4	D. W	
i	¥ 6 8	- T	29b. Signature and title of certifier	1			icense n			29d. Date signed	ı (Month, i	Dey, Tear)	
	ſ		HYMM. H	The state of		D:	2967.	5		June 10	, 19	96	
	0		30. Name and address of person who comp								-		
	Y		Ralph V. Boccia, M.	.D., 9707 Me	edica	1 Center	Dri	ve, #30	00, Rock	ville, M	arv1	and 20850	
	Sta	ite	31. Dete filed (North, Day, Year)	32. Pegistrer's Sign						,			
	010		2001 I I NIII.	A.C. Kar	100								

## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					•	Certificate of	Death	,	Reg. No.		0,0
	Dhunia		1. Decedent'a Nama (First, Middla, La	st)		4		2. Data of Do	eath Day	3. Ti	ma of Death
	Physic /Medi		Ruthetta			LOW	=	June	8	1996 8:4	15pm
+	Exami		4a. Facility Nama (If not institution, give	e streat and number)			4b. City, Town, or	Location of Dear	th 4c. County	of Death	
			Suburban Hospit	al			Bethesd		Mon	tgomery	
	Funeral Director		407-09-6162	ex 7. Aga	81	Yrs. If Under 1 Yaar Months Days		(Month, D	rth ay, Year) 20,1915	9. Birthplace (S Country) Frankfo	
	and w		Usual Rasidance of Decedant  10a. Stata 10b. County		10c. City, Tow	n or Location				10d. Insi	Ida City Limits
	Vanyl f sho	ō	Maryland Monte	omory		ville					Yas 2 No
	the Thou	Director	10e. Street and Number	omer y	NOCE	10f. Zip Coda			10g. Citizen of \	What Country?	
	N it		199 ROLLINS AVE	NIIE. APT	232	20852	)		USA		
	Tre 2	Funeral	11. Maritai Status	12. Was Decedent E		13. Was Decedant of If Yas, specify Cub		Specify Yes or N		e - Amarican India	an,
020	n 72 hours after death with the Maryland *natural, or items 23e or 28=1 show exited Exercites must be notified at	þ	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Forcas? 1 ☐ Yas 2 ☒ N If Yas, Giva Year or Dates:	lo	If Yas, specify Cub 1 ☐ Yes 2 ☑ No		to Rican, etc.)		ck, Whita, etc.  White	
5-0	72 ho	ted	15. Decedent's Ed (Specify only highest gre	ducation	16a.	Decedant's Usual Occu	pation	drina	16b. Kind of B	usinass/industry	
121	E .	Completed	Elamantary/Secondary (0-12)	Collega (1-4or 5	+)	(Giva kind of work done lifa. DO NOT usa retire	ed)	ining .			
121	e filed wal Hygier other th			2		Bookkeeper				nt Compl	.ex
Maryland 21215-0020	S a b S	To Be	17. Father's Nama (First, Middle, Lest, Enrich Johnson				Norah	National Control	a, <i>Maidan Sur</i> nan	ia)	
Mar	2 should and Mer is marks		19a. Informant's Name/Relationship (	Type, Print)	l.	. Mailing Addrass (Stree					
	f Health fram 27 i		Ruthetta Young			728 Cherry					
100	ges 1 a it of Har if itam or othe		20a. Mathod of Disposition 1 ⊠Burial 2 ☐ Cramation 3 ☐	Removal from Stata	20b. Place of cemara	f Disposition (Name of ry, crematory or other pla	ace)	Data	20c. Location -	City or Town, Sta	ita
Baltimore,	tmen tant:		4 Donation 5 Other (Specific		Gate	f Heaven Ce		6/11/96	Silver	Spring,	MD
Bal	permit, Pages 'Department of Firmportant: If its any injury or of once.		21. Signature of Funaral Service Licer		D	22. Nama and Addr. Francis J. 500 Univer	Collins				20901
			shock, or heart fallum. List carry	pications that ceusad	tha daath. Do	not antar tha mode of dy	ing, such as cardia	c or raspiratory	rrest,	Appro	ximate ai Batween
	Physician										and Death
И	/Medical		Immediate Causa (Final disease or condition	Acute	Ren	2) F2'	lure			do	24
н	Examiner		resulting in death)	α	Due to (or as a	consequence of):	-				
	D #	lae		, Stro	Ke					i	
	death certificate be axecuted e attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions,			consequence of):					
60,	be ay ician buria		Sequantially list conditions, if any, leading to immadiate cause. Enter Undarfying Causa (Disaase or injury	c. 5375	tem'c	2ilcolms	lun				
68760,	phys tha	Medical	that initiated events rasulting in death) Last		Dua to (or as a	consequence of):				i	
Box (	certifica nding pl			d							
ă	eath cer attendir I for usa	Physician/	Data II. Only and an idea of a secondary								
P.O.	the de	уs	Part II. Other significant conditions of	_	t not rasuiting ii	n tha underlying ceusa gi	van in Part I.			ntribute to the ca	
	law requires that that as been signed by the 2 should be detached	by PI	Hyperters;	3~				1	Tes 2LINO	3 Probably	4 GUNKNOWN
rds	ruires n sig								an autopsy	24b. Wara auto	opsy findings
of Vital Records,	w require been si should	iete						perf	ormed?	available p completion of death?	n of ceuse
Re	0 - 5	Completed						40	Yas 2 DNo		0 🗆 N
a			25. Was case rafarred to medical				On Diagram (Da			1 🗆 Yes	2□ No
5		To Be	examinar?	Hospitai:	nt 2 ER/Ou	rtpatient 3 DOA Ot	hor	ath (Check only	ona) idance 6 □Oth	(C*-)	
o	Physic rethis		27. Mannar of Death	28a. Data of Injun	y 28b. 1	Time of 28c. Inju	4 LI Norsing F	T	how injury occur		
lo	Attending I ir death. ector: After by the funal	ig l	1 ☐ Natural 5 ☐ Pending 2 ☐ Accident Invastigation	(Month, Day	Year)		ork? ]Yes 2∐No				
Division	Attendia ir death. ector: A by the fu	Hice	3 Sulcide 6 Could not be datarmined	28a. Place of Inju	ry - At home, fa	ırm, straat, factory, office	V			per or Rural Routa	Number,
Ö	s afte	Certification:	4 - Horricoe	building, etc.	. (Specify)			City or 10	wn, Stata)		
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the funa.	edicai	29a. Certifier (Check only one) 1 ☐ Certifying Ph	ysician: To the best of ilner: On the besis of and manner state	axamination an	dor invastigation, in my	ima, data and piace opinion, daath occu	e, and due to tha urred at tha tima,	ceusa(s) and me data and place,	innar as stated. and dua to the ce	use(s)
	withir To th	×	29b. Signature and titla of certifiar		,	29c. Lican	sa number		29d. Date signe	d (Month, Day, Ye	ear)
	,		Mota	L, M.	1.	0	18612	M5.	6-9-	96	
	le		30. Nama and addrass of person who ALBERTOR	completed causa of da	ath (Itam 23a)	(Type, Print) old 3	lorge Fow ~	R2 #2	104-Beta	ierde M	9 50 2/1
	Sta Registr		31. Date filed (Month, Day, Year)  JUN 11 1996		r's Signatura		•				
			JUN 1 1 1330	1							

DHMH 16 Rev 6/95



_			Please	Type or Prir State of Ma		d / Depa		Health and	Mental Hy	_	6 19020
	Physic /Medi Examii	cal	1. Decedant's Nama (First, Middle, Las  EMERALD  4a. Facility Name (If not Institution, give  NoRTHARL) NO	0 1	I INE	e R AL		4b. City, Town, or	2. Data of De Month JUN & Location of Deet	Day 1 h 4c. County	
	Funeral Director		5. Social Security Number 6. Se 305-05-5353 Usual Rasidence of Decedant	9x 7. Aga ⊠ M 2□ F	a (In yrs. Ia 85	st birthday) Yrs.	if Undar 1 Year Months Deys			th V Year)	9. Birthplaca (Stata or Foreign Country) Indiana
	with the Maryland a or 28e-f show Lbe notified at	tor	10a. Stete 10b. County  Maryland Prince Ge	eorges	10c. City,	Town or Loc Bow					10d. Inside City Limits  1☐ Yas 2☐ No
	iar death with the Marylar Rems 23a or 28e-f show Iner must be notified at	al Director	10a. Street and Number 2315 Belair Drive				10f. Zip Coda 20715			10g. Citizen of V USA	Vhet Country?
020	in 72 hours after deal "natural", or Items ? edical Examiner my	by Funeral	11. Menitel Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. Was Decedant I Armed Forces? 1 ☑ Yes 2 ☐ N if Yas, Give Yaar or Datas: ↓	ło			Hispanic Origin? (S en, Maxicen, Puarl Specify:	pecify Yas or No o Ricen, atc.)		e - Amarican indian, ck, Whita, etc. White
215-0	S and	Completed	15. Decedent's Edi (Specify only highast grad Elemantary/Secondary (0-12)		+)	16a. Decede (Giva k lifa. De	ent's Usual Occu ind of work dona O NOT use ratire	pation during most of world)	rking	16b. Kind of Bu	usinass/industry
Maryland 21215-0020	other and	Be	17. Fathar's Name (First, Middla, Last)	6		0cea	inograph	18. Mothar's Nar		U.S. (	Government
yla	Men Men arke	To	Jesse William Mir					Maud Mae			
ore, Ma	of Health a Health a Hem 27 is Other train		19a. Informant's Neme/Ralationship (T.  Jessie Evelyn Mine  20a. Mathod of Disposition  1□ Burial 2 ♀Crametion 3 □ ■	er/Wife	20b. Pla	2315 B		rive Bowi		land 207	
Baltimore,	permit. Pages Department of it Important: If its any injury or of SINGS.		4 Donation 5 Other (Specify,  21. Signature of Funarai Sarvice Licens	)	Met	ropoli Id	tan Cren Nama and Addre 0000 Ann	natory 6 ass of Facility Rol apolis Ro	-8-96 pert E. pad Bowi	Alexand Evans Fy e, Md.	ria, Virginia Ineral Home P.A 20715
	Physician /Medical Examiner		23a. Part 1. Entar tha disaasa, or comp shock, or haart tailure. List only o immediate Causa (Final disease or condition resulting in deeth)	a	NE	Do not antai	NIA	ing, such es cardiad	or raspiratory a	rrest,	Approximata Intarval Between Onset end Death
Box 68760,	death certificate be executed e ettending physician and of for use as the burial-transit	Physician/Medical Examiner	Sequentielly list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Disaasa or injury that initiated events resulting in death) Last	c		as a consequ					
	the ette	sicia	Pert II. Other eignificant conditions co	ntributing to death bu	it not rasult	ing in the und	dariying causa gi	van in Part I.	23b. Did	tobacco use cor	ntribute to the cause of death?
s, P.O.	ed by detac	by Phy	Hy pothyr	oidism					10	Yee 2₩ No	3 Probably 4 Unknown
ecord	v requir	Completed	DIABETES	ME	آسا	The				an autopsy ormed?	24b. Were eutopsy tindings eveilable prior to completion of ceuse of death?
of Vital Record	The ate h	Ве Соп	25. Wes cesa ratarred to medicel axaminar?					26. Place of Dec	1 ☐		1 □ Yas 20 No
5		2	1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatia		R/Outpatient	3LI DON			dance 6 Othe	
Division	To the Rospital or Attending Ph within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	ertification:	27. Manner of Death  Notural  Compared to the	28a. Deta of Injur (Month, Day	Year)	8b. Tima of Injury		ry at ork? ] Yes 2 □ No		how Injury occurr	
DIA	oital or At urs after or rral Directilled in by	O	4 Homicida detarmined	28a. Place of Injubulding, etc	. (Specify)				City or To	wn, State)	er or Rural Routa Number,
)	To the Rospital within 24 hours and to the Funeral I completely filled	Medicai	one) 2 Medical Exami	sician: To the best of ner: On the bests of end mennar sta	axaminatio	edge, daath o on and/or inva	istigation, in my	opinion, daath occu	, and dua to the rred at tha tima,	dete and place,	and dua to tha ceusa(s)
	UA		Signatura and title of certifiar  30. Name and address of person who comes and address of person who comes are address.	omplated cause of d	nath (Itam S	<b>10</b>	D43	3977	d	June_	7 15 1996
	Sta	te	31. Data filled (Month, Day, Year)	32. Registra	201 1	PIPCO	AL DR	IVE . Gl	EN BU	enie r	no 21061
DUI	Registr	ar	JUN 12 1996 Sul		archit						

and the first the control of the con

State of Maryland / Department of Health and Mental Hygiene

19021

										)eath		***	eg. No.		
1. Decedent's Nama (First, Middla, Last)  Physician  Emma Jane MURPHY												2. Date of Deet Month	Day	Yaar	3. Time of Death
/Medi			, , , , , ,									June 8,	1996		1:28PM
Exami	ner	4e. Fecility Name (If not institution										cation of Deeth	4c. Count	2011/10/10	
	- 12	Doctor's Co	mmur	nity	Hosp	ital				Lanh			Prin	ce Ge	eorge's
Funeral		5. Social Security Number	6. Sex		7. Age (In	yrs. last birti		If Undar Months	Days	If Under	24 Hrs. Min.	8. Data of Birth (Month, Day,	Year)	9. Birthpl	laca (Stata or Fore
Director		225-16-3983	10	M 2 <b>∑</b> F		78 \	Yrs.	IVIOTATIO	Days	110010	14.11.1	09 29			ginia
		Usuel Residence of Decedent													91
P Po		10a. Stata 10b. County	У		100	. City, Town	or Loca	ation						10	Od. Inside City Lim
ğ	Ş	Virginia Bedf	ord			Mone	ta								1⊠Yas 2□I
128	Director	10e. Street and Number						10f. ZIp	Code			1	0g. Citizan of	What Coun	try?
8 4		Route #2, B	ox :	38-A				24	121				U.S.	Α.	
2 2	Funerai	11. Meritei Status			cedent Ever	in U.S.	13. Wa				gin? (Sp	ecify Yes or No-		ca - Amaric	an Indian.
- M	ايّا	1 □ Navar Married 2 □ Ma	rried	Armed F			If Y	Yes, speci	fy Cube	n, Mexican	, Puerto	ecify Yes or No- Rican, etc.)	Ble	ck, White,	atc.
0	by I	3 ☑ Widowed 4 □ Divorce		If Yas, G	2 ☑ No live		10	☐ Yas 2	<b>N</b> O	Specify:			Speci	y: Bla	ck
in "natural", or items 23a or 28a-f show Moureal Examiner must be notified at	8	15. Deceda				160	Deceder	nt'e Heuo	Occupa	tion			16b. Kind of E	luelnace/Inc	luetor
1 65	Completed	(Specify only highs	ast grade	complated,	)	100.	(Giva kii	ind of worl	dona d	ition u <i>nng</i> mosi )	t of work	ing	TOD, Raid of L	, usin la sarin la	idatry
iene.	E	Elamantary/Sacondary (0-12) 8th		College	(1-4or 5+)	1		sewi					Pri	vate	
To be 400		17. Fathar's Nama (First, Middla	( oct)				10 a.	J C 11 I		18 Moths	r'e Name	(First, Middle, N			
o do	Be		,								ma	Marti			
nd Menta merked umatic e	P	Oley Mayo													2001
		19a. Informant's Neme/Relation													Code) 20019
f Health a item 27 is other tra		Virginia Ca	rter	/Dau						aven	ue,	SE, #10			
ment of Heattl ant: If item 27 lury or other I		20a. Mathod of Disposition 1 ☐ Burlal 2 ☐ Cramation	3 1210-	moval from		Ob. Place of camatan	Disposit y, crama	ition (Nam atory or ot	a of ha <i>r pl</i> ac	a)		Data :	20c. Location	- City or To	wn, Stata
Department of Important: If it any injury or once.		4 Donation 5 Other (		minoval IION	F	lurst	Gate	e Cen	ete	сy	1	996	Moneta	, Vir	ginia
orta		21. Signatura of Funarai Service	License	ө			22.1	Name end	Addres	s of Fecilit					/
Depa Impo any ir		/ Nanay A	Pa	cent	4		J.	. B.				RAL HOM			/
		11 10000000 11					_								
nysician Medical	1	23a. Part1. Entar tha diseasa, o shock, or heart feilura. Lis			caused tha aach line.	daath. Do n	74 not antar	474 I	and of dylns	over	Road cardiac	l, Lando or respiratory arra	ver, M	aryıa	Approximate Interval Between Onset and Death
nysician Medical kaminer	Jer	23a. Part 1. Entar tha diseasa, o shock, or heart feilura. Lis  Immadiate Cause (Final diseasa or condition rasulting in death)			caused tha	death. Do n	74 not antar	474 I tha mode	and of dying	over g, such as	Road	d, Lando or respiratory arra	ver, M	aryıa	Approximate Interval Between
Medical caminer	aminer	Immadiate Cause (Final disease or condition rasulting in death)			caused tha aach line.	to (or as a c	les conseque	tha mode	and of dying	over g, such as	Road cardiac	d, Lando or respiratory arra	ver, M	₩.	Approximate Interval Between
Medical kaminer	Examiner	Immediate Cause (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			caused tha aach line.	ve . to (or as a c	les conseque	tha mode	ander of dying	over g, such as	Road cardiac	d, Lando or respiratory arra	ver, M	40	Approximate Interval Between
Medical kaminer		Immediate Cause (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents			gsta types types	ve . to (or as a c	les conseque	ence of):	ander of dylng	over g, such as	Road cardiac	l, Lando or respiratory arra	ver, M	<i>4</i> 0	Approximate Interval Between
Medical kaminer		Immadiate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury			gsta types types	to (or as a c	les conseque	ence of):	and of dylng	over o, such as	Road cardiac	l, Lando or respiratory arra	ver, M	<i>4</i> 0	Approximate Interval Between
Medical camine purpose and pur	/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents			gsta types types	to (or as a c	les conseque	ence of):	and of dyling	over	Road	l, Lando	ver, M	<i>4</i> 0	Approximate Interval Between
Medical kaminer purase se die bural-trade	/Medical	Immadiate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a.  b. c. d.	ations that a causa on	gsta Type Dua	to (or as a c	conseque conseque	ence of):	of dylng	g, such as	cardiac (	or respiratory arra	ast,	40	Approximate Interval Batween Oneet and Death (SYN) - YNS
Medical makes at the attending physician and per lane as the burist-trains!	/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents	a.  b. c. d.	ations that a causa on	gsta Type Dua	to (or as a c	conseque conseque	ence of):	of dylng	g, such as	cardiac (	23b. Did to	bacco usa ci	40	Approximate Interval Between Oneer and Death LSYM - YM
Medical by the attending physician and by the definition of the same as the burial-frame.	Physician/Medical	Immadiate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a.  b. c. d.	ations that a causa on	gsta Type Dua	to (or as a c	conseque conseque	ence of):	of dylng	g, such as	cardiac (	or respiratory arra	bacco usa co	40	Approximate Interval Between Oneet and Death LSYM - YS
Medical by the attending physician and defined for use as the kurial-frants	by Physician/Medical	Immadiate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a.  b. c. d.	ations that a causa on	gsta Type Dua	to (or as a c	conseque conseque	ence of):	of dylng	g, such as	cardiac (	23b. Did to	bacco usa co	40  ontributa to 3 □ Protein 24b. We	Approximate Interval Between Oneet and Death  LSYN -  The cause of despety 4 Unknown are autopsy finding
Medical by the attending physician and pergretarial ahould be definished for use as the kural-transi	by Physician/Medical	Immadiate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a.  b. c. d.	ations that a causa on	gsta Type Dua	to (or as a c	conseque conseque	ence of):	of dylng	g, such as	cardiac (	23b. Did to	bacco usa co	pontributa to 3 - Protein avi	Approximate Interval Between Oneet and Death  ISYM  It the cause of death  Is the cause of death  It is the cause of death
Medical by the attending physician and benzieres strong to a should be detached for use as the buristrans!	by Physician/Medical	Immadiate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a.  b. c. d.	ations that a causa on	gsta Type Dua	to (or as a c	conseque conseque	ence of):	of dylng	g, such as	cardiac (	23b. Did to	bacco usa consessa 2/2/Non eutopsymed?	pontributa to 3 - Prot	Approximate Interval Between Oneet and Death  Syn  the cause of dea pebly 4 Unkn  are autopsy finding tileble prior to oppletion of cause death?
Medical bear signed by the attending physician and page 2 should be deliabled for use as the kural-transi	Completed by Physician/Medical	Immadiate Cause (Final disassa or condition rasulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disasse or Injury that initiated avents resulting in death) Last	a. b. c. dona contri	ations that a causa on	gsta Type Dua	to (or as a c	conseque conseque	ence of):	of dylng	g, such as	cardiac (	23b. Did to	bacco usa conse 2/2/Non eutopsymed?	pontributa to 3 - Prot	Approximate Interval Between Oneet and Death  ISYM  It the cause of death  Is the cause of death  It is the cause of death
Medical bear signed by the attending physician and page 2 should be deliabled for use as the kural-transi	Be Completed by Physician/Medical	Immadiate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a.  b. c. dona control	ations that a cause on	Due Due Dua death but no	to (or as a c	conseque conseque	ence of):	of dylng	n In Part I	cardiac	23b. Did to	bacco usa constant de la constant de	pontributa to 3 - Prot	Approximate Interval Between Onset and Death  Syn  the cause of death  the cause of death  are autopsy finding tillable prior to oppletion of cause death?
Mean dear signed by the attending physician and inector, page 2 should be delached for use as the burlar-transit	To Be Completed by Physician/Medical	Immadiate Cause (Final disassa or condition rasulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disasse or Injury that initiated avents resulting in death) Last  Part II. Other significant conditions.	a.  b. c. dona control	ations that a cause on	Due Dua death but no	to (or as a conto (or as e conto (or	conseque conseque conseque onsaqua tha und	ence of): anca of): darlying ca	usa give	26. Place	cardiac (	23b. Did to 1  You 24a. Was e perform 1  Ye h (Check only on ma 5  Reside	bacco usa con eutopsy ned?	Johar (Specif)	Approximate Interval Between Oneet and Death  Syn  ethe cause of death  are autopsy finding slieble prior to mpletion of cause death?  Yas 2 No
We conflicate has been signed by the attending physician and indicator, page 2 should be detached for use as the burial-transit or or	To Be Completed by Physician/Medical	Immadiate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Last  Part II. Other significant conditions of the condition of the condition of the condition of the caminer?  25. Was case referred to medical examiner?  1	a.  b. c. d. lona conti	ributing to c	Due Dua death but no	to (or as a conto (or as e conto (or	conseque conseque conseque onsaqua tha und	ence of): anca of): darlying ca	usa giva	26. Place	cardiac (	23b. Did to 1  Ye  24a. Was e perform	bacco usa con eutopsy ned?	Johar (Specif)	Approximate Interval Between Oneet and Death  Syn  ethe cause of death  are autopsy finding slieble prior to mpletion of cause death?  Yas 2 No
After this certificate has been signed by the attending physician and inpopulation and funeral director, page 2 should be delached for use as the kurial-transit or co.	To Be Completed by Physician/Medical	Immadiate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Last  Part II. Other algnificant conditions of the condition of the condition of the condition of the caminer?  25. Was case referred to medical examiner?  1 Yas 2 No  27. Mannar of Death   Natural 5 Pendi invest	a.  b. c. d. lona contri	ributing to c	Due Due Due death but no	to (or as a conto (or as e conto (or	consequence on sequence of sequence on sequence of seq	ence of): anca of): darlying ca	usa giva	26. Place	cardiac (	23b. Did to 1  You 24a. Was e perform 1  Ye h (Check only on ma 5  Reside	bacco usa con eutopsy ned?	Johar (Specif)	Approximate Interval Between Oneet and Death  Syn  ethe cause of death  are autopsy finding sileble prior to mpletion of cause death?  Yas 2 No
After this certificate has been signed by the attending physician and inpopulation and funeral director, page 2 should be delached for use as the kurial-transit or co.	To Be Completed by Physician/Medical	Immadiate Cause (Final disassa or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disasse or Injury that initiated avents resulting in death) Last  Part II. Other significant conditions are summer?  1	a.  b. c. d. lona contri	ations that a cause on	Due Due Due death but no death	to (or as a conto (or as e conto (or	conseque con	ence of): anca of): darlying ca	usa giva	26. Place	of Death	23b. Did to 1  You 24a. Was e perform 1  Ye h (Check only on ma 5  Reside	bacco usa con eutopsy ned?  as 2 No a)  inca 6 Otow Injury occur	pontributa to 3 Prot 24b. We ave cond of a large state of the condition of	Approximate Interval Between Onset and Death  Syn  the cause of des sebly 4 Unkn  are autopsy finding liable prior to mplation of cause death?  Yas 2 No
ther death.  Streetor: After this certificate has been signed by the attending physician and in py the funeral director, page 2 should be delached for use as the furnishment or continuous.	Be Completed by Physician/Medical	Immadiate Cause (Final disassa or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disasse or Injury that initiated avents resulting in death) Last  Part II. Other significant conditions of the condition of	a.  b. c. dona contribution and the dona con	ations that a cause on	Due Due Due death but no of Injury nth, Dey Year	to (or as a conto (or as e conto (or	conseque con	ence of): anca of): darlying ca	usa giva	26. Place	of Death	23b. Did to 1  Ye  24a. Was e perform 1  Ye  h (Check only on ma 5  Reside 28d. Dascribe ho	bacco usa con eutopsy ned?  as 2 No a)  inca 6 Otow Injury occurrent and Num	pontributa to 3 Prot 24b. We ave cond of a large state of the condition of	Approximate Interval Between Onset and Death  SYM  the cause of death  the cause of de
A hours after death.  Funeral Director: After this certificate has been signed by the attending physician and important funeral director, page 2 should be detached for use as the burial-transit and in by the funeral director, page 2 should be detached for use as the burial-transit and in an arrangement.	Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Last  Part II. Other algnificant conditions are summer?  1 Yes No  27. Mannar of Death 1 Natural 5 Pendi Invest 2 Accidant 3 Suicide 6 Could determined to the condition of the condit	a.  b. c. d. d. dona control all Ho	ations that a cause on Control of the Control of th	Due Dua  Dua  death but no  death but no  finjury nth, Dey Yeu a of Injury atc. (S) a best of my	to (or as a conto (or	onseque onsequ	ence of):  ance of):  darlying ca  3 □ DO.  M  Docurred a	usa giva	26. Place 26. Place 37. 4 Nu at ? 4as 2 .	of Death	23b. Did to 1  Ye  24a. Was e perform 1  Ye  h (Check only on ma 5  Reside 28d. Dascribe ho	bacco usa con estable properties and Num  now injury occurreat and Num now, State)	pontributa to 3 Protein Protei	Approximate Interval Between Oneet and Death  Syn  the cause of death  the cause of de
A hours after death.  Funeral Director: After this certificate has been signed by the attending physician and important funeral director, page 2 should be detached for use as the burial-transit and in by the funeral director, page 2 should be detached for use as the burial-transit and in an arrangement.	To Be Completed by Physician/Medical	Immadiate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Last  Part II. Other algnificant conditions are underlying in death. Last  25. Was case referred to medical examiner?  1	al Holing Rigation Include Ing Physial Examination	ations that a cause on Control of the Control of th	Due Due Due Due Due death but no	to (or as a control (or	onseque onsequ	ence of):  anca of):  darlying ca  3 Do.  M  et, factory,  stigation,  29c.	Other work	26. Place 26. Place 27: 4 Nu 28: 2 0 29: 4 0 2	of Death	23b. Did to 1 Ye  24a. Was e perform 1 Ye  h (Check only on ma 5 Reside 28d. Describe ho	bacco usa con esta 2 No esta N	pontributa to 3 Protein Protei	Approximate Interval Between Oneet and Death  Syn  the cause of death  the cause of death  the cause of death  the cause of death  are autopsy finding sliable prior to moletion of cause death?  Yas 2 No  No  Route Number,  ated. the ceuse(s)  Day, Year)
24 hours after death.  Funeral Director: After this certificate has been signed by the attending physician and inperior place is should be deliached for use as the kurial-transit and in the funeral director, page 2 should be deliached for use as the kurial-transit and income in the funeral director.	edical Certification: To Be Completed by Physician/Medical	Immadiate Cause (Final disease or condition rasulting in death)  Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Last  Part II. Other algnificant conditions are underlying in death. Last  25. Was case referred to medical examiner?  1	al Holing Rigation Include Ing Physial Examination	ations that a cause on Control of the Control of th	Due Due Due Due Due death but no	to (or as a control (or	onseque onsequ	ence of):  anca of):  darlying ca  3 Do.  M  et, factory,  stigation,  29c.	Other work	26. Place 26. Place 27: 4 Nu 28: 2 0 29: 4 0 2	of Death	23b. Did to 1 Ye  24a. Was e perform 1 Ye  h (Check only on ma 5 Reside 28d. Describe ho	bacco usa con esta 2 No esta N	pontributa to 3 Protein Protei	Approximate Interval Between Onset and Death  Syn  the cause of despely  The cause of de

State Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

19022

								Cei	TITICAL	e or i	Death	1		Reg. No.		
			1. Decedant's Nar	na (First, Midd	la, Last)								2. Data of D		Just	3. Tima of Death
	Physic		1.21.7	0 -10	. U-01	A DIV	7						Month	Day	Yaar	- 45
	/Medi		4a. Facility Nama	S EAKI	McCL	nd number	J7.				lb. City. To	own, or Lo	JUNE ocation of Dea	8 1996 th 4c. County	of Death	7:45pm
	Exami	ner		_												
1			DOCT		DMMUNIT			nd foliaborino d	If I Inde	r 1 Yaar	ANHA If Undar	M 24 Hrs	0.0-4-40	PRINC	E GE	ORGE'S CO.
	Funeral		5. Social Security		6. Sex 1 X M 2		lga (In yrs. la 49	st birtnaay) Yrs.	Months		Hours	Min.	8. Data of B	ay, Year)	9. Birth	placa (Stata or Foreign ntry)
	Director		579-62-0				49	115.					Oct. 1	1, 1946	Virg	ginia
	Pu &		Usuai Rasidanca (	10b. County	,		10c City	Town or Lo	cation							10d. Insida City Limits
	anyle aho	L.					Too. Ony,	TOWN OF EC	Cation							1⊠ Yas 2□No
	Me M	oct	MD		e Georg	ge's	Bow	ie								120 183 2 NO
	er t	Sire	10e. Street and Nu	umber					10f, Zip	Coda				10g. Citizan of	What Cou	ntry?
	th w	Funeral Director	12403 Sa	alem La	.ne					2071	.5			U.S.A.		
	de de	ner	11. Maritai Status		12. Was	s Decedan	t Evar in U,S	. 13.	Vas Dece	dant of H	ispanic Or	igin? (Sp	ecify Yas or N Rican, atc.)	o- 14. Rac	e - Amari	can Indian,
0	2 should be filed within 72 hours after death with the Maryland , and Mental Hygiene. Is marked other than "natural", or items 23a or 28a-f ahow raumatic event, the Medical Examiner must be notified at	F	1 Navar Mar	rled 2 ☐ Mar	ried 1 🗆	Yas 20							nicali, atc.)	10000000	ck, Whita,	atc.
21215-0020	diam'r.	þ	3 ☐ Widowed	4 🛭 Divorced	Yas	as, Giva Ir or Datas	:		I LI Yas	2)KJ NO	Specify	•		Specify	y: WI	nite
9	2 ho	Completed	45	15. Dacedar	nt's Education			16a. Daced	lant's Usu	ai Occup	ation		70.1	16b. Kind of B	usinass/Ir	ndustry
215	n n	pie	(Spe		st grada compi		. 5.1	16a. Daced (Giva lifa. l	kind of wo	erk dona d se retired	during mos i)	st of work	ing			
212	the length	E	Elemantary/Sec	oridary (0-12)	Coll	iaga (1-4or 3	( 5+)	Box (	Offic	ь Мэ	nagei	r		Private	Tnd	natry
	Hygher the	O	17. Fathar's Nama	(First, Middle,	Last)			DOM	71110	C Ha			a (First, Middle	a, Maidan Suman		ustry
an	d be	Be C	Louis Fr	rl MoC	10000								D			
2	d Me	JO.	Louis Ea					40h Maille	a Address	/04-04		ary	Perei	ra ber, City or Town,	01-1- 7	- 0-4-1
Maryland	han han rau					_			_							b Code)
	s 1 and 2 should be filed within 72 hours after death with the Marylar I Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f ahow other traumatic event, the Medical Examiner must be notified at		Mary P.		y / Mot	ner	ook Die				ane,	Bowi		yland 20		
O	M He		20a. Mathod of Dis	Cramation	3 Ramoval	from State		ce of Disponatary, crer	natory or o	othar plac	ce)		Data	20c. Location	- City or 1	own, Stata
Baltimore,	permit. Pages 1 and 2 Department of Health a important: If Item 27 is any injury or other tra once.		4 □ Donation	5 Othar (S	Specify)	-		ropol:	Ltan	Crem	atory	v 6/1	1/1996	Alexand	iria.	Virginia
alt	Departs Imports any inj		21. Signature d F	uneral Service	Monsups /			22	. Nama ar	nd Addras	ss of Facili	ity				
8	89 = 8		Ho	20	V. 1	//								ral Home		
	_		23a. Part1. Entar	tha diseasa o	r complications	that cause	ad the death							attsvill	e, M	D 20/81 Approximata
			shock, or ha	art failura. Lis	only ona caus	a on aach	lina.			o. ayıı.	9, 000, 00	, , , , , , , , , , , , , , , , , , , ,	or raspiratory	411001,	1	Intarval Batwaan Onset and Death
	Physician /Medical		Immediata Causa	/Einai		10	0 11-				. /		0 6	100	1	
1	Examiner		disaasa or conditi rasulting in daath)	on	a. 1	L	0 0	2010		CI	YD	-14	XII	CH) (5		
			rasating in sauting				Dua to (or	as a consac	uanca of):					6A56		
_	D #	Examiner			- 5	NE	PAT	1 c	60	CE	NY &	LU	PATH	7	1	
	acute and trans	E	Saquantially list co	onditions,			Dua to (or	as a consec	uanca of):						-	
0	an a		Saquentially list or if any, leading to it cause. Enter Und Cause (Disease o	mmadiata larlying				COA	COL	40	1)-101	ナン			!	
68760,	certificata be executed iding physician and ise as the burial-transit	n/Medical	that initiated evant	lS .	c		Dua to (or a								1	
	tifica ng ph as ti	9	rasoning in odatin	Last	l				5	FBS	21				1	
XO		Ş			d				,	- ( -	-	-				
m	requiras that the death been signed by the atter should be detached for u	Physicia	Part Ii. Other signi	ificant conditi	one contribution	n to death	but not requit	ing in the u	nderlying (	course div	en in Part	1	23h Die	I tohacco use co	ntribute t	to the causs of death?
P.O.	t the de by the	hys	, raitin other argin		orre contributing	g to death	Dut not rasun	ang an ata u	idanying c	zausa givi	O	1.				
	as that igned b												1	Yss 2□No	3 Pro	bably 300Unknow
of Vital Records,	sign d be	d by											040 18/0		24b W	/ara autopsy findings
0	v requir	Completed												s an autopsy ormad?	a	valiable prior to
ec	> 20 01	ig.													of	daath?
H	The la	5											10	Yas 2000	1	□Yas 2□No
ita	iclan: The lav certificate has rector, page 2	0	25. Was çasa rafa	rred to madica	il						26. Plac	a of Daat	h (Check only	ona)		
>	Physiclan: this certific rai director,	To B	axaminar?	No	Hospitai	Trinnet	tiant 2∏F	R/Outnaties	t 3□ D(	Oth	05			idanca 6 🗆 Ott	ar /Snac	(hr)
0	Phy orali	1   Yas 2   No   Toppatiant 2   ER/Outpatient 3   DOA   Outer 4   1   1   2   2   2   2   2   2   2   2						urswig i ic		how injury occur		97				
on	ding in After After funer	tlor	Naturai	5 Pandii invast	ng	(Month, D	ay Year)	injury	М		k? Yas 2□	No				
Division	or Attending after death. Director: After I in by the fune	Certification:	2 ☐ Accidant 3 ☐ Suicida	6 ☐ Could	not be	Piace of Ir	njury - At hom	a farm etr					28f Location	/Street and Numi	her or Rui	ral Routa Number,
2	Or A Direc	irti	4  Homicida	datam	nined 200.		atc. (Specify)	ia, iaiiii, sti	Hat, ractor	y, onice				wn, Stata)	Der Or Mur	ai riodia ridinder,
	oral beal		00 0 11											-		
	Hospita 24 hours Funeral staly filled	edicai	29a. Cartifiar (Check only	2 Medical	Examiner: On	tha basis	of axaminatio	edga, daath n and/or inv	occurred astigation	at tha tin	na, data ar pinion, das	nd place, ath occur	and dua to the red at tha tima	causa(s) and m., data and place,	annar as a	stated. to tha causa(s)
	To the Hospital or Attending Ph within 24 hours after cleath. To the Funeral Director: After thi completaly filled in by the funeral	Med	one)		and	mannar s	stated.									
	To Co	~	29b. Signatura and	titia of certifia	ır				29	c. Licans	a number			29d. Date signs	d (Month,	Day, Year)
				al al	la-					VI	79	) )		06 00	169	0
	(9)		30, Nama and add	rass of person	who complated	d causa of	death (itam 2	23a) (Type.	Print) 4	` -	12	230			KI	
	0		k. Su	DINF	A2 -	7610	CI	PRO	LCF	476	- 7	TAK	a mA	MARK	- Mi	120912
	Sta	ite	31. Data filed (Mor	nth, Day, Yaar		32. Regist	trar'ş Signatu	CO .				13.6				
	Registr		Jui		396	الدرا	welser	arles								
			JUI	I I P	170 1											

DHMH 16 Rsv 6/95

State of Maryland / Department of Health and Mental Hygiene Q C

10022

				Certificate of L	Death	Re	g. No.	19023
	Physic	an	1. Decedent's Neme (First, Middle, Last)	0./	X III	2. Dete of Deeth Month		3. Time of Deeth
	/Medi		MALCOLVII MOUL	)4		6	7 96	2 5:30p
	Examir	er	4a. Fecility Neme (If not institution, give street and number)	44	b, City, Jown, or Lo	cation of Death	4c. County of I	Deeth
ŀ	<b>.</b>		5. Social Security Number 6. Sex, 7. Age (In yrs. les	at birthdev) If Under 1 Year	If Under 24 Hrs.	8 Date of Birth		Birthplace (State or Fornic
۱	Funeral Director		235-50-1469 XM 20F 39	Yrs. Months Deys	Hours Min.	8. Dete of Birth (Month, Dey,	S 6W	Birthplece (State or Foreignsh., USP)
	rand rand		Usuel Residence of Decedent  10e. State 10b. County 10c. City,	Town or Location		( '	Į L	10d. Inside City Limits
	the Marylan 28a-f show notified at	ector	MD PG 65	3 monor	10 0x	CONH		1 Yes 2 □ No
	th with 23s or	Funeral Director	653 An Oney Coxo	WHILL 104. Zip Code	745	10	g. Citizen of Wha	.t Country?
	ter dea	une	11. Manitel Stetus  12. Wes Decedent Ever in U,S. Armed Forces?  1  Yes 2 No	<ol> <li>Wes Decedent of His If Yes, specify Cubar</li> </ol>	spanic Origin? (Spen, Mexican, Puerto	ecify Yes or No- Rican, etc.)		American Indian, White, etc.
5-0020	ours aft	by	3 Widowed 4 Divorced  1 Yes 2 No If Yes, Give Yeer or Detes:	1 ☐ Yes 2 🖾 No	Specify:		Specify: *	Black
5-0	72 h	Completed	15. Decedent's Education (Specify only highest grade completed)	16a. Decadent's Usuel Occupe (Give kind of work done do	uring most of worki	na	6b. Kind of Busin	
2121	s within jiene. r than	ldm	Elementery/Secondary (0-12) College (1-4or 5+)	`life. DO NOT use retired)				Assn of
	al Hygie other vent, to	Co	17. Fether's Neme (First, Middle, Last)	Computer Analys	18. Mother's Neme			rwriters
Maryland	id be ental ked o	To Be	MAICON Mandel		TOSEDI	rive	1.5	nington
ary	2 should b and Mente is marked	۲	19e. Informent's Neme/Reletionship (Type, Print)	19b. Meiling Address (Street e				
-	DEN		Vanessa Almeida	209 W. Fort	h Avenu	e Po	selle,	NJ 07203
Baltimore,	of Hea			ce of Disposition (Name of netery, cremetory or other place	9)	Dete 2	Oc. Location - City	y or Town, Stete
Ë	0 = 0		T Durier 2 Cremetion 3 Li Hemovel from Stete	verdale Crem		/8/96 F	Riverda	le. MI)
alt	permit. Pa Departmen Important: any injury ance.		21. Signetyre of Funeral Service Ucenses	22. Name end Address	s of Fecility			
•	20729		Grone S. Voune	Tyrone J. 5635 Eads				
			23a. Part Vinter the disease or complications that prused the deeth. shock, or heart failure. List only one cause on each line.	Do not enter the mode of dying	, such es cardiac d	or respiretory erres	ăt,	Approximete Intervel Between
	Physician		U U					Onset end Deeth
1	/Medical Examiner		Immediete Ceuse (Finel disease or condition resulting in death)	1105				
		-		s a consequence of):	1			
	uted	Examiner	b. TANC	LOFENI	H			
Ć,	rificate be executed 19 physician and 18 the burial-transit	Еха	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	s a consequence of):	1			
68760,	ysicle	edical	thet milleted events	s a consequenca of):	7			
	certifica nding ph	95	resulting In deeth) Lest	UII mollA	er F	ALLU	RE	
. Box	he death cert the attendin	Physician/	Pert II. Other significant conditions contributing to deeth but not resulting	ng In the underlying cause give	n in Pert I	23h Did toh	acco use contri	bute to the cause of death
P.0	by the	hys		ig in the disdeliging cadae give	mmresti.	1 🗆 Yes	-1	☐ Probably 4☐ Unknow
	gned oe de	by F	COLITIZ					
Division of Vital Records,	The law requires that the death certificate be ate has been signed by the attending physicla page 2 should be detached for use as the bur	Completed	LYMPHOMA			24e. Wes en perform	eutopsy ed?	4b. Were autopsy findings available prior to completion of cause of deeth?
R	The law te has	E O				1 ☐ Yes	2 No	1 Yea 2 No
ita	certificate irector, pag	Bec	25. Wes case referred to medical		26. Plece of Deeth	(Check only one	)	
of V	hysic nis ce	2	exeminer? 1 Yes 2 No Hospitel: 1 Inpatient 2 ER	VOutpetient 3□ DOA Other	r: 4 Nursing Ho	me 5 Residen	ice 6 Other (	Specify)
n	ng Ph fter th uneral		27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year)  28	Bb. Time of lnjury Work	at :	28d. Describe hov		
Sio	or Attanding Physicien: after death. Director: After this certific in by the funeral director,	Certification:	2 Accident Investigation		es 2 □ No			
N.	or At after of Direct In by	THE STATE OF	4 Homicide determined 28e. Plece of Injury - At home building, etc. (Specify)	a, ferm, street, fectory, office	1	281. Location (Stre City or Town,	et and Number of Stete)	or Rural Route Number,
_	ours ours filled	Š	29e. Certifier Certifying Physician: To the best of my knowle	idea dooth accurred at the time	a data and place.	and due to the en	an(a) and mann	a an atalan
	Hos 124 h Fun jetely	edical	(Check only 2 Medical Examinar: On the basis of examinetion one)	end/or Investigetion, in my opi	Inion, deeth occurre	ed at the time, dat	e end plece, end	due to the cause(s)
	To the Hospital or Attanding Physicien: The is within 24 hours after death.  To the Funerel Director: After this certificate he completely filled in by the funeral director, page	Me	29b. Signeture end title of certifier	29c. License	number	296	d. Dete signed (A	Aonth, Dey, Year)
			Robert D Skipworth n	$D \cap D \subset D$	28906	2	6/7/	96
	(10)		30. Name and address of person who completed cause of deeth (Item 23	10	0.00	0	-11/	
	(')		Robert D. SKipworth.	mp; J85 MA	IN STR	788T, L	AURE	-L, MD 2070
	Sta		31. Dete filed (Month, Day, Year) 32/Registrar's Signatur	Redall		/		/
	Registr	ar	JUN 11 1996 944 Mullian					

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

19024

	-	-	1. Decedent's Ner	ne (First, Midd	die. Last)		Ce	runcate	or Deat	n	2. Dete of D	Reg. No.		3. Time of Deeth
	Physic /Medi	cai		Dor	207144		MIN	02			Month 06	-06-9	Yeer	9-27 An
	Examil Funeral Director	ner	1	George's Number 2	Hospital Co	enter	s. lest birthdey) 59 Yrs.	If Under 1 Y	(	hever	8. Dete of B	Prince	George 9. Birth	
	with the Maryland a or 28a-f show Lbe notified at	tor	Mary land	_	George's	10c. C	City, Town or Lo		attsvill	e				10d. Inside City Limits 1 ☑ Yas 2 ☐ No
	a with the M 3a or 28a-f st be notifie	Funeral Director	10e. Street end No 5314 Er	merson S	treet			10f. Zlp Co	de 207	'84		10g. Citizan of U.S.		intry?
020	hours after doath ural", or Herre 23 a Examiner mus	by	11. Marital Status 1 Never Mer 3 Widowed		rried 1 Yes	No No		Wes Decedent If Yas, specify 1 ☐ Yes 2 ☑			pecify Yes or N Rican, etc.)		ce - Amer ock, White	
Maryland 21215-0020	d within 72 ho piene. r than "natur the Medical.	Completed	(Spe Elementery/Sec 12th grad	cify only highe ondary (0-12)	nt's Education est grade complated College	(1-4or 5+)	(Give	dent's Usuel O kind of work d DO NOT use r etired	ccupation lona during me etired)	ost of work	king	16b. Kind of B		
yland	ould be file Mental Hy, arrised othe wife event,	To Be C	17. Fether's Neme	(First, Middle Raymond	Minor						Louis	e, Meiden Sumei se Henders	ma) O <b>n</b>	
	and 2 sh satth and 127 is m er traum		19e. informent's N Brenda Pou					-				ber, City or Town Mary I and	2078	
Baltimore,	artment of He ortant: If her injury or oth		20a. Method of Dis 1 X Buriel 2 4 ☐ Donetlon	☐ Cremetion	3 □Ramoval from Specify)	n Stete	Pleca of Dispo cem <i>etery</i> , cres tional H	netory or otha	r place)	Park 6	Data 5/13/96	20c. Location Landover		
Balt	permit. Departi Importi any inj		21. Signature of F	Ry	G. The	allu	2	Vallier 4811 M				ashington,		20019
	Physician /Medical Examiner	er	23a. Pert1. Enter shock, or he Immediete Ceuse disease or conditi rasulting in deeth)	(Finel	complications thet only one causa on e.	Resp		ter the mode of	f dying, such	es cardiac	or raspiratory	arrest,	3	Approximata Intarval Between Onset and Deeth  30 mi 475
ox 68760,	certificate be executed inding physician and use as the buriel-transit	n/Medical Examiner	Sequentially list of if any, leading to acuse. Enter Und Ceuse (Diseasa of the tinitiated event resulting in daeth)	S	c		(or as a consec							
P.O. B	death e etter	Physicia			ions contributing to		sulting In tha u	nderlying caus	e given In Pa	rt I.		1 tobacco use co		to the cause of death?
Records,	been shoul	Completed by	Se	ancu	1 (08)5							s en eutopsy formed?	a	Vere eutopsy findings vailable prior to completion of cause of deeth?
	The page	Be Com	25. Was casa refe	rred to medica	ai				26 Pia	cs of Dest	1 □	Yas 2000	1	Yes 2 No
of V	Physician: this certific	ဥ		Kio	-	1	☐ ER/Outpatier		Other: 4 🗆		ome 5 Res	idenca 6 🗆 Oti		ity)
Division of Vital	ttending deeth. stor: After / the fune	Certification:	27. Menner of Dea 1 Accident 2 Accident 3 Sulcida 4 Homicida	5 ☐ Pandi Invest 6 ☐ Could	ng (Mo	of Injury onth, Dey Year) ca of Injury - At I ding, etc. (Spec	28b. Time of Injury	М	Injury et Work? 1 ☐ Yes 2 I	□No	28f. Location	(Street and Num		ral Route Number,
۵	To the Hospital or A within 24 hours effer To the Funeral Direct completely filled in by	edical Cer	29a. Certifier (Check only one)	1 Certifyi	ng Phyelcian: To th	e best of my kn	owledge, deeth	n occurred at the	ne time, date my opinion, d	end plece, aath occur	end dua to the	a cause(s) end m	enner as , and due	stated. to the cause(s)
	To the within To the comple	Med	29b. Signature and	title of certifie		40	M.D.		cense numbe			29d. Date signe	ed (Month	Day, Year)
_	6		TARA	1517	who completed cau	UTCA		Print) AN	NAP	ous	RO	READO	SALS	Gura.
	Sta Registr		31. Dete filed (Mo	N 11	996	Registrer's Sign	nature				10		~- / (	

300 11 900

pr 1729) 24 T mg 1 gran

State of Maryland / Department of Health and Mental Hygiene

96

				001111100	ate of	2000		Reg. No.		
Physici	an	1. Decedent's Neme (First, Middle, Las					2. Dete of D Month	eeth Dey		ime of Death
/Medic		SCRONIMO	MARTI	NEC		4. 03. T	6	8		530 A
Examin	ner	4e. Fecility Neme (If not institution, give	NADVEN	tet Hosp	ita)-	4b. City, Town, o Takona	0	th 4c. County		nery
Funeral		VAShINGIC 5. Sociel Security Number 6. Se		. lest birthdey) If Und	ler 1 Yeer	If Under 24 Hr	S. 9 Dete of B	irth		Stete or Foreign
Director		579-56-2212 1	ØM 2□ F 9	Yrs. Month	s Deys	Hours Mir	1. Month, E	ev Year)	WICARI	
2 2		Usuel Residence of Decedent  10a. Stete 10b. County	100.0	in Tour est costion						
show od at	5	0		ity, Town or Location						side City Limits  Yes 2 □ No
the Meryle 28a-f shor	ect	MK. Montgo	mercy H	delphi	Zip Code			10g. Citizen of		
death with the Meryland ms 23a or 28a-f show r mast be nottiled at	Ö	2007 Avenue	L ROAD		2018	2			L Ame	oica
	Funeral Director	11. Meritel Status	12. Wes Decedent Ever in I Armed Forces?			Hispanic Orlgin? ( en, Mexican, Pue	Specify Yes or N		e - American Ind	
or its		1 Never Married 2 Married	1 Yes 2 No						ck, White, etc.	
72 hours efter "natural", or ite	d by	3 Widowed 4 □ Divorced	Yeer or Detes:			Leh	ITEAL A.		HISPA	HIC
c 3	Completed	15. Decedent's Ed (Specify only highest gree	ucation de completed)	16e. Decedent's U: (Give kind of life, DO NO)	suel Occup vork done use retire	petion during most of w d)	orking	16b. Kind of B	usiness/Industry	
yethin jiene. r than "	omp	Elementery/Secondary (0-12)	College (1-4or 5+)	WAIT	TER			RestA	4 RAH	+
al Hygiene. other than	BeC	17. Fether's Neme (First, Middle, Last)				-		e, Meiden Sumer	ne)	
marked o	To	UNKNO	WN			CANd	ILA	mu	Rillo	
ts and		19e. Informent's Name/Reletionship (7		19b. Meiling Addre			A 0 .	1.	Stete, Zip Code,	)
1 end Heelth em 27		MARIA URIDE  20e. Method of Disposition		R 2007 /		vel Kd.	Akelpi		2078	\$
6 D		1 Burial 2 ☐ Cremetion 3 ☐	Removel from State			ce)	Dete	20c. Location	City or Town, St	iele
permit. Pe Departmen Important: any injury pnce.		4 ☐ Donetion 5 ☐ Other (Specify  21. Signeture of Funerei Service Licans		ate of He	and Addre	on of Englisher	6	0.700	- YRIN	g, mx
permit. Pege Department of Important: If any injury or once.		10.00	Late	PRICE	S2L	ess tu	MURAL	S:/Vei Service DC. 2		
		23a. Perty. Enter the disease, or comp	licetions thet caused the dea	th. Do not enter the m	ode of dyi	4 300/2 na. such es cardi	ec or respiretory	DC. 3	Appro	oximete
hysician		shock, or heert failure. List only of	one ceuse on each line.						Interv	vel Between at end Deeth
/Medical		Immediate Cause (Fine)	Cardio	respira	+ pri	Fa	ilure			
Examiner		resulting in deeth)		or as e consequenca d		)	110116		1	
D #5	Examiner			12515						
end end il-tran	хап	Sequentially list conditions, if env. leading to immediate		or es a consequence o	f):					
siclan burie		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	V	ateral	_	neum	onia			
ding physician end see es the buriel-transit	edical	resulting in deeth) Lest	Due to (	or es a consequenca o	1): `				1	
	an/M	•	d							
0 0	Physician	Pert II. Other significant conditions co	ntributing to death but not re	sulting in the underlying	cause giv	ven in Pert I.	23b. Did	l tobacco uaa co	ntributa to the c	ause of death1
mat me de led by the e detached t		History	of Prost	ate Ca.	rcin	DING	10	Y98 2/2(No	3 Probably	4 Unknow
8 50	d by		1 1030			- 1110	04-111-	If Calen Leader	24b. Were eut	tana tindiaa
v requires that the been signed by th should be detache	lete						per per	s en autopsy formed?	evalleble	prior to
has ye 2	Completed								of deeth?	
certificate rector, pag	0	25. Wes case reterred to medical				GC Blood at D	eeth (Check only	Yes 2 XNo	1 L Yes	2□ No
rnysician: this certificanal director,	To B	exeminer?	Hospital:	ER/Outpetient 3□	Oth	or		one) sidence 6 □Oth	ner (Snecify)	
Attending Phist death.		27. Menner of Deeth 1 ÆNeturel 5 □ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injur Wor			how injury occur		
eath. or; Af	catle	2 ☐ Accident Investigation		М		Yes 2 □ No				
fter d in by	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Pieca of Injury - At In building, etc. (Special	nome, ferm, street, tect fy)	ory, office		28f. Location City or To	(Street end Num! own, State)	per or Rural Rout	e Number,
To the Hospital or Attending within 24 hours efter death.  To the Funeral Director: After completely tilled in by the tune		29a. Certifier 1M Cartifying Phy	relation. To the heat of multi-	- lades death as	al as also at a		and the second second			
24 hc 24 hc Fun letely	edical	(Check only one)	alctan: To the best of my known.  Iner: On the basis of examinating and manner stated.	ation end/or Investigeti	on, in my o	ne, date and place plnion, deeth occ	eurred at the time	, date and place,	anner as stated. and due to the ca	ause(s)
Nithin To the	Me	29b. Signeture end title of certifier	1	2	9c. Licens	e number	T	29d. Dete signe	d (Month, Day, Y	'ear)
		· G. Guy	sta, m. D		MD	463	78	Tone	8 19	1960
	- 1		/					The same of the sa	- 1	
(2)	-	30. Neme end eddress of person who c	ompleted cause of deeth (Ite	m 23a) (Type, Print)						
(2)		11 (	ompleted cause of deeth (Ite	m 23a) (Type, Print) 121 Cong	ness	463°	lane.	Rocki	rille n	1D

THE HEALT SHE WILLIAM Paris a serment of Figure 8 Part Control Designation and the second

when the same of the same of

	0		2	6
- 1	3	U	4	Q

State of Maryland /	Depa	artme	nt o	fŀ	dealth	and	Mental	Hygien
					-			

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day 1996 **Physician** JÜNE 8, CLYDE 00:30 AM MORGAN /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6363 OXON HILL ROAD OXON HILL PRINCE GEORGES If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth Months Days Hours Min. (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthdey) Birthplace (Stete or Foreign Country) **Funeral** Months 1X0 M 2□ F 62 Yrs. Director 26,1934 CLAYTON, NC 237-46-8479 Usual Residence of Deceden with the Maryland 10a. State 10c. City, Town or Location 10b. County 28a-f show 10d. fnslda City Limits 7 is marked other than "natural", or items 23s or 28s-f sho traumstic event, the Medical Examine, must be notified at 1**X** Xes 2 □ No Director MARYLAND PRINCE GEORGE'S SUITLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after deeth a Department of Health and Mental Hygiere. Important: if them 27 is marked other than "natural", or thems 23a any injury or other tranmetic event, the Men 5123 SUITLAND RD. #302 20746 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? 14. Race - Amarican Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-ff Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Statua 1 Yas 2 No If Yes, Give Year or Dates: 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) PVT. 12th TRUCK DRIVER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be THOMAS MORGAN MALISSA SANDERS 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 5123 SUITLAND RD. #302 SUITLAND, MD 20746 DOROTHY M. MORGAN/ WIFE 20b. Place of Disposition (Neme of cemetery, cremetory or othar place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cremation 3 ☐ Ramoval from State 6-14-96 SUITLAND, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) LINCOLN CEMETERY 21. Signature of Funeral Sarvice Licensee 22. Nama and Addrass of Facility MARSHALLISNEUNERALLHOME 4308 SUITLAND KTOVI 20746 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one ceuse on each line. Approximate tntervel Between Onset and Death **Physician** exclisionsonly /Medical Immediate Cause (Finel disaase or condition resulting in death) Examiner Examiner attending physician and for use as the buriel-transit The law requires that the deeth certificate be executed Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated eventa resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the should be deteched 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? page 2 s Yes is certificate b 2 No Hospital or Attending Physicien:
 24 hours after death.
 Funeral Director: After this certifica etely filled in by the funeral director. Be 25. Was case referred to medical 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) SCENE 1 Ves 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of Natural 5 Pending investigation 1 Yea 2 No 2 Accident 3 Suicida 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicida To the Hospital of within 24 hours a to the Funeral Completely filled 29a, Certifier 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as atated. Medical 2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. 9ignat 29c, License number 29d. Date aigned (Month, Dey, Year) O.C.M.E. JUNE 8, 1996 ess of person who completed cause of death (Item 23e) (Type, Print) LARUN LOCKE 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Dey, Year) 32. Registrar's Signature JUN 1 4 1996

CONTRACTOR OF THE PROPERTY OF

# Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

19027

						Cer	tificate of	Death		Reg. No.		
Dhuai	alan.	Decedent's Neme	(First, Middle,	Last)					2. Dete of D Month	eeth Dey	Year	3. Time of Deeth
Physic /Med		Ch	nristine	e Alexand	ra Mons	en			June 4		· oal	7:45 PM
Exam		4e. Fecility Neme (If	not institution,	give street and num	iber)			4b. City, Town, or		-	y of Deeth	
		5003 Se	entinel	Drive #2	2			Bethesda	à	Mont	tgome	ry
Funera	1	5. Sociei Security Nu		. Sex	7. Age (In yrs. la	st birthdey)	If Under 1 Yee			irth	9. Birth	pleca (State or Foreign
Directo		578-86-15	523	1□M 2⊠F	37	Yrs.	Months Deys	Hours Min		20,1959	Cou	Italv
ъ		Usuel Residence of										
ylen		10e. Stete	10b. County		10c. City	Town or Loc	ation					10d. Inside City Limits
Me Ta	Ş	Maryland	Montgor	nerv	В	ethesd	a					1 ☐ Yes 2XXNo
r 28	Director	10e. Street end Num					10f. Zip Code			10g. Citizan of	What Cou	intry?
3a o	0	5003 Se	entinel	Drive #2	2			20816		United	d Sta	tes
feeth	Funeral	11. Meritai Status		12. Wes Dece	dent Ever in U.S	3. 13. W	es Decedent of	Hispanic Origin? (5	Specify Yes or N			ican Indien.
the red	Ē	1 Never Marrie	ed 2∏ Marrie	Armed For		lf.	Yes, specify Cul	Hispanic Origin? (5 ben, Mexican, Puer	to Rican, etc.)	Ble	ck, White,	
Irs a	b	3 ☐ Widowed 4		If Yes, Give Yeer or De	9	1	☐ Yes 2 No	Specify:		Specil	y: V	White
filed within 72 hours after deeth with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show ont, the Medical Examiner must be notified at	8		15. Decedant's			16e. Decede	ent's Usuei Occu	unation		16b. Kind of B	usiness/ir	ndustry
in 7	Completed	(Specil	fy only highest	grade completed)		(Give k	ind of work done O NOT use retin	during most of wo	orking	Smithso	nian	locatiy
the second	E	Elementery/Secon	idery (0-12)	College (1-	4or 5+)		ry Tech	,		Institu	tion	
Hygiene. Hygiene. other than		17. Fether's Neme (F	First, Middle, La	st)					me (First Middle	e, Maiden Sumer	me)	
and Mental H Is marked of raumatic eve	Be		nard Mon	,					icta San		-,	
and Mental Hygiene.	2					401 10	Alam de la companya d					
		19e. informent's Nar						et end Number or R				
Health Health Jother tru		G. Richar		n/Father	Tou e							land 20816
T to be		20e, Method of Dispo		☐Removei from S	20b. Pie	eca of Dispos me <i>tery, cr</i> am	ition (Neme of etory or other pla	oce) June 6	Dete 1996	20c. Location	- City or To	own, Stete
unt:		4 Donetion			Mon	tgomer	y Crema	torium, I	nc.	Betheso	la, M	aryland
Department of Health Important: If item 27 any Injury or other troops.		21. Signature of Fun	eral Service Lic	egioo		22	Name and Addr	ess of Escility	_			-
SES		▶ NV: 1	120	XI.	M0084	6 Cha	ert A. se. Inc	Pumphrey 7557 V Maryland	Funeral Visconsi	n Avenue	ethes	da-Chevy
_		23a, Pert I/ Enter the	e disease or co	moilettions that ca	used the death	Bet Do not ente	hesda,	Maryland	20814 =	3501		Approximete
		23a. Pert 1. Enter the shock, or heert	feilure. List or	ly one of the on ee	ch line.		i uno modo or dy	nig, odor oo odidia	io or roopirotory	orroot,	1	Intervel Between Onset end Death
nysician Medical	_	tmmediete Ceuse (F	inal									
aminer		disease or condition resulting in deeth)		a. Myoc	cardial	Infar	ction					Immediate
	1	111111111111111111111111111111111111111				es e consequ						
18 ii	듣			b. Cord	onary Ai	ctery l	)isease					6 Years
and I-trau	Examiner	Sequentially list conditions if any, leading to immodule cause. Enter Underline Cause (Disease or in	ditions, mediate			es e consequ						20 Years
iding physician and ise es the burial-transit		Cause (Disease or in	lying njury	c. Syst	temic Lu	ipus E	rythemat	ous			4	20 lears
phys the	용	thet initieted events resulting in deeth) La	ast		Due to (or	es e consequ	enca of):				į	
nding physician and use es the burial-transit	n/Medical			d							į	
e te	lan										i	
igned by the e	Physicia	Pert II. Other signific	ant conditions	contributing to dea	ath but not result	ting in the un	derlying cause g	iven in Pert I.	23b. Dic	tobacco use co	entribute t	to the cause of death?
d by eate	Ph								10	Yss 2No	3 Pro	bably 4 Unknow
De o	þ											
been si	Completed								24e. We	s en eutopsy ormed?		Vere autopsy findings veileble prior to
2 sh	D e										of	ompletion of cause daath?
ate has pege 2	E								10	Yes 2X No	11	☐ Yes 2☐ No
	BeC	25. Wes case referre	ed to medical					26 Bloom of Do	eth (Check only			2100 2210
	To B	examiner?		Hospital:	patient 2 E	R/Outpatient	2004 0	lhar:			(0	4.1
	-	27. Menner of Death		28e. Dete of		28b. Time of			T	idenca 8 Ott		19)
After funer	Certification:	1 XNetural	5 Pending invastigat	(Month	, Day Year)	Injury	28c. Inju Wo	ork? ]Yes 2∐No				
or death.	Ca	2 Accident 3 Suicide	6 ☐ Could not	ba Diana	of injury. At hon	no form stra			29f Location	/Street and Num	har or Pur	ral Route Number,
after death Director: / d in by the f	E	4  Homicide	determine	building	g, atc. (Specify)	110, 101111, 5110	et, fectory, offica			wn, Stete)	Jei Or Huri	ar nodie ivaniber,
E4 hours Funeral itely filled		00 0 111	-									
Fun Fun tely t	edicai	(Check only 2	Certifying i	Physician: To the baseminer: On the base	is of examinetic	ladga, death on end/or inve	occurred et the t estigetion, in my	ime, dete end piace opinion, daeth occi	e, and due to the urred at tha tima	cause(s) end m , data and place,	enner as s and due t	stated. to the cause(s)
within 24 hours after To the Funeral Direcompletely filled in b	Med	one)		end menne	er stated.							
To To	-	29b. Signeture end ti	nie of certifier	01.	10		29c. Licen	ise number		29d. Dete signe	id (Month,	Day, Year)
2		1/1	mel	1.10	Ky.	40		13303		June 6	, 19	96
X		30. Neme end eddres	ss of person wh	o completed cause	of death tham	23e) (Type, P	rint)					
U		Russell R.						.W. #606	Washin	aton D	C 2	0037-1810
St	ate	31. Deta filed (Month		32. Re	gistrer's Signetu	ire			MOSIITI	ACOIL, D.	v. 4	0031-1810
Regist		J	UN 10	1996	Felia Davi	don R	photo					
				0		-	The state of the s					

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month Dev June 11, Agathe E. Metsik 1996 1:05 pm /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Silver Spring Care Matrix Nursing Home Montgomery If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 8. Sex Birthplace (State or Foreign Country) **Funeral** 1□M 210 F Montha Days Yrs. Director 062-26-1478 92 Jan. 13,1904 Estonia Usual Residence of Decedent deeth with the Maryland 10a Slele 10b. County 10c. City, Town or Location show 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f shot traumatic event, the Medical Examinar must be notified at Maryland Montgomery Director Silver Spring W Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 4 Noyes ct. 20910 12. Was Deceden! Ever in U,S. Armed Forces? 14. Rece - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Pages 1 and 2 should be filled within 72 hours effer inent of Heelth and Mental Hygiene. Int: If Hern 27 Is marked other than "naturel", or He 1 □ Never Married 2 □ Merried 1 ☐ Yes 2 ☒ No If Yes, Give Year or Deles: Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yea 2 ☑ No Specify: ģ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedeni'a Education (Specify only highest grade completed) 18b. Kind of Business/Industry Eiementary/Secondery (0-12) College (1-4or 5+) Teacher Education 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Gustav Kullasepp Emilie Kuusberg 19a. Informant'a Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Heelth ar Important: if them 27 is any Injury or other trau Ago Ambre, son 4 Noyes Court, Silver Spring, Maryland 20910 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Dala 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Mount Comfort Crematory6-13-1996 Alexandria 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funegal Service License 22. Name and Address of Facility Joseph Gawler's Sons, 5130 Wisconsin Avenue, N.W. M00956 Washington, D.C. 20016 23a. Part 1. Enter the essess, or complications that caused the death. Do not enter the mode of dying, auch ea cardiac or respiratory errest, shock, or heer failure. List only one cause on each line. Approximele Interval Between Onset and Death **Physician** /Medical immediate Cause (Final disease or condition resulting in death) Cerbrovascular Accident 1 mo. Examiner Due to (or es a consequence of). Examiner physician and s the buriel-transit Hospital or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of): P.O. Box 68760, Physician/Medical Due to (or es a consequenca of): been signed by the a should be detached t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2X No 3 Probably 4 Unknown Division of Vital Records. ģ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? pege 2 s 1 ☐ Yea 2 ☑ No 1 ☐ Yes 2 ☐ No certificate director, 25. Wes case referred to medical examiner? Be 26. Piaca of Death (Check only one) Hospital: 1 🖾 Inpalient Other: 4☑ Nursing Home 5☐ Reaidence 8 ☐ Other (Specify) Certification: To 1 Yes 21 No 2 ER/Outpalient 3 DOA after death. Director: After this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 XNetural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pieca of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital within 24 hours a To the Funerel C completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stand. 29e. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) June 12, 1996 2309 SHOREFIELD PD WHEHON MO 20902 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) LENKIN MYRON 31. Date filed (Month, Dey, Year) 32. Registrer's Signature

Lichia Davidson

Registrar **DHMH 16 Rav 6/95** 

State

State of Maryland / Department of Health and Mental Hygiene 96

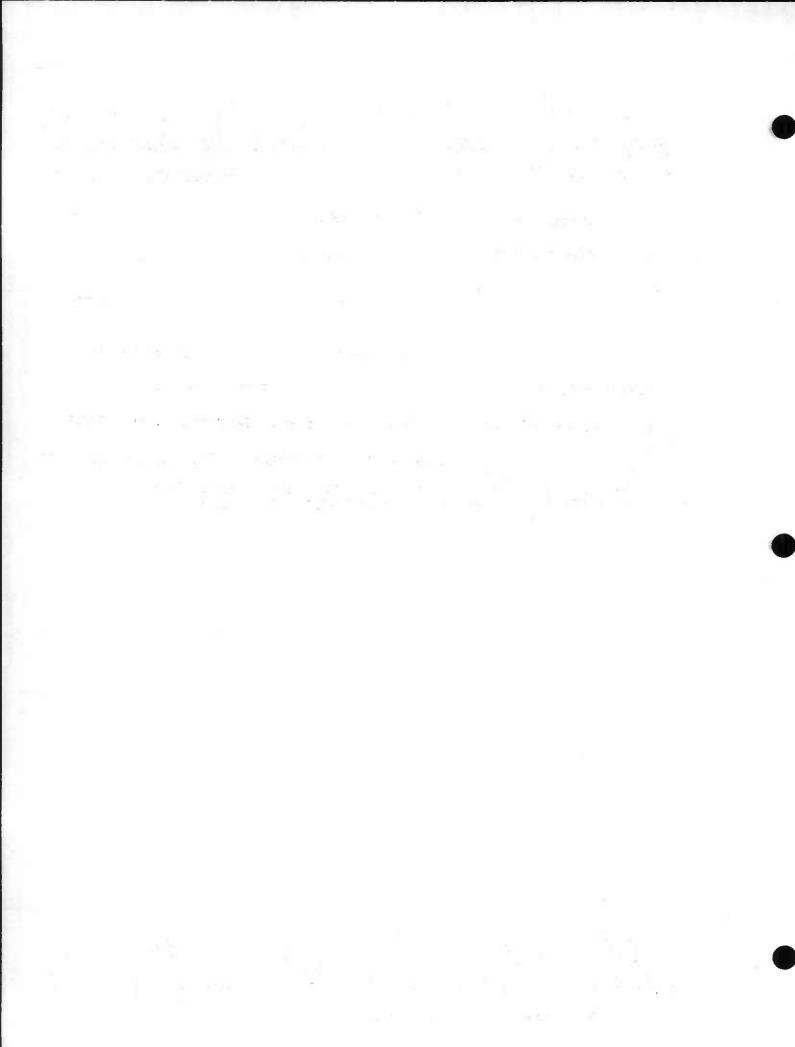
19029

_							Cer	titicai	e or	Death			Reg.	No.		
	Physici		Decedent's Neme (First, Middle Florence						2. Date of Month June		Day . 996	Year	3. Time of Death 1:30PM			
	/Medic Examir		4a. Facility Neme (If not institution			_	_		-	4b. City, To	wn, or L	ocation of D			y of Death	1.50111
	LAGITII	161	18 Masters C	Court						Pot	omac			Mo	ontgor	nery
	Funerai Director		5. Social Security Number 060-56-0599	6. Sex 1 □ M 2 🛂 F	7. Age (In	yrs. last birti	hday) (rs.	If Unde Months			24 Hrs. Min.	8. Dete of (Month,	Birth Dey, Ye	9ar) .921	9. Birthp Coun Conne	Nace (State or Foreign etry)
٠	Ð		Usual Residence of Decedent													
	Marylar Marylar Med at	tor	10e. State   10b. County   New York   Tompk	ins	100	c. City, Town Itha		ation							1	0d. Inside City Limits 1    Yes 2   No
	or 28	Director	10e. Street end Number	· · · · · · · · · · · · · · · · · · ·				10f. Zij	Code				10g.	Citizen of	What Coun	itry?
	23a		18 B Strawberry	Hill La	ne			14	850				Un	ited	State	ès
020	permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 23a-f show any injury or other traumatic event, the Medical Examples must be incitited at page.	by Funeral	11. Marital Status  1 ☐ Never Married 2 ☑ Marri 3 ☐ Widowed 4 ☐ Divorced	12. Was Dec Armed F- ied 1 Tes If Yes, G Year or I	orces? 2 X No ive	in U,S.				Hispenic Or ben, Mexica Specify:		ecify Yes or Rican, etc.)	No-		ce - Americ ck, White, fy:	
0-0	22 ho	ted	15. Decedent	's Education		16a.	Deced	ent's Usu	el Occu	petion	4 adad	.ln a	16b	o. Kind of E	Business/Inc	
2121	d within 7 jiene. r than "r	Completed	(Specify only highes Elementary/Secondary (0-12)		(1-4or 5+)			emak		during mos ed)	E OF WORK	ing		Owr	n Home	3
and	d be filed entel Hyg ced other c event,	To Be C	17. Father's Name (First, Middle, Frank Radfor	_		r						e (First, Mid		den Surne	me)	
ary	should Mind	-	19a. Informant's Name/Reletions			19b.	Meilin	g Addres:	(Stree			al Route Nu		ity or Town	, Stete, Zip	Code)
Σ	elth a 27 le		Hope C. Robbins	/Daughte	r	18	Ma	ster	s Co	ourt,	Poto	mac,	Mary	land	2085	54
timore, Maryland 21215-0020	ages 1 gent of He tt: If Item		20a. Method of Disposition  1 ☐ Buriel 2 🖾 Cremation  4 ☐ Donetion 5 ☐ Other (S)		State	Ob. Piace of cemeter)					1				- City or To	
altir	artme ortan Injur		21. Signeture of Funeral Service I	•		Montgo	_									aryland neral Home/
Ä	Depa Impo any le		Michele G. Kullo M00348 Rockville, Inc. Rockville, Mary									00 W. 1 208	Mont 50-2	gomes 805		
			23a. Part1. Enter the diseese, or shock, or heart failure. List	complications that only one cause on	caused the each line.	death. Do n	ot ente	r the mod	le of dy	ing, such as	cardiec	or respirato	y arrest,			Approximete Interval Between Onset and Death
9	Physician /Medical		Immediate Cause (Final	М-				0								
	Examiner		disease or condition resulting in death)	aMe		tic Lu		VV 7								
	D =	ner			200	10 (01 65 6 0	onsequ	Jence Orj.							1	
Ć.	certificate be executed iding physician and ise as the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	<b>6</b>	Due	to (or es e c	onsequ	uence of):								
68760,	ysicie	Cal	Cause (Disease or injury that initiated events resulting in death) Lest	C	Due	to (or as a co	onsequ	ience of):								
39 xc		n/Medical	resulting in Geattly Less	d												
m m	death e atter	icla	Part II. Other significant conditio	ne contributing to d	leath but no	t resulting in	the un	derlying	ause a	iven in Part	1.	23b. [	old toba	CCO USA CI	ontribute to	the cause of death?
, P.O	res that the death signed by the atter I be detached for to	by Physician		,										2□ No		bably 4 Unknown
Division of Vital Records,	aw requi	Completed b											las an a erformed		COI	ere autopsy findings allable prior to mpletion of cause death?
<u> </u>	The ate h	Соп										1	☐ Yes	2 No	10	Yes 2≝No
VII.	ysician: The	Be	25. Was case referred to medical examiner?	Hamital.								h (Check or			Da	aughter's
of	Physic this c	To	1 ☐ Yes 2 ② No 27. Manner of Deeth	Hospital:	-	2 ER/Out			JA		ursing Ho				her (Specif)	Residence
sion	i or Attending Physician: effer deeth. Director: After this certifica in by the funeral director,	Certification:	1 Naturel 5 Pending 2 Accident investig	g (Mor pation	of Injury	28b. Ti	ime or njury	М	8c. Inju Wo 1 □	ork? ]Yes 2□	No	28d. Descri	be now i	injury occu	rrea	
DIV	af or Attends s efter dest al Director: ed in by the	Certifi	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	ned 288. Place	e of Injury - ling, etc. (S)	At home, far oecify)	m, stre	et, fector	, office				n (Stree Town, S		ber or Rura	I Route Number,
	To the Hospital within 24 hours e To the Funeral C completely filled	edical (	29a. Certifier 1 ☐ Certifying (Check only one) 1 ☐ Medical E	g Physician: To the Examiner: On the b and man	e best of my pasis of examiner stated.	knowledge, mination and	deeth Vor inv	occurred estigation	at the t	ime, date ar opinion, des	d plece, th occur	end due to red at the tir	the caus	e(s) and m and place,	anner as st	ated. the cause(s)
	within To th	29b. Signature end title of certifier						se number			29d.	Date sign	ed (Month	Day, Year)		
	1		Thomas	H- 4	serk	WY	7)		DI	38	11			6/	10/9	160
			30. Neme and address of person v	who completed caus	se of death	(Item 23a) (	Type, F	rint)	F (	V	-			-	11	1
	4		Thomas H. Goodr	idge, M.	D., 10	0313 G	eor	gia	Avei	nue, #	202,	Silv	er S	Spring	g, MD	20902
	Sta Registr		31. Dete filed (Month, Dey, Year)  JUN 11	11111 4 4 4000 1 7 7 1 10												

State of Maryland / Department of Health and Mental Hygiene

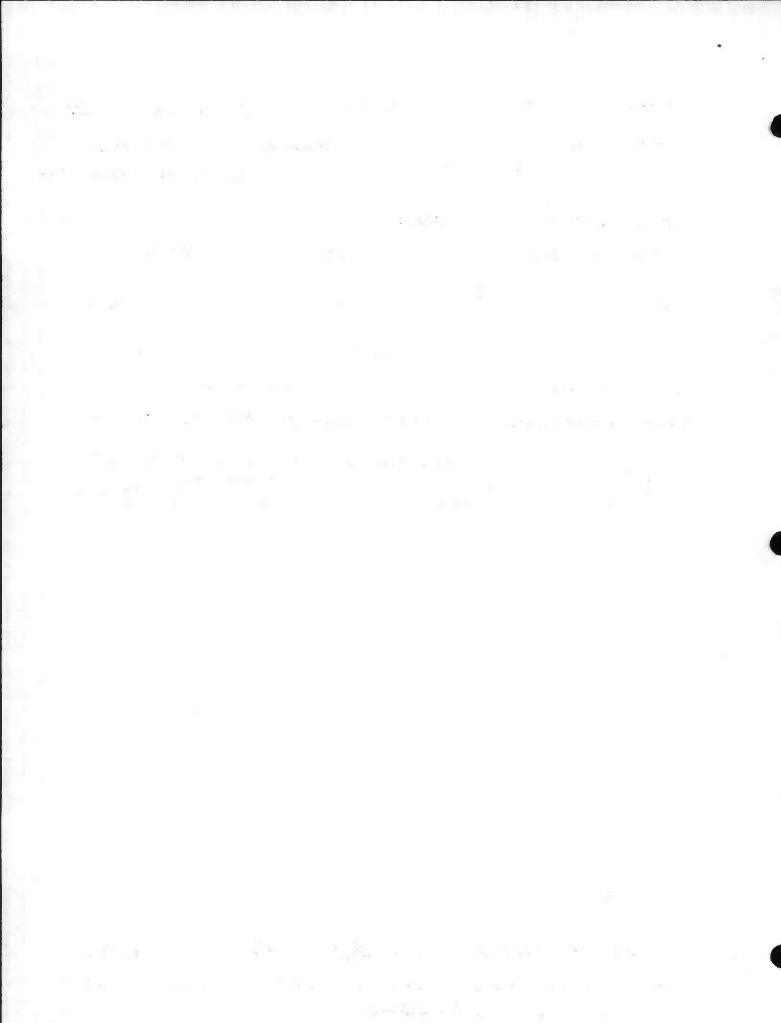
Certificate of Death 2. Date of Deeth **Physician** /Medical 4e. Fecility Neme (If nat institution, give street end number) 4b. City, Town, or Location of Deeth Examiner If Jonder 24 Hrs.
Hours Min 110 anov Geo rges If Under 1 Yeer Months Deys 6. Sex 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Deys Wash. June9,1956 Director 220-70-3232 40 Usuel Residence of Decadent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiena. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercited must be notified at 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Silver Spring 1 AYes 2 □ No Director MD Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1500 Overlook Drive U.S.A. 20903 Funeral Wes Decedent Ever in U,S. Armed Forcas? 14. Rece - American Indien, Bieck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Black þ 3 Widowed 4 Divorced Completed Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Businees/Industry Elementery/Secondery (0-12) College (1-4or 5+) Construction Laborer 12th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Mary Thornton Rufus Mattison 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 5326 Norbeck Rd., Rockville, MD Bettie Smith (Sister) 20b. Pieca of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlal 2 CCremetion 3 ☐ Removel from Stete Metropolitan Crematory 6/12 Alexandria, VA 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature o Funerei Servica Licens 22. Name and Address of Facility
SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 23a. Part 1. Enter the discusse, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete Intervai Betw Onset and D **Physician** /Medical Immediate Cause (Final disease or condition resulting In deeth) Examiner consequence of) physician and s the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical 980 ò signed by the eld be detached for Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 ☐ Unknown p 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes an autopsy performed? Completed has cartificata 1 ☐ Yes 2 ☐ No 1 □ Yes 2 □ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica funaral director, 25. Wes case referred to medical exeminer? Be 28. Plece of Deeth (Check only one) Hospitel: Other: A Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 29e. Certifier Sertifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State **JUN 12** whia Davidson Registrar



Am an	ended d 19a,	#7 6	,10a,b,c,d,e, f <b>St</b> a /10/96, MRT, Montg			rtment of H tificate of			giene g	6 1	9031
	Dharata		1. Decedent's Name (First, Middle, Last)					2. Date of De	eth	Vasa	3. Time of Death
	Physici /Medi		Eleanor G.		Mo	Guire		June 3	Day 1996	Yeer	5:50 am
	Examir		4e. Facility Name (If not institution, give street	end number)			4b. City, Town, or Le				3130 UII
			Carriage Hill			I	Bethesda		Mont	gomery	
	Funeral		5. Social Security Number 8. Sex	7. Age (In yrs.	last birthday)	If Under 1 Yeer Months Days		8. Dete of Bir (Month, Da		- d	ce (Stete or Foreign
ш	Director		579-88-7279 <sup>1□ M 2</sup>	A) F   85	Yrs.	Working Days	FIGURE IVIIII.	June 3	, 1911		chusetts
	pue *		Usual Residence of Decedent  10a. State 10b. County None	10c. Cit	y, Town or Loc	eation		April	27	100	d. Inside City Limits
	Aaryli Per	5	D.C. Maryland Montgomery		thesda	WAshi	naton				XX Yes 20 No
	the the	90	10e. Street and Number 2701 Con			10f. Zip Code	3		10g. Citizen of		
	With N	ā	5215 West Cedar Lane	necticut	Ave. N.W.	2081	200	800	U.S.A.	What Counti	,
	ours after death with the Manyland all, or Items 23a or 28a-f show Examiner main be notified at	Funeral Director		es Decedent Ever In U.		as Decedent of H	Hispenic Origin? (Sp	ecify Yes or No	- 14. Rac	ce - American	indien.
0	r Her c	E	Arr	ned Forces? Yes 27 No Yes, Give	If	Yes, specify Cub	an, Mexicen, Puerto	Rican, etc.)		ck, White, et	
02	al', o	by	3 Widowed 4 □ Divorced Ye	es, Give AA er or Dates:	1	☐ Yes 2XXXVo	Specify:		Specif	w. Whi	te
21215-0020	within 72 hours after ene. than "natural", or Ne he Medical Examine	Completed	15. Decedent's Education (Specify only highest grade comp	platadi	16a. Deced	ent's Usual Occup	pation	rino.	18b. Kind of B	usiness/Indu	stry
2	ithin	npie		ilege (1-4or 5+)	life. D	O NOT use retire	during most of work d)	ang .			
	A Paier th	S	12		Hot	nemaker			Own		
and	tal H off	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Name			ne)	
Maryland	J Mer marke	To	James P. McCarthy				<u>-</u>				
B	12 st h and r is n		19a. Informant'a Name/Relationship (Type, Pri Robert T. Kennedy Rober T. Kennedy, Neph	nt)			and Number or Run ro Drive				
	1 an Heelt		20e. Method of Disposition			ition (Name of	TO BILVE	Dele	20c. Location		
lo	nt of or		1 Buriai 2 ☐ Cremation 3 ☐ Remove	i from State	emetery, crem	atory or other pla					
Baltimore,	permit. Peges 1 and 2 should be filed withir Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, fra Mental	1	4 Donetich 5 Other (Specify)  21 Signature of Funeral Service Licensee	Mou		vet Ceme			Washing		
Ba	Depa Impo Impo Inpo		21 Signature of Careful Service Licenses	. 1	22.	Name end Addre	ess of Facility Jos 513	eph Gaw	nsin Av	enue.	N.W.
			Jung C.	Man	Da anti-anti-	- 46	Was	hington	. D.C.	20016	
	Dharatatan		23a. Part Letter the disease, or complications shock or heart failure. List only one countries	se on each line.	n. Do not ente	r the mode or dyli	ng, such es cardiac	or respiretory a	rest,	10	opproximete Interval Between Onset and Death
	Physician /Medical		Immediete Cauae (Final	101.00	400	ست حزا					
	Examiner		disease or condition resulting in deeth) a.	ARDIAC	r as a consequ					///	MEDIATE
		Jer	VA	NTRICUL			THUIL	7		10	YEARS
	cate be axecuted physician and the burial-transit	Examiner			r es e consequ	,	11111111	1		1/0	ICAKS
Ő,	e axe ian a urial-		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury c.							i	
8760,	the b	dicai	that initiated events resulting in death) Last	Due to (or	r es a consequ	ence of):				i	
9	The lew requires that the deeth certificate hes been signed by the attending places 2 should be deteched for use as	Physician/Me	d								
Box	atten for us	lan									
P.0.	that the de ed by the detached	ıysi	Part II. Other significant conditions contribution	g to death but not resu	uiting In the un	derlying cause giv	en in Part I.	23b. Dld 1			he cause of death?
	es that the							10	Yes 2 No	3 Probe	bly 4 Unknown
rds,	uires n sign	d by						24a. Was	an autopsy		autopay tindings
00	w requir	lete						perfo	med?	comp	able prior to pletion of cause
Record	The lew ate hes page 2	Completed						400	4.57.11	of de	
ta			25. Was case referred to medical				20 Pinn of Door		res 2™No	101	Yes 2□ No
of Vital	Physician: this certific ral director,	To Be	examiner? 1 Yes 2 No Hospital	1 Inpatient 2	FR/Outpatient	3 DOA Oth	28. Place of Deet 1er: 4 2 Nursing Ho			ar (Specify)	
	ing Phy. After thi funeral		27. Manner of Dealh 28a.	Date of Injury (Month, Day Year)	28b. Time of	28c. Injur			now injury occur		
O	Attending or death. ector: After by the fune	atio	1 XNatural 5 ☐ Pending 2 ☐ Accident investigation	(WOTHI, Day Year)	Injury		Yes 2 No				
Division	or Attending after death. Director: After I in by the fune	Certification:	3 Suicide 6 Could not be determined 289.	Plece of Injury - At ho building, etc. (Specify	me, farm, atre	et, factory, office		28f. Location (S City or Tox	Street and Numb	ber or Rural F	Route Number,
	tal o										
	To the Hospital or J within 24 hours after To the Funeral Dire completely filled in b	edical	29a. Certifier (Check only 2 Medical Examiner: On	the basis of examinat	wledge, death	occurred at the tirestigation, in my o	ne, date and place, pinion, death occurr	and due to the	ceuse(s) and made,	anner as stat	ed. ne cause(s)
	ithin the mple	Med	29b. Signeture and title of certifier	d manner atated.		29c. Licens			29d. Date signe		
	F≯F8		NO. X All	2 ala	k						
	20	-	30. Name and address of person who complete	decore of decit the	1W-D		23/27		June	3, 199	6
	2		Kevin G. Nealon, M.:				#925	Chevy C	hase. M	arvlan	d 20815
	Sta	te	31. Date flied (Month, Day, Year)	32. Redistrar'a Signal	ture .	a		one y	idee, II	ar y raii	~ 2001J
	Registr		JUN 1 0 1996	Julia Davis	don-gon	de EL.					

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended #1, #7, 6/11/96, MRT, Montg. Ctertificate of Death 1. Decedent's Nama (First, Middle, Last) Teresa Helen Moen 2. Deta of Daath 3. Time of Deeth Day **Physician** Month Vaar June 8, Helen-1996 Terease 6:00 P.M. /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 5 Bayswater Court Gaithersburg Montgomery If Under 1 Yeer If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** 81 82 Yrs. Days 1 ☐ M 2 🖾 F Director 034-01-7553 Feb. 11, 1914 Massachusetts Usual Rasidence of Decedant Pages 1 and 2 should be filed within 72 hours aftar death with the Manyland nent of Health and Mental Hyglens. Intit I flem 27 I a marked other than "natural", or items 23 ao x 28-4 show int: If them 27 I a marked other than "natural", or other traumatic event, in a Modical Examiner mat by notified at any or other traumatic event, in a Modical Examiner mat by notified at 10e. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 X Yas 2 No Director Mass. Bristol Mansfield 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? Funerai 432 Ware Street 02048 United States 12. Was Decedent Evar In U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 11. Marital Status 1 □ Nevar Married 2 □ Married 1 ☐ Yas 2 ☒ No If Yes, Giva Year or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ Specify: 3 X Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant'a Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) Book Keeper H.P. Hood and Son 17. Fathar's Nama (First, Middla, Last) 18. Mothar'a Nema (First, Middla, Maidan Sumeme) Be 2 John Walsh Mary 19e. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Edwin V. Dutra, Jr./Son in law 5 Bayswater Court, Gaithersburg, Maryland 20878 20b. Placa of Disposition (Nama of cemetery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata permit. Pages Department of Important: If it any injury or o 1 XBurial 2 Cramation 3 Ramoval from State 4 ☐ Donation 5 ☐ Othar (Spacify) 6/12/96 Swampscott, MA. Swampscott Cemetery 22. Nama end Addrass of Facility DeVol Funeral Home 21. Signatura of Funaral Servica Licenses lelear 20877 10 E.Deer Park Dr., Gaithersburg, MD. 23a. Pert1. Entar the disaasa, or complications thet caused tha daath. Do not entar the mode of dying, auch as cardiac or raspiratory errest, shock, or haart feilura. List only one cause on each line. Approximata Interval Between Onset end Death **Physician** /Medical Cardiac Immediata Cause (Final diseasa or condition rasulting in death) Examiner Examiner physician and tha burial-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaase or Injury that Initieted evants rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 88 950 Po Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Completed by 24a. Waa an autopsy performed? 24b. Ware autopsy findinga availebla prior to completion of cause of death? page 2 s 1 ☐ Yas 2 ☑ No 1 ☐ Yaa 2 ☐ No cartificata or Attending Physician: 8 25. Wes cesa rafarred to medical 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 A Residanca 6 Othar (Specify) 2 1 Yes 2K No After this funaral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of Certification: 28c. injury at Work? 28d. Describe how Injury occurred 5 Panding 1 Natural after death. 1 Yaa 2 No Investigetion 2 Accidant 6 Could not be detarmined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28a. Place of Injury - At homa, farm, atreet, factory, offica building, atc. (Specify) filled in by 4 Homlcida Hospital of 24 hours a Funeral D 29e. Certifier Medical 1 X Certifying Physician: To the best of my knowledga, death occurred et tha tima, data and placa, and due to the cause(s) end menner as stated. To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daeth occurred et tha tima, data and place, and dua to tha cause(s) and mennar stated. 29b. Signature and title of certifie 29d. Data signed (Month, Day, Year) 29c. Licanse number June 10, 1996 30. Neme and addrass of perspir who complated causa of death (Item 23e) (Type, Print) Robert Millman, M.D., 9707 Medigal Center Drive, #150, Rockville, MD. 20850

State Registrar 31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura JUN 1 1 1996

while Devidor

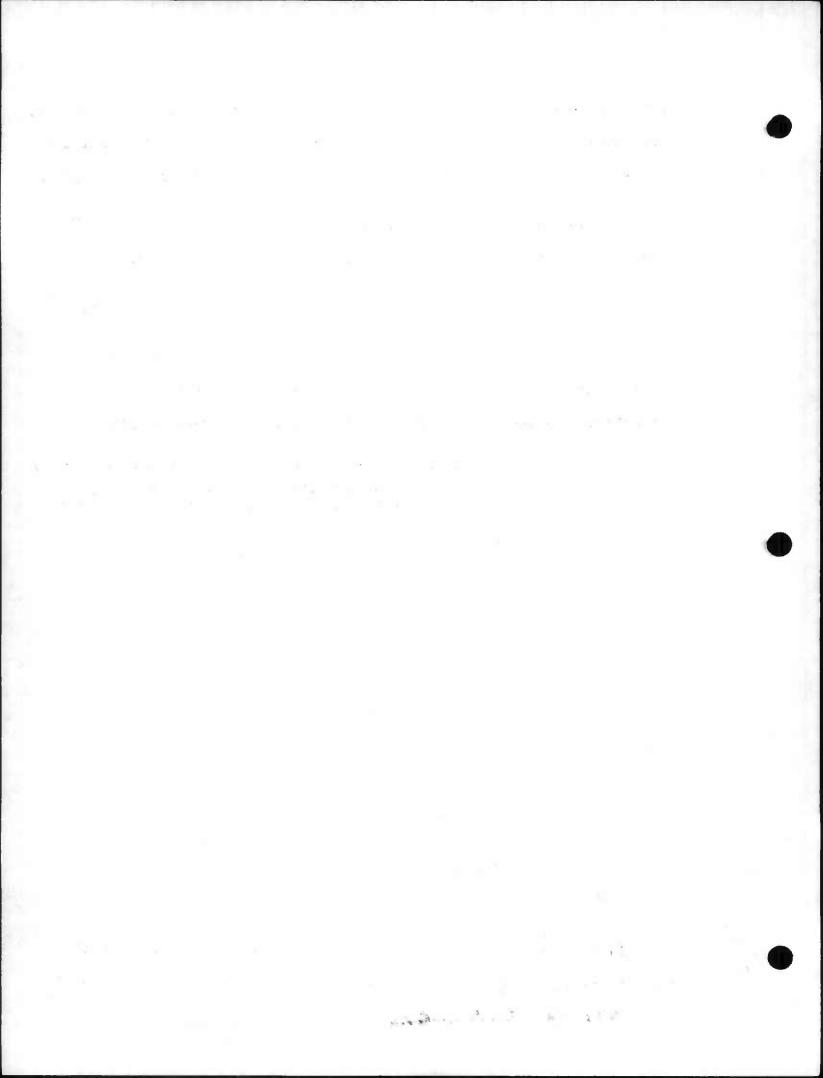
Martin all si - - - 1 (F) - 1 (F) were the general modern and in the least the discussion of the

State of Maryland / Department of Health and Mental Hygiene

19033

						Ce	rtificate (	of Death		Reg. No.			
THE STATE OF THE S		1. Decedant's Nam	ne (First, Middl	a, Last)					2. Data of [			3. Time of Death	
Physician		Barbara M. Nowell							June	Dey	1996	10:50 PM	
/Medica				n, give street end no	ımber)			4b. City. Town.	or Location of De		nty of Death		
Examine	۲	Bowie H		The state of the state of									
1000	8	5. Sociat Security N		6. Sax	7 Ann //n	a da na húndhala c	If Under 1 Y	Bowie	ers 0 Data of F			eorge's	
Funeral	1			1 M 2√2 F		s. last birthdey, Yrs.			lin. (Month, I	Dey, Year)		npiece (State or Foreign untry)	
Director	-	214-30-			81	113.			Aug.	5, 1914	Was	hington, D	
2		Usual Residence o	10b. County		100.0	ity Town or L	nostion					10d Incide City Limite	
nothing at	_											10d. Inside City Limits	
4	25	MD Prince George's College Park										1⊠ Yas 2□No	
2 2	l e	10e. Street and Nu	mber				10f. Zip Co	de		10g. Citizen of Whet Country?			
ad lin	2	4614 Fo	rdham R	load			20740	)			U.S.A.		
iner must be nothed	6	11. Marital Status		12. Was Dec	edent Evar In	U.S. 13.		(Specify Yas or I		Rece - Amer	ican Indian,		
	5	1 Nevar Mari	ried 2□ Merr		Armed Forces? 1 ☐ Yas 2 ☑ No		If Yes, specify Cuban, Mexican, P				Steck, White	e, etc.	
	2	3 ☑ Widowed		If Yes G	ive		1 ☐ Yes 2 🙀	No Specify:		Spe	cify:		
		023 111001100			76165.	1 461 5.33	4			1 400 160 4		ite	
Completed	ere	(Spec	15. Deceden cify only highe:	t's Education st grada completed,	)	(Give	dent's Usuat Oo kind of work do	ccupation one during most of i atired)	working	16b. Kind o	f Business/I	ndustry	
1	0	Elementery/Seco	ondery (0-12)	Coltega	1-4or 5+)								
3	Ö			4		Но	omemake	r		Own	Home		
a a	0	17. Father's Neme	(First, Middle,	Last)				18. Mother's N	eme (First, Midd	lle, Meiden Sun	neme)		
F	0	Alfred	Lee					Esth	er Chr	isty			
-		19a. Informant's N	eme/Reletions	hlp (Type, Print)		19b. Maili	ng Address (St	reet end Number or			wn, Stete, Z	ip Code)	
T G G G C T		Linda Ma	artin /	Daughter	•	2223	Penfie	ld Lane,	Rowie M	aruland	2071	6	
ome	-	20e. Method of Dis					osition (Neme o		Dete	_	on - City or T		
5				3 Removal from		cematary, cre	metory or other	pleca)	5010	200. Loozin	ni - Ony or t	i Omi, Otata	
any injury or		4 Donetion	5 Other (S	pecify)	MD	State	Vetera	ns Cem. 6	/12/1996	Chelte	nham,	Maryland	
9000		21. Signatura of Fu	ınaral Sarvice	Licensaa		2	2. Nama and A	ddress of Facility					
E 8	ŀ		2 1	0				Gasch's S					
	+	23a Parti Enteri	D. C	pomplications that	onuned the de-	47	39 Balt	dying, such as card	enue, Hy	attsvil	le, M	D_20781	
		shock, or hea	irt feiture. List	only one cause on	each line.	atri. Do not an	tar tha mode of	dying, such as care	nac or raspiratory	arrast,	1	Approximate Intervat Between	
an	1										į	Onset and Death	
cal	1	Immediate Cause disease or condition	(Finel	Ce	NEGE	STIV	E C	ARDIAC	FAI	LUR	$\epsilon$	2 years	
ner		Immediate Cause (Finel disease or condition resulting in death)  e. Conegestive Cardiac Failure 2 years  Due to (or as e consequence of):  Calcific AORTIC STENDSIS 2 years									-		
ةِ ا	ğ			(	1/CIFI		An QT	70	STEME	212	I I	2 years	
Ē				b			9	12	312740		- 1	-10-0	
Examiner	4	if eny, teeding to in	nditions, nmediete		DU9 10	(or as e conse	quence or):				1		
0	5	Cause (Disease or Injury C.											
Medical	5	that initiated events resulting in death) Lest Due to (or as a consequence of):											
ician/Medical Examir	1					X					į		
200	2			<b>a</b> .							i		
Physician	5	Part ti. Other significant conditions contributing to death but not resulting in the underlying or						a given in Part I.	23b. Di	Id tobacco use contribute to the cause of de			
Š		DIABETES MELLITUS - TYPE					, ,	•					
d by Physician/N		DUF	117515	SME	LITU	5 - 1	JPE.	<i>U</i> .		1 Yes 2 No 3 Probably 4 Uni			
à	2	C 11	0-111	c 0-	a had	-	4	2 -	04- 144	e en eule==	2/6 1/	Vere autopsy findings	
) te		CH	KONC	C RE	NAL	· -	ALLUR	E		as en autopsy normed?	a	vailable prior to	
Completed					4 ^				-		0	completion of cause of death?	
To Be Comp	5	( 0	RENI	ACCY 1	4RIE	RY 7	DISEA	SE.	10	Yes 200	, 1	☐ Yes 2☐ No	
5 0		CORENARY ARTERY DISEASE.  25. Was case referred to medicat  26. Place of											
Be		examiner?		Hospital:				Other	Death (Check only				
P		1 ☐ Yes 2 🕱		10	Inpatient 2			4 LI NUISIN	g Home 5 □ Re			eify)	
6	5	<ol> <li>Menner of Deet</li> <li>Meturet</li> </ol>	n 5 ☐ Pendin	28a. Date (Mor	of Injury oth, Dey Year)	28b. Time o		Injury et Work?	28d. Describ	e how injury oc	curred		
40	5	2 Accident	invastig				М	1 ☐ Yes 2 ☐ No					
ĮĚ		3 ☐ Sulcide 4 ☐ Homlcide	6 Could r determ	Ined 288. Place	of Injury - At I	home, ferm, st	reet, fectory, off	ffice 28f. Location (Street and Number or Rural Routa Number City or Town, Stete)				ral Routa Number,	
Certification:	5	4 El Frontioles		Dana	ing, etc. (Spec	···y)			Ony or r	Own, State)			
100		29a. Certifier	1 Sertifyin	g Physician: To the	best of my kn	owledge daat	h occurred at th	e time, date end pie	ace end due to th	e cause(s) end	mannar es	stated	
edicai		(Check only one)	2 Medical I	Examiner: On the b	esis of examin	ation and/or in	vestigetton, in r	ny opinion, death o	curred at the time	e, dete and ple	e, and due	to the cause(s)	
M			title of partifier		iller stateo.		200 Lie	ance aumber		20d Data ale	and /Manth	Day Voor	
Medical Certification: To		1						censa number	,	29d. Data sig			
1			Xa	14				02291	0	JUNI	: 1071	F 1996	
)	-	30. Neme and addr	ess of person	who compteted cau	se of death (the	m 23a) (Tuna	Print)					,	
/		ASIF S		DR1 - 4	700	BEDI	UN HA	USE RO	Call	FGE	PARI	K MO	
		-			/		7 17 110	- 1-9	المار		/ -1	20740	
State		31. Date filed (Mon			Registrar's Sign								
Registrar		JUI	ATE S	396 344	t obtable	- March							

DHMH 16 Rev 6/95



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN	3. TIME OF DEATH						
	JAMES G	. NI	ELSON		JUNE 11	1996	3:15 AM M					
			In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTI	IPLACE (State or Foreign				
	218-20-5715  9a. FACILITY NAME (If not institution, give stre	AA -	O9 YRS.	ONTHS DAYS	HOURS MIN.		926   Ma	Maryland				
œ	300 Wye Island Ro		1	_	R LOCATION OF DI	EATH	Annola					
DIRECTOR	RESIDENCE OF DECEDENT		Queen Anne's									
H	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION		10d. INSIDE CITY					
	Maryland Quee	en Anne's		Queen	stown							
FUNERAL	100. STREET AND NUMBER 300 Wye Island Road 101. ZIP CODE 21658 USA											
5		12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	y Yes or No. 14. RACE — American Indian,					
	1 Never Married 2 Married	FORCES? 1 X YES		If yes, sp		in, Puerto Rican, atc.)	Blec Spec	k, White, atc.				
BY	3 Widowed 4 Divorced	World War I	I			,	g space	Specify: White				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US	rk done during mo	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY					
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	Direct	retired.)		Wve Ins	titute o	f Maryland				
₹	H.S. Graduate	4	Direct	or				or Maryland				
응	17. FATHER'S NAME (First, Middle, Last) Unknown					ME (First, Middle, Maiden E. Nelson						
B												
၉	Patsy S. Nelson (W	1460)				Aoute Number, City or Town						
	20a. METHOD OF DISPOSITION					- Queenstown, MD 21658						
	1 Burial 2 Cremation 3 Remov		PLACE AND DATE OF etery, crematory or other alisbury			_	CATION — City or To					
	21. SIGNATURE OP FUNERAL SERVICE LICE		allsbury (		D ADDRESS OF FA		lisbury,	MD				
			,	Bra	dshaw &	Sons Funer	al Home					
	Robert H. Brad	shaw				St Cri		MD 21817				
	23. PART i. Enter the diseasea, or co shock, or haart failure. Li	implications that caused ist only one cause on a	I the deeth. Do no sch lina,	enter the mo	de of dying, suc	h as cerdiec or reeple	ratory arrest,	Approximata Interval Between				
	IMMEDIATE CAUSE (Final											
	disease or condition . Hypercapneic respiratory failure I month  DUE TO (OR AS A CONSCOUENCE OF):											
- 1	DUE TO (OR AS A CONSEQUENCE OF):											
S O	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO JOH AS A	CONSEQUENCE OF):									
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
	resulting in death) LAST											
CE	PART II Other plantificant conditions				de la constanta							
Ă.	PART II. Other algnificent conditions	contributing to death be	ut not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN PERFOR		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDIC						1 _ YES 2	10-116	OF DEATH?				
	DID TODA COO LIST COLUMN				/			1 TES 2 INO				
PHYSICIAN:	DID TOBACCO USE CONTRI				UNCERTAIL	<u> </u>						
2	EXAMINER?	HOSPITAL:		THER:								
2	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	26b. TIME			6 Other (Specify)						
	1 Natural 5 Pending	(Month, Day, Year)	INJUF	Y WO	RK?	26d. DEŞCRIBE NOW IN	IJURY OCCURED					
B	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF INJURY	- At home form str		ES 2 NO	28f. LOCATION (Street a						
COMPLETED	4 Nomicide B Could not be determined	building, atc. (Spec	ify)	et, rectory, office		City or Town, State)	nd Number of Hural F	loute Number,				
	29a. CERTIFIER				-,-,-							
E I		AN: To the best of my knowl						- 100 March 10 March 201				
3		On the basis of examination	and/or investigation,	in my opinion, d	eath occured at the	time, date end place, and	due to the cause(s	) and manner as stated.				
H R	296. SIGNATURE AND JUTLE OF CERTIFIER	4 MM)			DAATA	ABER	29d. DATE SIGNED					
2	30 NAME AND ADDRESS OF DEPOSIT WITH	COMBI ETED ONLY	THE STREET		D44749		▶ 6/16.	196				
	PETER L. WHITES	ELL, M.D.,			I'S TANI	E EVENOR	ו כ תא	601				
				LCHIMI	O HAM	L, EASTON	עניז עויי	1001				
	JUN 1 4. 1996" Jali	82. REGISTRARIO SIGNI	4									
	0											

mar what it is not

State of Maryland / Department of Health and Mental Hygiene Q 5

19035

						Cert	ificate of	f Death		Reg. No.	0 1	2033	
			1. Decedent's Neme (First, Middle, Last,	)					2. Date of De	eth		3. Time of Deeth	
	Physici /Medi		Ellsworth	R.		Nea	1		June	4, Dey 1996	5 ]	L2:30 p.	
	Examir		4e. Fecility Neme (If not institution, give	street end number)				4b. City, Town, or	Location of Deeth	4c. County	of Death		
			715 Lenmore Av	enue, #2	A			Rockvi		MON	rgome:	RY	
	Funeral Director		5. Sociel Security Number  217-14-7485  Usual Residence of Decedent	7. Age	(In yrs. lest b	Yrs.	If Under 1 Yea Months Dey		(Month, De	th 1, 1917	9. Birthplace Country) Mar	yland	
	and and		10e. Stete 10b. County 10c. City, Town or Location								10d.	Inside City Limits	
	h the Marylank r 28a-f show	ector	MD Montgo	mery	Ro	ckvi						1 ØYes 2 □ No	
	th with	Funeral Director	715 Lenmore Av	e.m #2A					U.S.A.				
020	or its	þ	11. Merital Stetus  1 ☑ Never Married 2 ☐ Merried  3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ♣ No			as Decedent of Hispanic Origin? (Specify Yes or N 'es, specify Cuben, Mexican, Puerto Rican, etc.)  Yes 28 No Specify:						
21215-0020	n 72 net	Be Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12) 7th	College (1-4or 5+)			ent's Usuel Occupation kind of work done during most of working OO NOT use retired) rash Collector			16b. Kind of Business/Industry		iry	
0	Hygi Hygi mt,	ပိ	17. Fether's Neme (First, Middle, Last)  18. Mother's Neme (First, Middle, Meiden Sumeme							θ)			
Maryland	s 1 and 2 should be filed within Health and Mental Hygiene. tem 27 is marked other than ° other traumatic avant, ir a Men	To B	Henry Neal						llie Ta	-			
Mar	2 sh and Is m		19a. Informant's Neme/Reletionship (Ty		19	b. Mailing	Address (Street	et and Number or R	ural Route Numb	er, City or Town,	State, Zip Co	20850	
	1 and 2 Health em 27		Gladys Frazier 20e. Method of Disposition	(Sister			con (Name of	e Ave.,	#3IC,	20c. Location -		MD	
Baltimore,	T in the		1⊠ Burlal 2 ☐ Cremation 3 ☐ F	temoval from Stete	camer	ery, creme	tory or other p	,		Rockv			
丰	Department mportant: any injury		4 Donetion 5 Other (Specify)	2 1	Linc		Park		0/1/96	ROCK V.	iiie,	MD	
Ba	permit. Peges 1 and 2 Decarment of Health of Important: If Nem 27 is any injury or other tra		21. Signature Funerel Service Licenters 22. Name end Address of Facility SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850										
	Physician /Medical		23a. Part 1. Enter the disease, or compleshook, or heart failure. List only or Immediate Ceusa (Final			not enter					int Or	pproximate terval Between neet and Death	
	Examiner		disease or condition resulting in deeth)	1.	Oue to (or es	10	moglof):				In	years	
	D #	iner		C	mon	0	interny	disease			7	years	
Ć,	execute in and fel-trans	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	,	Due to (or es 6 consequence of).							0	
× 68760,	deeth certificate be executed e attending physician and of for use as the buriel-transit	VMedical	Cause (Disease or Injury that initiated events resulting in deeth) Lest	Due to (or as a consequenca of):								J. I	
Bo)	deeth ce attendi d for us	iciar	Part ii Other eignificent conditions con	stributing to death but	not reculting	In the und	lerhving geuse	riven In Part I	23h Did	tobacco use con	stribute to th	e cause of death?	
P.O.	ache ache	oleted by Physician/	by	H30, Dm	ntributing to death but not resulting in the underlying cause given in Pert i.				1 ☐ Yes 2 ☐ No		ontribute to the cause of death? 3 ☐ Probably 4 ☑ Unknown		
Records,	law requires that as been signed I 2 should be det			Completed by	,		=			24a. Was	an autopsy ormed?	avalla	sutopsy findings ble prior to letion of cause th?
Ä	nysician: The law his certificate has t I director, page 2 s	mo							10	Yes 2 No	1 🗆 Y	es 2 No	
Vital	ian: ortifica ctor.	Be	25. Was casa referred to medical exeminer?					26. Placa of De	ath (Check only	one)			
of V	Physician: this certific	2	1 ☐ Yes 2 ☑ No	lospitel: 1  Inpatlen		Outpatient	3□ DOA C	Other: 4 Nursing I	tome 5 🗹 Resi	dence 6 Othe	or (Specify)		
ion	Attending Pirit death.		27. Menner of Death  1 Naturel  2 Accident  5 Pending Investigation	28a. Date of Injury (Month, Dey	Year) 28b.	28b. Time of			28d. Describe	28d. Describe how Injury occurred			
Division	Die Bet	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be detarmined	ry - At home, (Specify)					n (Street end Number or Rural Route Number, Town, Stete)				
	To the Hospital within 24 hours. To the Funeral completely filled	edical (	29e. Certifier (Check only one) 1 Certifying Phys	sician: To the best of ner: On the basis of a and menner state	examination e	ga, daath c and/or inve	occurred et tha stigetion, In my	tima, data and place opinion, daeth occ	e, and due to the urred at the time,	cause(s) and ma dete and plece, a	nner as state	d. e ceuse(s)	
	Vithin Vithin To th	Me	29b. Signeture and title of cartifier					nse number		29d. Date signed			
	1		30. Nama and addrass of person who complated cause of death (Item 23a) (Type, Print)  15225 SHYOY GROUG Rd, Rockville, MD 20850 Den 1115 C. +								7, 199	16	
	2		30. Nama and addrass of person who co		ath (Item 23a)	(Type, Pr	ckville	MD 201	550 De	huis C.	FRIC	edman M)	

State Registrar

32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene 96

					Certi	ficate of	Death		Reg. No.			
		1. Decedent's Neme (First, Middla, La	st)					2. Dete of D	eeth	Yaer	3. Tima of Death	
Physician /Medical		JOHN	1			Month JUN	JUNE 10 19		8:35 P			
Exam		4a. Fecility Neme (If not Institution, giv	e street end number)				4b. City, Town,	or Location of Das		ty of Death	10.33	
EAUIII		NATIONAL NAVAL	MEDICAL CE	ENTER			BETH	ESDA		MONTG	OMERY	
Funera	17-	5 Social Security Number 6 Sex 7 Age /In ure lest highlyton If Under 1 Year I f Under 24 Hrs. 8 Detect Bigh								_		
Directo		165-07-6227	XIV OF	7	Yrs.	Months Days	Hours M	lin. June	18, 191	Penr	plece <i>(Stete or Foreign</i> ntry) 1Sylvan <b>i</b> a	
		Usuel Residence of Decedent										
rland		10e. Stete 10b. County		10c. City, To	own or Loca	tion				1	10d. Insida City Limits	
Man,	ō	MD Montgo	mery	Pot	omac						1 Yas 2 □ No	
the 28s	Director	10e. Street end Number				10f. Zip Code			10g. Citizen o	Whet Cou	ntry?	
72 hours after death with the Maryland natural, or items 23e or 28s-f show a cal Examiner must be notified at	٥	8540 Atwell Ro	ad			•	2085	/1	U. S	,		
	Funeral	11. Maritai Status	12 Was Dacedent F	12. Was Dacedent Ever In U.S. 13. Wes Decedant of							can Indian	
ter d	Ë	1 Never Merried 2 <sup>1</sup> Married	Armed Forcas? 1 ☑ Yes 2 ☐ N	en i	If Y	es, specify Cub	en, Maxican, Pu	(Specify Yas or Nierto Rican, etc.)	В	eck, Whita,		
rs af	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Give Yaer or Detes:	1	Yes 2 No	Specify:		Spec	ity: Wh:	ite		
72 hours "natural",		15. Decedent's Ed		14	Po Docador	it's Usuei Occup	notion		10h Vindat	Dualmana/la	advantus.	
	Completed	(Specify only highest gra	ide completed)		(Give kir	id of work done NOT use retire	during most of a	working	16b. Kind of	Dusilless/III	loustry	
filed within Hygiane. ther than "	Ē	Eiementary/Secondery (0-12)	Coilege (1-4or 5-	+)		Specia			U.S. G	overn	ment	
		17. Fether's Neme (First, Middle, Last,			11 3			Neme (First, Middl	1			
S is b	Be									31110/		
d 2 should b th end Mente 7 is marked traumatic e	10	Joseph A. Nevin						rine Dur				
0 0 0 0		19a. Informent's Neme/Raietlonship (	***					Rural Route Num			o Code)	
Health Health Hear 27		Frances O'D. Nevi	n - Wife				load Po			854		
8 5 5		20e. Method of Disposition  YEBuriel 2 ☐ Cremetion 3 ☐	Removal from State	20b. Place ceme	of Dispositi tery, creme	ion (Neme of tory or othar ple	ca)	Deta	20c. Location			
permit. Pages 1 end Department of Health Important: If item 27 any Injury or other tonce.		4 Donetion 5 Other (Specif		Gate	of He	aven Ce	metery	6/14/96	Silver	Sprin	ng, MD	
part.		21. Signature of Funeral Sarvica Licer	isee	٨	22. N	lame and Addre	ess of Fecility	Joseph G	awler's	Sons		
Depa Impo any I		5130 WI Ave. N.W. Washington, D.C. 20016										
_	-	23e. Pert1. Enter the disease, or com	plications that caused	the death D	not enter	the mode of dyl	no such as care	liac or respiratory	arrest		Approximete	
Dharistan	ļ.	23e. Pert1. Enter tha disaasa, or com shock, or heert failure. List only	one ceuse on eech lin	Θ.		,		,			Intervel Batween Onset end Daeth	
Physician /Medical		Immadiete Cause (Final										
Examiner		disaase or condition e. ENDOCARDITIS rasulting in deeth)										
	<u>~</u>	Due to (or as e consequence of):										
De #st	Examiner		b							ì		
certificata be executed ding physician end se es the burlat-transit	xar											
be e ician burk												
cata phys the	Medical	that initieted events  Due to (or es e consequenca of):										
ding Se es	Me											
0 0 0	Physician	Pert il. Other significant conditione contributing to death but not resulting in the undarlying causa given in Part i.  23b. Did tobacco usa contribute									o the cause of death	
d by letac								1	Yes 2 No	3 ☐ Pro	bably 4 Unknow	
S P S	by							_				
w requires that the been signed by th should be detache	P								s en eutopsy formed?	24b. W av	ere eutopsy findings rallable prior to	
- D 03	ble				-			-		of	mpletion of causa death?	
0 - 0	Completed							10	Yas 20 No	1[	☐Yes 2☐ No	
	0	25. Was case referred to medical					GC Dines of I				2010	
	00	examinar?	Hospitel:			Oti	har.	Death (Check only			* )	
Physical distribution	. To	1 ☐ Yes 2 ☑ No 27. Manner of Deeth	28e. Dete of Injury	nt 2 ER/	o. Time of	3LI DUA	4 U Nursing	9 Home 5 ☐ Res	sidenca 8 ∐O how injury occ		(y)	
ding h. After fune	Certification:	1 Naturel 5 ☐ Pending	(Month, Dey	Year)	Injury	28c. Inju Wo	rk? ]Yas 2 ☐ No	200. 2000100	Thou injury coo	21100		
Attending or death. ector: After by the fune	Ca	3 Sulcide 6 Could not be		m. Athema	form street		140 20110	29f Location	(Street and Nun	har or Pun	al Pouto Alumbas	
To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	F	datermined  28a. Placa of Injury - At home, ferm, straat, fectory, office building, etc. (Specify)							8f. Location (Street end Number or Rural Route Number, City or Town, State)			
To the Hospital or within 24 hours afte To the Funeral Dirt completely filled in		COn Continue al Tipo and a series									2000	
Hose 14 ho Fun tely	edical	(Check only 2 Medical Exam	ysician: To the best of linar: On the basis of	examinetion	iga, daeth oo end/or inves	courred et the ti- tigetion, in my d	me, dete end pie opinion, daath o	eca, end dua to the ocurrad at tha tima	e ceuse(s) end r ı, date and place	nannar as s s, and due to	otatad. o the cause(s)	
within 2 To the	Med	Grey	end mannar stat	tad.								
5 × 5 × 5	-	29b. Signetura and titla of confliar	10			29c. Licans	sa number		29d. Data sign	iea (Month,	Day, rear)	
. 0		4 Such DC	auk and			0101-	-051813	(VA)	201	SE 1	1,1996	
10		30. Neme end eddrass of person who	completed causa of da	eth (Itam 23a	a) (Type, Pri	nt)	NATION	AL NAVAL		-		
1		BROOKS D. CASH,	LT, MC, US	SN			BETHES		0889-56			
St	ate	31. Data filed (Month, Day, Yaer)	32 Registre	r's Signeture								
Regist		JUN 1 3 1996	Julia De	widow	Pandelle.							

## Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Department of Health and Mental Hygiene

Certificate of Death

print.		-			
7	-1	Q	$\cap$	3	
)	- [	9	U	J	-

1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** 2320 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ROCKVILLE SHADY GROVE ADVENTIST HOSPITAL MONTGOMERY If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)
Mar. 3, 19 If Under 1 Year 5 Social Security Number 9. Birthplece (Stete or Foreign Country) El Salvador 6 Sex 7. Age (In yrs. last birthday) **Funeral** 578-58-3133 1□M 2K F Months Deys Yrs. 1940 Director 57 Usual Residence of Decadent filed within 72 hours after death with the Maryland 10e Stete 10b County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f show 1 Yes 2 No Directo Maryland | Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1110 Navahoe Drive 20903 USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 23 No If Yes, Give Yeer or Detes: in and 2 should be filed within 72 hours after deal Health and Mental Hygiene. Jem 27 is marked other than "natural", or flems: 14. Raca - American Indien, Bleck, White, etc. 13. Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 □ Never Married 2 □ Married 21215-0020 1⊠Yes 2□No SpecifyEl Salvadorian ٥ Specify: Hispanic 3 ☐ Widowed 4X Divorced Completed 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Secretary Dept. of Corrections Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be Miguel S. Flores Paula Amaya 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 1110 Navahoe Drive, Silver Spring, Maryland Felipe Flores-Amaya / Brother 20903 if item or other 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete Pages hant of h 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If any Injury or once. 4 Donetlan 5 Other (Squadify) Brentwood, Maryland Fort Lincoln Cemetery 6/8/96 22. Name and Address of Facility Hines-Rinaldi Funeral Home 21. Signeture of Funeral Service Line 11800 New Hampshire Avenue Silver Spring, Maryland Pent1. Enter the disease, of coordications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List array one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Finel Brain disease or condition resulting in deeth) Examiner Examiner Metastal tuman RNai~ Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury thet initieted events resulting in deeth) Lest Due to (or es e consequenca of): pug gud Box 68760, be Physician/Medical 2 Due to (or es e consequence of): H 980 The law requires that the death Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.O. page 2 should be detached 1 Yes 2 No 3 3 ☐ Probably 4 ☐ Unknown Records, þ Completed 24b. Were eutopsy findings eveileble prior to 24a. Wes en eutopsy performed? completion of cause of deeth? certificate 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: funeral director, 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Minpatient 2□ER/Outpetient 3□ DOA Certification: To \$his 27. Menner of Death 28e. Date of injury (Month, Dev Yeer) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? After Naturel 5 Pending 1 ☐ Yes 2 ☐ No hours after death. investigation 2 Accident 6 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide 24 hours a Hospital Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. edical 29a. Certifier (Check only one) within 2 29b. Signeture end title of oprtifier 29c. License number 29d. Date signed (Month, Day, Year) 0 Nany Mh 30. Name and address of person who completed cause of death (Item 23e) (Typ), Print) BLUCK

Registrar

State

31. Dete filed (Month, Dey, Yeer)

JUN 1 1 1996

32. Registrer's Signeture

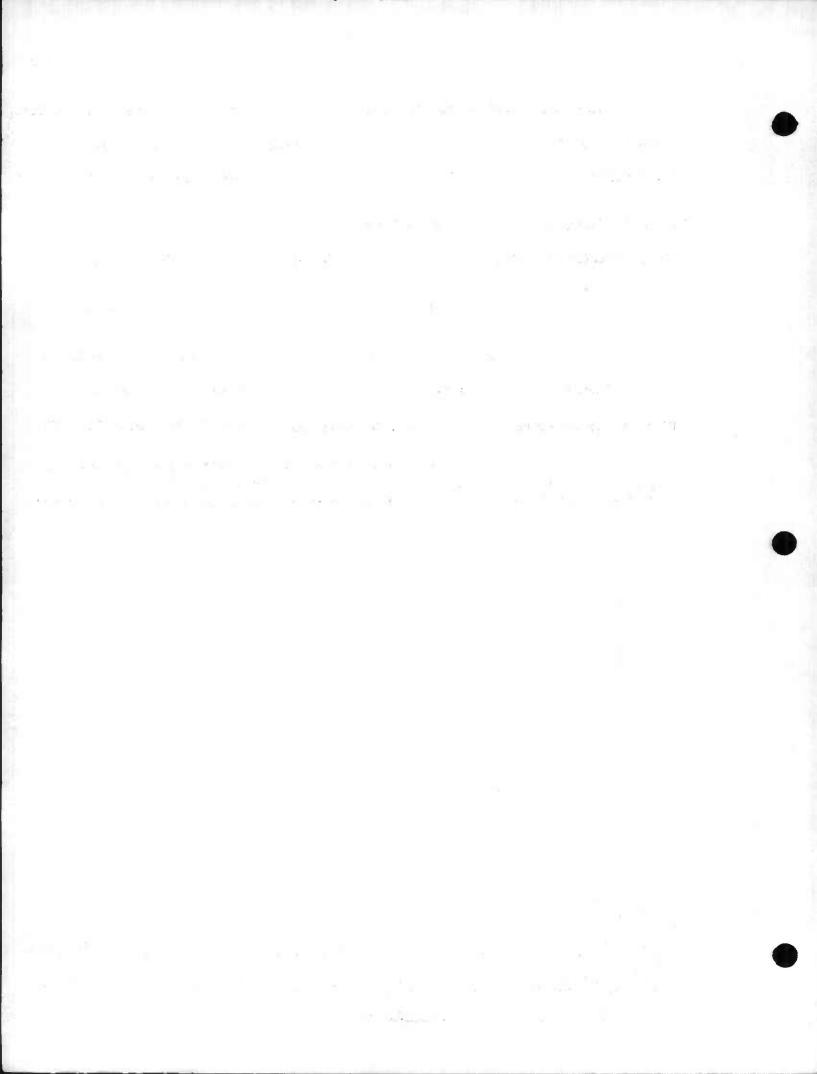
DHMH 16 Rev 6/95

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19038

							(	Jen	uricate of	Deatr	7		Reg.	No.		
	Physic /Medi			chola	s Step		Nunzio	, S	r.			2. Dete of Month	. 6	_	Yeer <b>996</b>	3. Time of Death 12:45 P.N
	Exami	ner	4e. Fecility Neme (If not ins	stitution, giv	e street and n	umber)				4b. City, T	own, or L	ocation of D	eeth	4c. Count	y of Deeth	
			Suburban H	ospita	al						thes	da		Mon	tgome	erv
	Funeral		5. Social Security Number	6. S		7. Age	(In yrs. lest birth	day)	If Under 1 Yee Months Devs		r 24 Hrs. Min.	8. Dete of (Month)	Birth Dev Ye			plece (Stete or Foreign
	Director		199-22-0588	1	IXM 2□F		66 Y	Yrs.			Willia.	Nov.				nsylvania
Н	TO		Usual Residenca of Decad	ent								11000		,,,,	1011	10 y I vani La
	la M		10e. Stete 10b. 0	County			10c. City, Town	or Loc	ation							10d. Inside City Limits
	Mary 1	ō	Maryland Mon	ntcom	200		North	Do	+						ĺ	1 ☐ Yes 2 X No
	tha 28.	Director	10e. Street end Number	urgome	ELY	1	North	FO	10f. Zlp Code			10g. Citizen of When				inten?
	ours after death with tha Manylan rat', or items 23e or 28e-f show Exeminer must be notified at	ā										Tog.	CILLEGIO	WHEC COL	antry	
	ath 123	Funeral		lers l	Landing					0878			United State			
	eb me	J.	11. Meritel Stetus		12. Wes Dec Armed F		ver in U,S.	13. W	es Decedent of Yes, specify Cul	Hispenic O ben, Mexica	rigin? (Sp in, Puerto	ecify Yes or Rican, etc.	No-		ce - Amer eck, White	ican Indien,
0	or it	Œ.	1 ☐ Never Merried 2	Merried	H Vac G	2 N		41	☐ Yes 21X No							,
00	Sur Sur	by	3 ☐ Widowed 4 ☐ Div	orced	Yeer or I	Detes: 1	949/1954		_ 100 ZZZ110	o openiy	•			Speci		ite
21215-0020	within 72 hours after death with the Maryland ene. then "natural", or items 23e or 28e-f show he Medical Exeminer must be notified at	Completed	15. De	cedent's Ed	lucation	1)	16a. C	ecede	ent's Usuel Occu	petion	-4 - 4	-1	16b	. Kind of E	Business/I	ndustry
21	u g	pie	Elementery/Secondary (		de completed, College		1	ife. D	ind of work done O NOT use retin	ed)	St Of WORK	King				
2	wit the lieu	EO	Elomontoly/occonduly (	, 12,		5+	<b>'</b>		Judge				D.	C. St	meri	or Court
	should be filed within the Mental Hygiena.  marked other than imatic event, the Mental Control of the Mental C	0	17. Fether's Neme (First, N	fiddle, Last)						18. Moth	er's Nem	e (First, Mic				or oddic
an	od be	o Be	Tho	mas		NJ.	unzio					Dane			D.J.	
$\geq$	should nd Men marke	ဥ			E D	141		0 - 101	A -1 -1 (Ot	-1		Rose			Riz	
Maryland	C 2 2 2		19e. Informent's Name/Re				190. 1	Meiling	Address (Stree	et ena rvumi	oer or Hui	rai Houte Nu	m <i>ber, Ci</i>	ty or Town	7, Stete, Z	ip Code)
	of Haalth item 27 i		Clara V. Nu		Wife		144	13	Settler	s Lan	ding					D. 20878
O.E	of H		20e. Method of Disposition		Dames al from	. 0	20b. Pleca of E cemetery,	Dispos creme	ition (Neme of etory or other pl	ece)		Dete	20c	. Location	- City or 7	own, Stete
altimore,	Pagas nent of I int: If ite		1  Buriei 2  Crem 4  Donetlon 5  Ot			Stete	Cate of	Н	eaven Ce	meter	× 1	6/10/0	6 91	1,,,,,	Cari	ing, MD.
=	그 투 후 후		21. Signature of Funegal Si				Gate Of		Neme end Addi							ing, mu.
B	Depariment of the pariment of		Deli 0	0	1	1.0	()				De					
		22. Norme and Address of Facility DeVol Funeral Hom 10 East Deer Park Dr., Gaithersbur											irg,	MD. 20877		
т			23a. Pert1. Enter the disection shock, or heart feilure	ese, or com	plications thet	caused t	he death. Do no	t ente	the mode of dy	/Ing, such e	s cardiec	or respirator	y errest,			Approximete intervel Between
м	Physician		(I	,				_								Onset end Deeth
м	/Medical		Immediete Ceuse (Finel		120	MAG	Lacial		2060011	10000	16.	0.0	· d	a 4		301
	Examiner		disease or condition resulting in deeth)		e. [2]	101	hagee (	E	MAIN	MSU	um	HU	144	201		JUL
		6			0 1	£			ience ot):	. ^					1	15
	pe tisc	듣		-	b. 67+1	enso	lerotic		Ascull	u V.	Wen	re_			i	Dys
	certificata be executed ding physician and usa as the burial-transit	Examiner	Sequentielly list conditions if eny, leading to immediet cause. Enter Underlying Couse (Disease or Injury that Initieted events	,	15	D	ue to (or es e co	nsequ	ence of):						į	1. 12/20
60	cian cian		cause. Enter Underlying Ceuse (Disease or Injury	1	2H 2	ver	lipide	mil	3							Useline
68760,	hysi tha t	edicai	thet Initieted events resulting In deeth) Lest		0	D	ue to (or es e co	nsequ	enca of):							
	ng p	Med	State of the state												1	
XO		M/us			d											
B	requires that tha death	Physicia	Pert II. Other significant co	anditions o	ontributing to c	doath but	not reculting in t	ho une	darheina causa a	ivon In Part	1	23h I	ald tober	00 1100 0	ontribute	to the cause of death'
P.0	t the de by the tached	ys	1)	` '		j j	not resulting in t		L C	1	**		_			
	es that igned b		Hypertons	ive 1	Verhro	sd	erosis,	18	enal+	tailu	ul	1	☐ Yes	2 500	3 Pr	obably 4 Unknow
Division of Vital Records,	10 M	l by					1								T Oah W	More autonou fin din ex
ö	been s	Completed	1) INDETTE	- M	ellitu	ſ						24e. v	Ves en ei erformed	ntopsy  ?	9	Vere eutopsy findings veileble prior to
9	10 th 15	pjd.	01/104/40		00011	J									0	ompletion of cause f deeth?
Œ	0 4 5	0										1	☐ Yes	2DNo	1	☐ Yes 2☐ No
ta			25. Was case referred to m	nedical						OR Disa	n of Door	th (Check or		7		
5	Physician: this cartific ral director,	o Be	examiner?		Hospitel:	Δ			0	thoe						
P	g Phys er this setsli di	. To	1 Yes 215 No 27. Manner of Delath			Hapatien of Injune	2 □ ER/Outp 28b. Tir		3LI DUA	4 LI N	lursing Ho	ome 5 F			her (Spec	ify)
E		lo	1 (SNatural 5 □ I	Pending		nth, Dey	Year) 200. Inj		28c. Inju			28d. Descri	De HOW II	njury occu	med	
Sic	Attending r death. ector: Alte by the fune	cat	AL SAME PROPERTY IN	nvestigation Could not be	S E				M 1	☐Yes 2☐	JNo					
Ξ	or Attend after death Director: A	#		determined	289. PIGC	e of Injur	y - At home, fem (Specify)	n, stre	et, fectory, office	Э		28f. Location	Town, S	t en <i>d Nu</i> m tete)	ber or Ru	ral Route Number,
	al or all	Certification:														
	To the Hospital or Attent within 24 hours after deal To the Funeral Director: completely filled in by the		29e. Certifier	rtifying Ph	ysician: To the	e best of	my knowledge,	deeth	occurred et the t	time, dete e	nd plece,	end due to	the ceus	e(s) end m	nenner es	steted.
	24 P.	edical	(Check only 2 Me	olcat Exam	niner: On the t	pasis of e	xaminetion end/	or inve	estigetion, in my	opinion, de	eth occur	red et the tir	ne, dete	end placa	, end due	to the cause(s)
	omp de p	M	290. Signature and life of o	position					29c. Licer	nse number			29d.	Dete sign	ed (Month	, Dey, Year)
	- 5 - 0		1	16.		11.0			7 -	000				1		0.11
,	V		y go	tella	w/	nex	)		103	2611	)			AJEN	ne	1996
	DT		30. Name end address of p	erson who	completed cau	ise of dec	oth (Item 23e) (T	ype, P	rint)		·	2 1	1		1	6 <sup>th</sup> 1996 20817
_/	,0		IMDMAS J. N	ICIVA	MARA	M	0 56	02	Shiel	ds U	100	, Beth	esd	4 N	11	4081)
	Sta	te	31. Dete filed (Month, Dey,			Registrar	's Signature	-						/		
	Registr	ar	שנו אווע ב	1 19	36	ruha	Davidson	Rome	lette							



IL		M G	PART I, 27,28a-f, PER -7377/12/96 t.t 1. Decedent's Name (First, Middle, L		larylan	Ce	rtificat		Health at Death		2. Date of Dea Month	Reg. No.	96 Year	1903 3. Time of De	eath	
	/Medi	cal	OSMAND 4a. Feclify Neme (If not institution, g.	A.	e)	NOC	OR		4h Cihi Tow	n or Los	MAY ation of Death		.996	9:00	A	
	Exami	ner	6357 64th.AVE	NUE D-4		la ad la labada a	If Under		RIVE	RDAI	LE	PRI		GEORGE		
L	Funeral Director		5. Social Security Number 6. None Usual Residence of Decedent		13	last birthday) Yrs.	Months			Min.	8. Date of Birth (Month, Day 1 - 1	83	9. Birti Co S O I	nplace (State or F untry) nalia	oreig	
	se Meryland Sef show sured at	ctor	10a. State 10b. County	George		iverd								10d. Inside City		
	th with the 23a or 2	ai Dire	10e. Street and Number 3557 64th Ave	D <b>-</b> 4			10f. Zip	0 7 3	7			Soma		untry?		
020	within 72 hours after death with the Meryland ene. then "natural", or items 23a or 28a-f show to Medical Examiner must be notified at	by Funeral Director	11. Maritai Stetus  100 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Deceden Armed Forces 1 Yes 2X If Yes, Give Year or Dates	? ] No		Was Deced If Yes, spec 1 ☐ Yes			n? (Spec Puerto F	cify Yes or No- lican, etc.)	14. F E Spe	leck, White	rican Indian, o, etc. I a c k		
21215-0020	within 72 hours sne. then *netural', se Medical Exa	Completed	15. Decedent's E (Specify only highest g Elementary/Secondary (0-12)		5+)	16a. Deced (Give life.	dent's Usua kind of wo DO NOT us NON	rk done se retire	pation during most o	of workin	g	16b. Kind of		ndustry		
Maryland 2	s 1 and 2 should be filed within 72 hr I Health end Mentel Hygiene. Item 27 Is merked other then "natur other traumatic svent, the Medical	To Be Co	17. Father's Name (First, Middle, Las Ahmed Noor	t)			NON.				(First, Middle,	Maiden Sum	eme)	d		
	ss 1 and 2 sho of Health end N item 27 Is me r other traume		19a. Informant's Name/Relationship Ahmed Meymun M			355	7 64	th				,Md	2073	7		
timent of the silvery or		20a. Method of Disposition  \$\partial \text{Durial} 2 \subseteq Cremation 3 ( 4 \subseteq Donetion 5 \subseteq Other (Spec  21. Signature Funeral Service Lice	ify)	C	laca of Dispo emetery, cref orge	Wash	ing	ton		Date 6 - 9 6	•	hi,M	d •			
Ba	Depari Depari Impor		Hane a	e Ma	tee	U	nive	rsa	1 Mor	tua	Kenne ry W	ashin		,D.C.		
	Physician /Medical Examiner		23a. Părt. Enter the disease, or cor shock, or heert failure. List onh Immediete Cause (Final disease or condition resulting in deeth)	one cause on each  BRONCHO	PNEUMOI	IIA			ng, such es c	ardiec or	respiretory an	rest,	1	Approximete Interval Betwee Onset end Dea		
	uted 1 ansit	Examiner		b		ras a consec										
,09	be executed sician and buriel-transit	ai Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	c		ras e consec										
Box 687	deeth certificate e attending physiod for use as the	Physician/Medi	resulting in death) Lest	d	Due to (or	es e conseq	uence or):									
s, P.O. E	that the ed by th deteche	by Physici	Part II. Other afgnificant conditions	contributing to death	but not resu	ilting in the u	nderlying o	ause gi	ven in Pert I.			obacco use /es 2 No		to the cause of cobably		
Records	aw requir is been s 2 should	Completed t						··· <u> </u>			24a. Was a	an autopsy med?	8	Vere autopsy find veileble prior to completion of cause of death?		
Vital F	E seg	Be Cor	25. Was case referred to medical examiner?							of Death	(Check only o	11-	1	Yes 2□ No	>	
ō	F Signal		1 Yes 2 □ No  27. Manner of Death 1 □ Netural 5 □ Pending	Hospital: 1 Inpat 26a. Date of Inj (Month, D	iury	ER/Outpatier 28b. Time of FOUNDry	2	DA Oti 28c. Inju	ry at	7	ne 5 Resid 8d. Describe h			cify)		
Division	Attan octor: by the	Certification:	2 Accident investigation 3 Suicide 6 CO Could not leadermined	FOUND 6/	2/96 njury - At ho	6:15 me. ferm. str		1000	]Yes 2 <b>)()[</b> N	2		N on (Street and Number of Rural Route Number, Town, State) 6357 641H AVE.  DALE!, MARYLAND		r,		
	the Hospital or in 24 hours ette the Funeral Dir ipletely filled in	edical (		hysician: To the best miner: On the basis and manner's	t of my know of examinet	vledge, death	occurred			pleca, a	nd due to the o	ause(s) and	manner as			

29b. Signature and title of certifie

31. Dete filed (Month, Day, Year)

29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) JUNE 03,1996

David

JUN 11 1996

30. Name and address of parson who completed cause of death (Item 23a) (Type, Print)

\*\*Discription\*\*

\*\*Dis

State Registrar 32 Aggistrar's Signature

Land Suns France

py set in the interview.

# Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Cei	TITICAT	e or	Death		R	leg. No.		
	Physic /Medi		Decedent's Name (First, Middla, Line GLADYS M.	OBI	ERHOLT	ZER					2. Dete of Dee Month JUNE 6		Yaar	3. Tima of Death 2:53AM
	Exami		4e. Fecility Nema (If not Institution, gi SUBURBAN HOS		n <i>ber)</i>				BE	THES		MON	y of Deeth	
	Funeral Director		578 20 4710	Sex 1 M 2 F	7. Aga (In yrs. I 74	lest birthdey) Yrs.	If Under Months		r If Undar Hours	24 Hrs. Min.	8. Dete of Birth (Month, Dey eb. 23,	1922	9. Birth Cou Pen	plece (Stata or Foraigr ntry) 111a .
	e Meryland Sa-f ehow	ctor	Usual Rasidence of Decedent  10a. Stete 10b. County  MD ANNE	ARUNDEI		, Town or Lo			J					10d. Inside City Limits
	th with th	Funeral Director	10e. Street and Number 7042 ALBANY AV	Ε.			10f. Zip	7 1 4	ļ		1	U.S.A		ntry?
020	7.72 hours after death with the Merylar "natural", or Items 23s or 28s-f ehow solical Examiner must be northed at	þ	11. Marital Status  1 Navar Merried 2 Married  3 Widowed 4 Divorced	12. Was Dece Armed For 1  Yas If Yes, Giv Yeer or De	Θ	1	Wes Deced f Yes, spec l□ Yes				ecify Yas or No- Rican, etc.)		ck, Whita,	can indian, , etc. VHITE
Maryiand 21215-0020	n 72 h	Completed	15. Decedent's E (Specify only highest gr Elemantery/Secondery (0-12) 1 2	ducation ada completed) College (1	-4or 5+)				pation during mos ed) OPER			16b. Kind of E		ONE CO.
iand	should be filed withlind Mentel Hygiene.  marked other than umatic event, the M	To Be C	17. Fathar's Neme (First, Middla, Las THEODORE	U DUNHAM						er's Neme	e (First, Middla, MCIN	Meiden Sumer NTYRE	me)	
Baltimore, Ma	permit. Peges 1 and 2 should be filed within Department of Health and Mentel thygiene, important: if them 27 is marked other than any injury or other traumatic event, the MODGS.		19e. informant's Neme/Reletionship  JAMES OBERHOLT 20e. Mathod of Disposition  1 Buriai 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Othar//Speci 21. Sometime of Funeral Service Line	ZER  Removel from S  y here	State FT	SA leca of Dispo emetery, crer LIN	ME A sition (Ner netory or o COLN . Nama an AKOM	S 1 me of other ple CE	Oe  SMETE  Sess of Fecility  FUNER	RY 5	JUNE 10	20c. Location ), 1996	- City or To BRE	own, State
ì	Physician /Medical Examiner	Jer	23a. Pert1. Enter the disease, or conshock, or heart tellure. List only immediate Cause (Finei disaasa or condition resulting in death)	e. KL	ATSI	n. Do not ant					or raspiratory arr		-,/	Approximete Interval Between Onset end Deeth
ox 68760,	certificate be executed nding physician and use as the burial-trensit	n/Medical Examiner	Sequentially list conditions, if eny, leading to immediate causa. Entar Underlying Cause (Disease or injury that initiated events rasulting in daath) Last	b		es e consec	uence of):		771					
7. C. U.	res thet the death igned by the etter be detached for u	Physician	Part il. Other significant conditions	contributing to de	ath but not resu	liting in tha u	nderlying c	ause g	iven in Pert	l.	23b. Did to	Ac		to the cause of death
or vital Records,	aw requi	Completed by									24e. Wes a perfor		8/4	Vere autopsy findings valieble prior to ompletion of cause I death?
	E se										1 🗆 Y	as alino	11	☐Yes 2☐No
=	Physicien: The this certificate rel director, par	o Be	25. Wes case reterred to medical exeminer? 1 ☐ Yes 2 ☐ 1 ☐ Yes	Hospitai:				. 01	ther		h (Check only or			
DIVISION OF	After After		27. Manner of Deeth  1 Naturei 5 Pending 2 Accident investigation	28a. Dete o (Month	1	ER/Outpatien 28b. Tima of injury		8c. inju			ma 5 ☐ Rasidi 28d. Describe h			7)
		Certification:	3 Suicide 6 Could not be determined	Zoe. Fleca	of Injury - At ho g, etc. (Specify	me, term, str	eet, fectory	, office			28f. Location (S City or Tow		ber or Run	al Route Number,
	To the Hospital or within 24 hours after To the Funeral Director Completely filled in	edical	29e. Certifier (Check only one)  Certifying Pl	nysician: To the l miner: On the ba end mann	sis of examinet	viedge, death ion end/or inv	estigation,	, in my	opinion, dee	nd piece, oth occurr	end due to the c red at the time, d	euse(s) end m lete end pieca,	enner as s , and dua t	stated. o tha cause(s)
)	To the vithin To the comple	×	29b. Signature end title of cartifier	rad	nuls	M	· I	Licen	72	36		VNE	D6 14	996
	5			completed cause		23e) (Type,	Print)	Si ne	DICA	1 C	ROCK ENTER	DRIV	ME	20815
	Sta	_	31. Dete tiled (Month, Dey, Year)		gistrar's Signet	ure								

refer ages

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19041

						Cei	titicat	e of	Death			Reg. No.		1 20 41
	Physic /Medi		1. Decedent's Nama (First, Middle Frederick Kar								2. Data of I Month June	Death	Year	3. Time of Death 12:45AM
	Exami		4e. Facility Name (If not institution Doctors Commu							own, or L nham	ocation of Dec	-		Georges
	Funeral Director		5. Social Security Number 078 10 2540	6. Sex 12©MM 2□ F	7. Age (In yrs. 79	last birthdey) Yrs.	If Under Months	1 Yaar Deys	If Undar Hours	24 Hrs. Min.	8. Deta of E (Month, I Oct.	Sirth Dey, Year) 21, 1916	9. Birth Cou New	pleca (Steta or Foreign intry) Jersey
	72 hours efter deeth with the Maryland neturel, or items 23s or 28s-f show dies Examiner town be notified at	Director	Usuat Residance of Decadent  10e. Stete 10b. County  Maryland Prince  10e. Street and Number	Georges	10c. City	y, Town or Lo	cation	Coda				10g. Citizen of		10d. Insida City Limits 1 ☑ Yes 2 ☐ No
	3a or		14211 Pleasan	t View Di	r.				720			United		
21215-0020	in 72 hours efter deeth with the Manylar "neturel", or items 23a or 28s-f show federal Examiner insit be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Marr  3 Widowed 4 Divorcad	12. Was Dec	edant Ever in U.		Wes Deced f Yas, spec l □ Yes	cify Cub	lispenic Or en, Mexica Specify.	n, Puerto	ecify Yes or to Rican, etc.)	lo- 14. Ra	ca - Ameri ck, Whita	can indien, , atc.
5-0	72 ho	eted	15. Decedent (Specify only highas	's Education		16a. Deced	tent's Usua		etion	et of work	tina	16b. Kind of B	usiness/ir	ndustry
121	d within plene. r than •	Completed	Elementery/Secondery (0-12)		(1-4or 5+)	life. L	OO NOT u	se retire	d)			United		
	Hygi theri		12 17. Fether's Neme (First, Middle,	( ast)		Mai	1 Har	ndle		er's Nem	a /Firet Midd	Postal		vice
Maryland	S la b s	To Be	Karl Pilzer	Labiy							11e Ry		110)	
ary	d 2 should by h end Menta end treumetic ev	-	19e. Intorment's Neme/Relations	hlp (Type, Print)		19b. Mellin	ng Address	(Street				ber, City or Town	Stete, Zi	p Code)
	0 0 0		Arthur Pilzer	/Son		1421	1 P1	easa	nt Vi	.ew D	rive	Bowie, M	ld. 2	0720
Baltimore,	0 0		20e. Method of Disposition  1 □ Buriel 2 ☑ Cramation  4 □ Donetion 5 □ Other (S)		State	Plece of Dispo ematary, cran	natory or c	thar pla			Data 6 / / / 0 6	20c. Locetion		own, Stete Virginia
Balti	pemit. Peg Department Important: it any injury o		21. Signeture of Funeral Service	Licensee	PRE	S R	Name er	t E.	ss of Fecili Evan	ity s Fu	meral	Home P.A	٨.	VIIginia
	Physician /Medical Examiner		23a. Pert1. Enter the diseese, or shock, or heert tailure. List  Immediate Cause (Final disease or condition	complications thefonly one ceuse on	caused tha death	h. Do not ent	er the mod	le of dyir	ng, such es	cardiac	or raspiratory	ie, Md 2 arrast,	.0713	Approximate the there are the the there are the the there are the the there are the th
30x 68760,	th certificete be executed ending physician and r use as the buriel-transit	an/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underfying Cause (Disease or injury that initiated events rasulting in deeth) Last	6. <u>EN</u>	Due to (o	r es e consequences e	uenca ot):	Cf	ARC	120	AMC	OF LU	NG	> 1-yco
s, P.O. B	ires thet the death signed by the etter id be deteched for u	by Physicia	Part II. Other significant condition	ns contributing to d	laath but not resu	ulting in the un	nderlying o	ause giv	en In Pert	tot	-	d tobacco use co	ontributa 1	to the cause of death?
of Vital Records,	aw requals been 2 should	Completed b	reck., (	أعدل	ren	na (	NE	7 6	lad	Du	24a. Wa	s an autopsy formed?	av	Vere autopsy tindings vallable prior to ompletion of cause if deeth?
E B	The ate h	Com									10	Yes 2 No	1	☐ Yas 2☐ No
/ita	ysicien: The s certificate director, pag	Be	25. Was case referred to medical exeminer?					Lau		e ot Deet	th (Check only	( one)		
of	this aldi	인: 1	1 ☐ Yes 2 No 27. Menner of Deeth	Hospitel: 128e. Date		ER/Outpetien 28b. Time of			4 LI N	ursing Ho		sidenca 6 Oti	-	ify)
o	ding h. After fune	tol	1 Naturel 5 Pending	g (Mor	nth, Dey Year)	Injury	M	8c. tnjur Wor 1 □	k?` Yes 2□	No	200. Describ	s now injury occur	1160	
Division	il or Attending sefter death. I Director: After d in by the fune	Certification:	3 Suicide 6 Could r 4 Homicide determi	not be 28e. Plece	e of Injury - At ho ing, etc. (Specify		aet, fectory	y, office			28f. Location City or T	(Street and Num own, Stete)	ber or Rur	al Route Number,
)	To the Hospital or Attentwithin 24 hours efter deat To the Funeral Director: completely filled in by the	edical C	29a. Certifier (Check only one) Certifying 2 Madical E	g Phyaician: To the Examinar: On the b end mar	best of my know easis of examinat oner steted.	wledge, deeth tion end/or inv	occurred estigation	et the tir	ne, dete er pinion, des	nd plece, eth occurr	end due to th red et the time	e cause(s) and m a, dete end place,	anner es i	steted. to the cause(s)
U	To the Within To the comple	M	29b. Signature end title of cartifian	80	M	W	290	. Licens	a number	52	5	29d. Date signe	od (Month,	
			30. Name end address of person of	10 ; qu	200-V	ritch	Print)	le f	2000	ا ر	F22	O, BOU	y6-	MD-2071
	Sta Registr		JUN 1 2 1996	Jeli de	Registrer's Signer	ture								

and the second of the second o 

asp

Director

by

Completed

Be

State of Maryland / D

epartment	of Health and	Mental Hygiene	20
Cartificate.	of Dooth		

19042

**Physician** /Medical **Examiner** 

3. Time of Death 10:24

10d. Inside City Limits

Approximete intervel Between Onset end Deeth

2 No

Yes 2□No

**Funeral** Director

28a-1 ahow must be notified at the 6 238 itams ; 72 hours after natural', or Hygiana.

marked other Pages 1 and 2 should be nent of Health end Mantal 69 permit. Pages 1 and 2: Depertment of Health er Important: If Itam 27 is any injury or other trau

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records,

of Vital

Division

**Physician** /Medical **Examiner** 

Examiner The law requires that the death certificate be executed **burial-transit** Physician/Medical use as the Š page 2 should Completed certificate Be 2 this the funaral Certification: al or Attending P s after death. Il Director: After filled in by To the Mospital of within 24 hours at To the Funeral D Medicai completely

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last)
WILLIAM 2. Dete of Deeth LEROY PENN JUNE 100 1996 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth MARYLAND ROUTE #301 LAPLATA CHARLES 5 Sociel Security Number If Under 1 Year 8. Dete of Birth (Month, Dey, Year) If Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1₩ 2□ F Deys Hours 216-58-5711 46 Yrs. 12-07-49 Charles Cty., MD Usuei Residenca of Decedent 10e. Stete 10h County 10c. City. Town or Location Maryland Prince George's Accokeek 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 18011 Indian Head Highway 20607 USA 12. Was Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☒ No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married if Yes, Give Yeer or Detes: 1 ☐ Yes 2 X No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Disabled 3rd 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) James Robert Penn Mary Atchison 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) John Penn, Jr./Brother 18011 Indian Head Hwy., Accokeek, MD 20607 20b. Pieca of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete X Burlei 2 ☐ Cremetion 3 ☐ Removel from State St. Peter's Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 06/14/96 Waldorf, MD 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility
Marshall's Funeral Home, Inc. 4308 Suitland Road, Suitland, MD art. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, nock, or heart failure. List only one cause on each line. Immediate Cause (Finat diseese or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequenca of): Pert ti. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes KNo 3 Probably 4 ☐ Unknown 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed?

25. Wes case referred to medical 26. Ptece of Deeth (Check only one) Hospital: 1 ☐ tnpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 X Yes 2 □ No

Dete of Injury (Month, Dey Year) 28b. Time of 28c. injury et Work? Injury 10-9b 1 Yes 2123 Pleca of injury - At hon building, etc. (Specify) me, ferm, street, fectory, offica

SMa=

Other: 4  $\square$  Nursing Home 5  $\square$  Residenca 6  $\square$ Other (Specify) SCENE 28d Describe how injury occurred Redoctrian strukhy relate 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)
(FT. 30) (enlock, M

29a. Certifica 29b. Signat e and title of certifie

27. Menner of Deeth

1 Neturet

2 Accident

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end pleca, end due to the cause(s) end menner es stated.

XX Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end pleca, end due to the cause(s) end menner stated. 29c. License number 29d. Dete signed (Month, Dev. Year)

5 Pending Investigation

6 Could not be determined

O.C.M.E

JUNE 11,1996

cause of deeth (Item 23a) (Type Print) Penn Street, Baltimore, Maryland 21201 . LARON LOCKE,

State Registrar 31. Dete fited (Month, Day, Year)



**DHMH 16 Rev 6/95** 

Sull and A Box

1971 Agree of a Court Special Section 1981 - Fritish Some const. USe

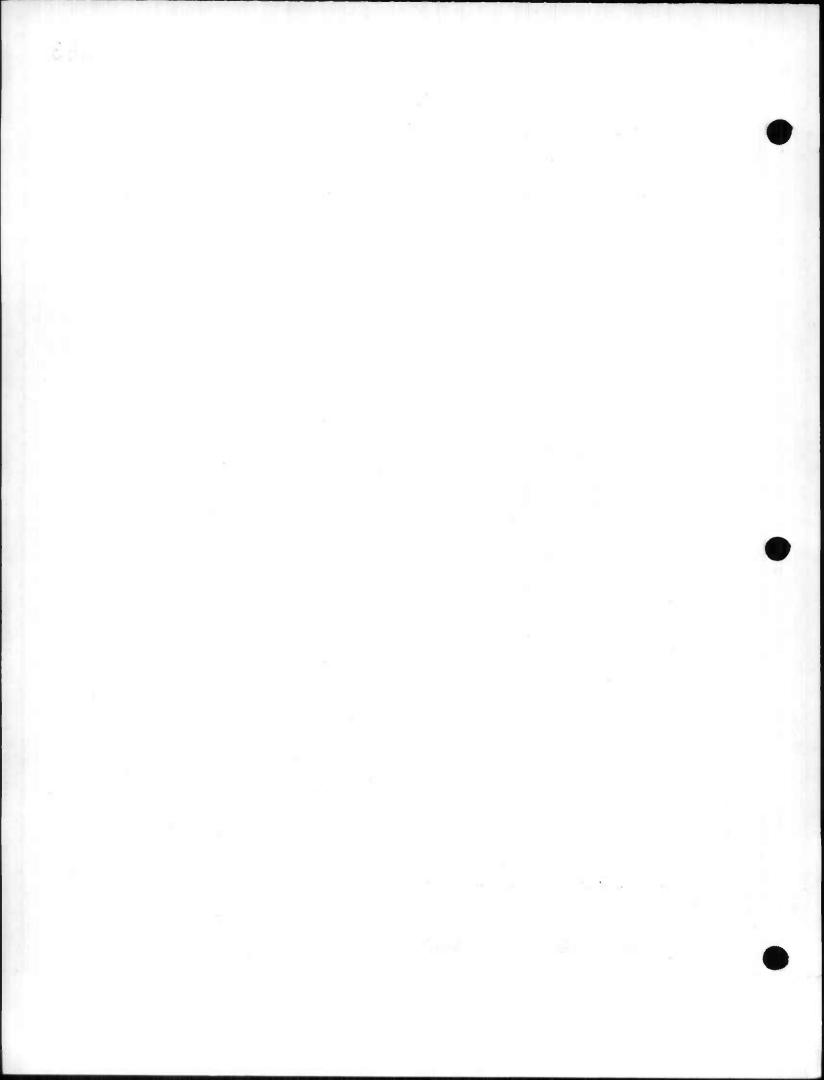
Ł

The state of the s

the fitting the street had

NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	rked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
G PH	TOR: After this certificate has been signed by the attending	death	- 65
TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIREC	be filed within 72 hours after	IMPORTANT: If item 28 Is m

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		MEAR	3. TIME OF DEATH
	Mary Tyler Peter					June 9,	1996	YEAR	6:10 A. M
				F UNDER 1 YEAR	IF UNDER 24 HRS.	?. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
	214-34-6496  Se. FACILITY NAME (If not institution, give stree	1 M 2 X F 92 et and number)	YRS.		R LOCATION OF DE	April 15,1		Mar NTY OF D	yland EATH
DIRECTOR	102 North Adams St	reet		Rock	ville		Мо	ntgo	mery
PEC	10e. STATE 10b. COUNTY			TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
	Maryland Montgo	mery	R	ockvill					1X YES 2 NO
FUNERAL	10a. STREET AND NUMBER			101	ZIP CODE				WHAT COUNTRY?
NE	102 N. Adams Stree			1	2085		1		States
BY FU	11. MARITAL STATUS  1 Never Merried 2 Merried  3X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)  y:	or No-	Spec	E — American Indian, k, White, etc. ////////////////////////////////////
E	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S US	SUAL OCCUPATION done during mo	N et of working	16b. KIND OF BU	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	st or working				
MPL		4	Homema	ker		Own I	lome		
8	17. FATHER'S NAME (First, Middle, Last)	-				ME (First, Middle, Maiden		4 5 500	
BE	Frank A. Tyler	, Jr.				argaret Li			
10	190. INFORMANT'S NAME (Type/Print) Robert Peter III/S	Son				Route Number, City or Tow ithersburg		208	79
	20e. METHOD OF DISPOSITION 1 □ Burlet 2 💢 Cremetton 3 □ Remov	rat from State come	PLACE AND DATE OF tery, cremetory or other atgomery	DISPOSITION (Ne	‴11, 199	96 DATE 20c. LC	CATION -		
	4 Denetion 8 Other (Specify)		ntgomery						ryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	Kulla	M00348	Home/I	Rockville	e, Inc., 30 ryland 20	00 W.	Mon	rey Funeral tgomery Ave.
	23. PART I. Enter the diseases, or co ahock, or heert fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pneumonia			de of dying, suc	ch as cardiac or resp	iratory sn	rest,	Approximate Interval Between Onaet and Death Days
z		Emphysema							Years
임	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
S	CAUSE (Disesse or Injury c.								
CERTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF):						
	DARW II Onto a localitación de distance	and the state of the state of	A ==A ==	Ab a condition	- Samuel above to	Bart Income		1	
AL	PART II. Other significent conditions Congestive Heart I					PERFO	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						1 TYES	2 XNO		OF DEATH?
×	Recurring Urinary DID TOBACCO USE CONTR					N D			1 TYES 2 X NO
AN	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		JONCERIAI				
SIC	EXAMINER?	HOSPITAL: 1   Inputlent   2   ER/Outpi		OTHER:	. X postdono	8 Other (Specify)			
HYS	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c, IN.	URY AT	28d. DESCRIBE HOW	INJURY OC	CURED	
	1 Natural 5 Pending Investigation	(Month, Day, Yeer)	INJU		YES 2 NO				
D BY	3 Suicide 8 Could not be	26e. PLACE OF INJURY building, atc. (Speci		reet, fectory, offic	•	281. LOCATION (Street City or Town, Stell		or Or Rural	Route Number,
	4 Homicide distermined								
COMPLETED	CONSUM UNITY	AN: To the bast of my knowler On the basis of examination							e) end menner ea stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		_		29c. LICENSE NU	IMBER	29d. DAT	TE SIGNE	D (Month, Day, Year)
BE	Dousans a	Marcanda	e one		D2730		1.		, 1996
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	-					
	Douglas R. Shumake	er, M.D., 61	5 West Mo	ontgome:	cy Avenu	e, Rockvil	le, M	1D 20	0850
	31. DATE FILED (Month, Dey, Year) JUN 1 3 1996	32. REGISTRAR'S SIGNA	MATURE AND						17100
	3 3 1 2 3 1000								



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Dete of Deeth

0	0	0	1	4
- 1	9	11	12	La
- 1	1	V	7	- 1

Birthpiaca (Stete or Foreign Country)

10d. Inside City Limits

Approximate Interval Between Onset and Deeth

24b. Were autopsy findings aveilable prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

996

Clinton, MD 20735

1X Yas 2 □ No

Virginia

Black

1996

3. Time of Death

3:00 AM

Physician /Medical Examiner	48
Funeral Director	5.
10	U
S 2	10

Decedent's Nama (First, Middle, Last)

with the Maryli rms 23s or 3 c must be n death. r than "natural", or lisms the Medical Examiner ma

**Physician** /Medical Examiner

Box 68760.

Division of Vital Records, P.O.

JUNE 08° DOLORES MILROSE REDMAN a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Fort Washington Medical Center Fort Washington Prince George's If Undar 1 Yaar | If Undar 24 Hrs. | Months | Deys | Hours | Min. | Sociei Sacurity Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) 6. Sax 1 M 2 X F 229-92-9327 39 Yrs 80 12 1956 suei Residence of Decedent 0a. State 10b. County 10c. City, Town or Location Director Maryland Prince George's Accokeek 10a. Street and Number 10f. Zip Code 10g. Citizan of What Country? 20607 15801 Blackburn Street U.S.A. Funeral permit. Pages 1 and 2 should be filled within 72 hours after dear Department of Neath and Mental Hygiens. Important if flem 27 is merked other any injury or other trauments. 12. Was Decedant Evar in U,S. Armed Forcas? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 11 Marital Status 1 ☐ Yes 2 ☑ No If Yes, Give Yaer or Dates: 1 Nevar Married 2 ☐ Married 1 ☐ Yes 2 ☒ No þ Specify: 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Government. 12th Analyst 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Surneme, Soloman Redman Shirley Clarke 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a, tnforment's Neme/Reletionship (Type, Print) Shirley Redman/Mother Box Dunnsville, Virginia 22454 20b. Piece of Disposition (Name of cematary, cremetory or other piace Cemetery 6/15 20a. Method of Disposition 20c. Location - City or Town, Steta 1 ☐ Burlel 2 ☐ Cremation 3X Removei from Stete Good Hope Baptist Church 1996 4 ☐ Donetion 5 ☐ Other (Specify) Dunnsville, Virginia 21. Signeture of Funerei Service Licenses 22. Nama and Address of Fecility J.B. JENKINS FUNERAL HOME Nana A. Percentie 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the disbesa, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on aech line. Immediete Cause (Finel disease or condition resulting in deeth) e. ACUTE ASPIRATION PNEUMONIA ( LESS THAN 24 HRS. Due to (or as e consequence of). Examiner SEVERE LIVER FAILURE ician and burial-transit Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): physician the burla certificate be . AUTOIMMUNE HEPATITIS Physician/Medical Dua to (or as a consequence of) 8 95 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? å signed by t d be detact 1 Yes 2 No 3 Probably 4 Unknown NONE ģ 24e. Was an autopsy performed? Completed 楚 page 2 certificate 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitei: 1 Yes 2 No Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 報 Sectal S 27. Manner of Death Certification: 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 ☐ Pending 1 (Natural I or Attending attendesth. I Director: All 1 Yes 2 No investigation 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28a. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 C Homicide 24 hours a Funeral D Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the cause(s) end mannar es stated.

Madicat Examiner: Or the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) and mennar stetad. 29a. Certifie Medical 29c. License number To the 8 29b. Sigr 29d. Dete signed (Month, Dey, Year)

ddress of person who completed cause of death (Item 23e) (Type, Print)

32. Registrer's Signeture

LEVINE

D

7801 Old Branch Ave.

State Registrar

and respond to the state of the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death GLAN Month 1115 PM HOMAS M. 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Anne Arundel Medical Center Annapolis Anne Arundel 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. 6. Sax 7. Aga (In yrs. last birthday) Birthpiace (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) 1₺ M 2□ F Days Yrs. 403 20 3399 73 1923 Jan. 16, Kentucky Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. inside City Limits X⊠Xes 2□No Maryland Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 856 Boatswain Way 21401 United States 12. Was Decedent Ever in U,S. Armed Forcae? Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican indian, Bieck, White, atc. 11. Marltai Status 1 Never Merried 25 Married 1XXes 2 No If Yes, Giva Yeer or Detes: 1 Yas 2 No Specify: Specify: United States 3 ☐ Widowed 4 ☐ Divorced WWII 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) Engineer NASA 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumerrie) Thurman Ragland Mabel Porter 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Meilirig Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20b. Piece of Disposition (Name of cemetery, cramatory or other piece) Josephine P. Ragland Annapolis Maryland 21401 20e, Method of Disposition 20c. Location - Cify or Town, Stete 12 Buriel 2 ☐ Cremation 3 ☐ Removei from Stata Maryland Veterans Cemetery 6/10/96 4 ☐ Donetion 5 ☐ Other (Specify) Crownsville Md. 21. Signeture of Funeral Sarvice Licensee 22. Name end Address of Fecility Robert E. Evans Funeral Home, P.A. vans Mes. 16000 Annapolis Rd. Bowie Md. 20715 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or raspiratory arrest, shock, or heer failura. List only one cause on each lina. Approximate interval Between Onset and Deeth immediete Cause (Fine) diseasa or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Diseese or Injury that initiated events resulting in death) Lest Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 10 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 25. Was case referred to medical 26. Plece of Deeth (Check only one) examiner? Hospitei: 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

Director

Funeral

PV

Completed

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinal must be notified at

al Hygiene.

and 2 should be filed within

Peges 1 and 2 should be fi ment of Health end Mental H ant: If Item 27 is marked off

other

ò Depertment of Important: If any injury or

pu

attending physicien and for use as the burial-transit ed by the a signed b Vital

of

ŏ

To the Hospital
within 24 hours
To the Funeral Completely filled

certificate this death. Director:

Q Completed Be 2 Certification:

Physician/Medicai

Examiner

Medical

27. Menner of Deeth

29a. Certifier

1 Naturet 2 Accident 3 Sulcide 4 Homicide

(Check only one)

5 Pending invastigation

6 Could not be

28e. Date of tnjury (Month, Day Year)

28e. Plece of Injury - At homa, farm, street, fectory, offica building, etc. (Specify)

28b. Time of

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

281. Location (Street end Number or Rural Route Number, City or Town, Steta)

28d. Describe how injury occurred

Describing Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and pieca, and due to the cause(s) and manner stated.

29b. Signature and title of certifiesnen

29c. Licanse number

29d. Data signed (Month, Day, Year)

ANNAT., HA

30. Name and address of person who completed cause of deeth (item 23e) (Type, Print) KRIMINS 00.0. 900

31. Date filed (Month, Dey, Year) JUN 12 1996

32. Registrar's Signeture

State Registrar

S. S. A. some a soil No. 81 .

CI	-
0	2
<u></u>	
7	3
LO	3
	à
0.1	8
21	
-	- 5
S	-
-	
	5
7	- 6
	4
-Q	2
	2
-	7
-	-
	- 3
1	.0
-	-
2	. 8
, MARYLAND 21215-002	9
111	4
the same	8
	E
0	**
9	1
>	ě
	δ
-	
1	- £
_	0
BALTIMORE	8
00	- 2
	- 6
,	1
-	3
-	8
	district of house other denth. Done & rough he endinged has the housing as attending the
	۲.
	- 5
0	40.7
(0)	3
094	3

DIVISION OF VITAL RECORDS, P.O. BOX 687

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be relained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial; cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
---	--	--	--

Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARY	CERTIFIC	CATE OF		ICHIAL	REG. NO.			
	GUEL CINTRO	N RENTA			MONTH	OF DEATH	996	FAR	3. TIME OF DEATH A
581-72-8845	1 X M 2 D F	70 YRS. MC	F UNDER 1 YEAR DNTHS DAYS		Octo1	Day Year)	,1945	Pue	Villalba erto Rico
NATIONAL NAVAL M RESIDENCE OF DECEDENT				THESDA	ATH		9c. COUNTY		MERY COUNTY
0e. STATE 10b. COUNTY	y Juan	_	rown or locat	TION					10d. INSIDE CITY LIMITS?
04. STREET AND NUMBER C/Rio Ingenio	odan	Day		00961			United	N OF W	
1. MARITAL STATUS  Never Merried 2 X Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1X YE IF YES, GIVE WAR OR 1961-1965	S 2 NO	If yes, sp	ENDENT OF HISPANI ecify Cuben, Mexican 2 NO Specify:	, Puerto R		of Ame	Black, Specify	- American Indian, White, etc.
15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	CATION	18e. DECEDENT'S US (Give kind of work No. Do NOT use of Military	SUAL OCCUPATION done during more tired.)	ast of working	10b. (U1	nited	States States	S A	med Forces
7. FATNER'S NAME (First, Middle, Last) Eladio Cintron			Se il	16. MOTHER'S NAM Juanita			Surneme)		
oo. INFORMANT'S NAME (Typo/Print) Olga Albertorio-	Wife			ond Number or Bural B					961
Os. METNOD OF DISPOSITION  XXBuriel 2 Cremetion 3 Rem	noval from State C	ob. PLACE AND DATE OF emetery, premetory prothe National C	r place)		677	20c. LOG 6 Baya	cation - ch		rto Rico
A									
i. SIONA UP FUNERAL SERVICE LI	CENSEE #M00690	ed the deeth. Do not	277 St	Funeral reet 15, ode of dying, such	Home Bay	amon,		0961 nt,	Approximate
3. PART I. Enter the disesses, or shock, or heart failure.  MMEDIATE CAUSE (Final lisesse or condition eaulting in deeth)  Gequentially list conditions, it amy, leading to immediate sause. Enter UNDERLYING AUSE (Disesse or injury	complications that cause on List only one cause on DUE TO (OR AS	ed the deeth. Do not	277 St anter the mo	creet 15,	Home Bay	amon,			Approximata Interval Betwee
23. PART I. Enter the disease, or shock, or heart fallure.  MMEDIATE CAUSE (Final disease or condition seaulting in deeth)  Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST	complications that cause List only one cause on DUE TO (OR AS DUE TO (OR	cled the deeth. Do not sech line.  CLEROTIC CC S A CONSEQUENCE OF:  S A CONSEQUENCE OF:	277 St anter the mo	reet 15,	Home Bay	amon,	AUTOPSY HMED?	nt,	Approximate interval Betwee Onset and Dest
23. PART I. Enter the disease, or shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition esuiting in deeth)  Sequentially list conditions, fram, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CONT	complications that cause complications that cause contributing to deeth	Died the deeth. Do not each line.  CLEROTIC COS A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  D but not resulting in	277 St anter the mo	ARTERY I	Part I.	amon, liac or reapi  ASE  24a. WAS AN PERFOR	AUTOPSY HMED?	nt,	Approximate interval Betwee Onaet and Deat Onaet
ART II. Other algnificent condition  DID TOBACCO USE CONT  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. SIONAR PROPERTY IN TO SERVICE LIN  FUND TOBACCO USE CONT  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. SIONAR PROPERTY IN SERVICE LIN  FUND TOBACCO USE CONT  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. YES 2 X NO	Complications that cause complications that cause List only one cause on a. ATHEROSC DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO COR AS D	DIED THE CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  D but not resulting in  OF DEATH YES  26. PLACE OF DEATH  utpettern 3 □ DOA 4	277 Stanter the mo	ARTERY I	Part I.	amon, ilac or reapi  ASE  24a. WAS AN PERFOR 1 — YES 2	AUTOPSY RMED?	24b.	Approximate interval Betwee Onaet and Deat Onaet
23. PART I. Enter the disease, or shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition requiting in deeth)  Sequentially list conditions, famy, leading to immediate scause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent conditions.  DID TOBACCO USE CONT  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	complications that cause List only one cause on a. ATHEROSC DUE TO (OR AS DUE TO (OR A	DEATH YES  26. PLACE OF DEATH  Utpetlent 3 DOA 4  Y 28b. TIME  10 A consequence of 12 Consequence of 12 Consequence of 13 Consequence of 14 Consequence of 15 Consequence of 1	277 Stanter the monopolity of the underlyin NO [Check only one) OTHER:   Nursing Honory May   1	g cause given in UNCERTAIN  UNCERTAIN  BY STATE TO THE ST	Part I.	ASE  24a. WAS AN PERFOR  1 YES 2	AUTOPSY MED?  X NO	24b.	Approximate interval Betwee Onact and Deat Deat Onact and Deat Deat Deat Deat Deat Deat Deat Deat
ASSENTIAL CONTROL OF SURVINE AND TO MEDICAL EXAMINER?  1. SIONAL UP FUNERAL SERVICE LICE  2. PART I. Enter the disease, or shock, or heart failure.  MMEDIATE CAUSE (Final lisease or condition or condi	Complications that cause List only one cause on List only one cause on DUE TO (OR AS D	DIED THE LINE OF DEATH  OF	277 Stanter the monopolity of the underlyin NO [Check only one) OTHER:   Nursing Honory May   1	g cause given in UNCERTAIN  UNCERTAIN  BY STATE TO THE ST	Part I.  6 Other  28d. DES	ASE  24a. WAS AN PERFOR  1 YES 2	AUTOPSY MED?  NJURY OCCU	24b.	Approximate interval Betwee Onact and Deat Deat Onact and Deat Deat Deat Deat Deat Deat Deat Deat
AS CASE REFERRED TO MEDICAL EXAMINER?  1. Sional Unit of the algorithms of the second	Complications that cause List only one cause on a. ATHEROSC DUE TO (OR AS DUE TO (OR A	DEATH YES  26. PLACE OF DEATH  Ulpstlent 3 DOA  187 — At home, ferm, str.  powledge, death occurred	the underlyin  NO [ (Check only one) THER:   Nursing Hor OF NY M 1   eet, factory, office	ARTERY I  Grause given in   UNCERTAIN  TORK?  YES 2 NO  TORK?	Part I.  Color of the cauchy to the cauchy t	amon, illac or reapi  ASE  24a. WAS AN PERFOR  1 YES 2  T (Specify) CRIBE NOW I	AUTOPSY BMED?  NJURY OCCU	24b.	Approximate interval Betwee Onact and Deat Onact and Deat Onact and Deat Onact and Deat Onact on Onact on Onact on Onact on Onact on Ocario Of Death?
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CONT  18. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  17. MANUER OF DEATH  1 Natural 8 Pending investigation 3 Suicide 8 Could not be determined.  19. CERTIFIER (Check only)  1 CERTIFYING PHYS	CEUSEE #M00690  Complications that cause List only one cause on DUE TO (OR AS DUE TO (	DEATH YES  26. PLACE OF DEATH  Ulpstlent 3 DOA  187 — At home, ferm, str.  powledge, death occurred	the underlyin  NO [ (Check only one)  THER:   Nursing Horo OF 28c. IN. WY M 1   eet, factory, office at the time, date In my opinion,	ARTERY I  Grause given in   UNCERTAIN  TORK?  YES 2 NO  TORK?	Part I.  6 Other  28d. DES  28f. Loc. City.  to the causilime, date	amon, illac or reapi  ASE  24a. WAS AN PERFOR 1 TYES 2  Tr (Specify) CRIBE NOW I	AUTOPSY MED?  NJURY OCCU	24b.  24b.  5.  couse(s	Approximate interval Betwee Onact and Deat Onact and Deat Onact and Deat Onact and Deat Onact on Onact on Onact on Onact on Onact on Ocario Of Death?

- Water State Comment

## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical Examiner
Control 1

1. Decedent's Nema (First, Middla, Last) MARETTA KRAMER

RICHARDS

2. Dete of Deeth 10,1996 Month JUNE

3. Time of Death 13:24 P

4a. Fecility Name (If not institution, give street end numbar) 9427 SEVEN LOCKS RD.

1 □ M 2 🗱 F

4b. City, Town, or Location of Death BETHESDA

4c. County of Deeth MONTGOMERY

**Funeral** Director

578.24.6385 Usuel Residence of Decedent 10b. County

10c. City, Town or Location

Yrs

7. Age (In yrs. lest birthday)

8. Date of Birth (Month, Dey, if Under 24 Hrs. Hours APRIL 21,1908

 Birthplaca (Stete or Foreign Country) KENTUCKY

28a-f show

ò 238

pernit. Pages 1 and 2 should be filed within 72 hours after death. Department of Health and Mantal Hygiene. Important: If item 27 is marked other than "natural", or items 23: any injury or other traumatic event, ir a Mac cal Example mass.

Baltimore, Maryland 21215-0020

Examiner must be notified at

Directo

Funeral

by

Completed

Be

0

with the Marylend

10a. Stete MD

MONTGOMERY BETHESDA

10d. Inside City Limits 1 Yas 2 □ No

10e. Street end Number

5. Sociel Security Number

9427 SEVEN LOCKS ROAD

10f. Zip Code 20817

If Under 1 Yaar

Months

Deys

10g. Citizen of Whet Country? U.S.A.

11. Maritel Status 1 Never Married 2 Married 3€XWidowed 4 □ Divorced

12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2XXNo if Yes, Give Yeer or Detes:

 Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes ŽQNo Specify:

14. Rece - American Indian. Bleck, White, etc. WHITE Specify:

15. Decedent's Education (Specify only highest grede completed)

Coilege (1-4or 5+)

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementary/Secondery (0-12) 17. Father's Neme (First, Middle, Last)

18. Mother's Name (First, Middle, Melden Sumeme)

CRAYTON MILES KRAMER

LOUSA SCHWALD 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

19e. informent's Name/Reletionship (Type, Print)

6433 BELLEVIEW DR. COLUMBIA, MD.

21046

JACK P. RICHARDS

20a. Method of Disposition
1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State

20b. Placa of Disposition (Name of cemetery, cremetory or other place)

HOMEMAKER

20c. Location - City or Town, Stete

OWN HOME

4 ☐ Donetion 5 ☐ Other (Specify)

MT. COMFORT CREMATORY

6/12/96 ALEXANDRIA, VA.

21. Signature of Furieral Service Licensee WD

22. Name end Address of Fecility JOSEPH GAWLER'S SONS 5130 WI AVE NW WASHINGTON DC 20016

**Physician** /Medical Examiner

the buriel-transit

98 for use

signed by the e

peed has pege 2

After this certificata

after death.

Hospital 24 hours a Funeral C

director.

filled in by the funeral

:ompletaly To the within 2

þ

Completed

Be

Certification: To

Medical

and

physician

The law requires that the death certificete be executed

Records, P.O. Box 68760.

Division of Vital or Attanding Physician: Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet Initieted events resulting in deeth) Last Physician/Medical

immediete Cause (Finel disease or condition resulting in deeth)

Due to (or es e consequence of).

Due to (or es a consequence of) Dua to (or es a consequence of)

23a. Pert1. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, in heart failure. List only ona cause on each line.

Part il. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Pert I.

23b. Did tobacco use contributa to the cause of death? 2 X No 1 Yes 3 Probably 4 Unknown

24e. Wes an eutopsy performed?

2 No

24b. Were eutopsy findings available prior to completion of cause of deeth? 1 XYes

2 □ No

Approximete intervel Between Onsat and Deeth

25. Wes case referred to medical 1X Yes 2 No

27. Menner of Deeth

1 Naturel

2 Accident

3 Suicida

4 Homicide

1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of injury (Month, Dev Year) 5 Pending investigation

28b. Time of 6-10-96 UNK

28a. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes

Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) 28d. Dascribe how Injury occurred Jubiles 5/07

Yes

281. Location (Street end Number or Rural Route Number, City or Town, Stete) 9727 Sepen Locks RD-208

29a. Certifier

Home 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) and mennar stated.

29b. Signastre and title of certifie

6 Could not be detarmined

29c. License number OCME

29d. Date signed (Month, Dev. Year) JUNE 11,1996

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

4 RONLOCKE 31. Dete filed (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

26. Plece of Deeth (Check only one)

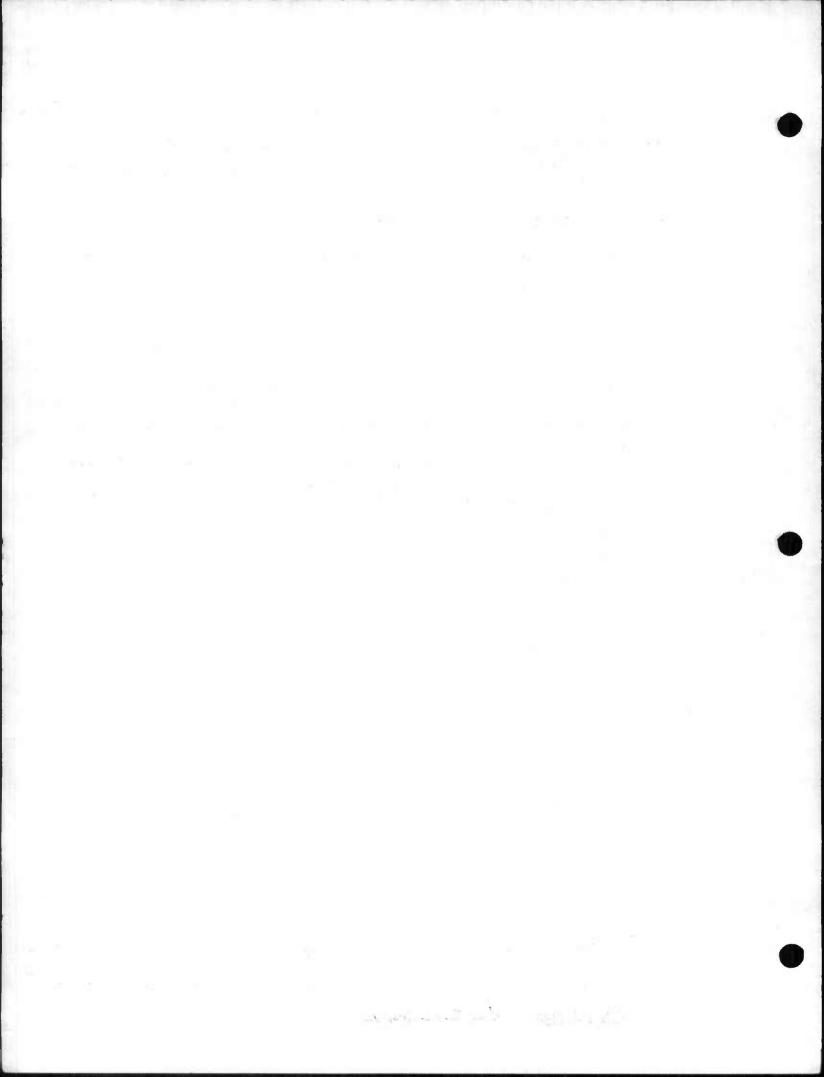
State Registrar JUN 1 3 1996 32. Registrer's Signeture Ma Savidson

of a proper accessoral agencies of the first

# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 6

				Ce	ertificate of	Death	R	leg. No.	0 13	OTI
		1. Decedant's Name (First, Middla, La	ist)				2. Data of Dear			of Death
Physic /Medi		Earl	Donald	2	R	aab	Month	Day 1	196 9°	3/4
Exami		4a. Fecility Neme (If not institution, given			•	4b. City, Town, or L	ocation of Death	4c. County of	Deeth	
		Holy Cross Hosp:	ital			Silver S	oring	Montgo	mery	
Funeral Director		5. Sociel Security Number 6. S	Sex 7. Age (In yrs. 76)	last birthday Yrs.	Montha Days	r if Under 24 Hrs.	8. Data of Birth (Month, Day Feb. 16	. 1	9. Birthplaca (State Country) Wisconsi	
ehow	5	10a. Stete 10b. County		ty, Town or L		-			10d. Inside	City Limit
the A	Director	Maryland Montgom  10e. Street and Number	er à Ke	ensingt	- y		0.000			
eth with 23a or	ral Dir	3333 University			10f. Zip Coda 2089	15		Og. Citizan of Wh		
filed within 72 hours effer deeth with the Meryland Hygiene. ther than "natural", or items 23a or 28a-f show ther, the Medical Examiner must be notified at	by Funeral	11. Meritel Stetua  1 Navar Married 2 Married  3 Widowed 4 Mooroed	12. Was Decedant Ever In U Armad Forcas? 11/2 Yes 2 No If Yas, Giva 1940—		Was Decedent of If Yas, specify Cul  1 ☐ Yes 2 ☐ No	Hispanic Origin? (Sp ban, Maxican, Puerto Specify:	pecify Yas or No- Pican, etc.)		American Indian, Whita, etc.	
72 h	etec	15. Decedant's E (Specify only highast gre	ducation	16a. Dece	edent's Usuel Occu	pation	kina	16b. Kind of Busi	nass/Industry	
d within giene. r than "	Completed	Elemantary/Secondery (0-12)	Collega (1-4or 5+)			during most of worled)	(ii)			
filed within Hygiene. other than emt, tre M	S	12	<u> </u>	Co	olonel			U. S. /		
S E S	To Be	17. Fathar's Nama <i>(First, Middla, Last)</i> Jesse Raab	)			18. Mothar's Nan Vivian	se (First, Middle, 1 Shupe	Maidan Sumama)		
d 2 should th end Mer 7 is marke traumatic		19e. Informant's Name/Raletionship (	Type, Print)	19b. Mail	ing Address (Stree	at and Number or Ru	ral Routa Number	r, City or Town, St	tata, Zip Code)	
C = 0 +		Frances K. Shaf	ie .	7810	Evergree	en Terrace	e, Burl:	ington,	WI 53105	5
Peges 1 an ent of Heal nt: If Item 2 y or other		20a. Mathod of Disposition 1 □ Burial ※XCramation 3 □ 4 □ Donation 5 □ Othar (Specif	Ramoval from Stata	cemetary, cre	osition (Nama of pmatory or other plants)				ity or Town, Stete	land
permit. Peges 1 Department of H Important: if its any injury or ot once.		21. Signatura of Funarel Servica Licer	011	P.		ass of Facility ral Servi	ces, P.	Α.		Tallo
_		23e. Pert1. Entar tha diseese, or comshock, or haart failure. List only	unifications that caused the day			Avenue, S			1D 20910 Approxima	oto
the death certificate be executed  by the attending physician and  ched for use as the burial-transit  hed for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as the burial-transit ched for use as	Medical Examiner	disaasa or condition resulting in daath)  Sequentielly list conditions, if any, leeding to immadiata cause. Enter Undarlying Couse (Disaase or Injury that Initiated evants rasulting in death) Last	b	or as a conse	quanca of):	Conde				
the death c y the attence sched for us	Physician/	Part II. Other significant conditions of	dontributing to death but not res	sulting In tha u	undariying causa g	iven in Part I.	23b. Dld to		ribute to the cause	
sign d be	by	Berry	meerigan			2 row	24e. Wes a		24b. Ware autopsy evelleble prior	/ finding
hes b	Completed								completion of of death?	cause
		25. Was casa rafarred to medical				00.00	1 Y	74.15	1 🗆 Yas 20	₩/NO
	o Be	exa <i>m</i> iner?	Hospital:	fan	00	har	th (Check only on			
===	on: To	1 No 2 No 27. Mannar of Death	28a. Data of Injury (Month, Day Year)	28b. Tima o Injury	III SLI DON	4 - Iduising H		ow injury occurred	. , . ,	
or Attendent offer deat Sirector: in by the	Certification:	2 Accident 3 Sulcida 6 Could not b 4 Homlcida determined	e one place of laine. At h	oma, farm, st		Yas 2 No	28f. Location (Si City or Town	treet and Number n, Stata)	or Rural Routa Nu	mber,
To the Hospital within 24 hours e To the Funeral C completely filled	edicai C	29a. Cartifier (Check only one)	ysician: To the best of my kno niner: On the basis of examina and menner stated.	owledge, deat ation and/or in	th occurred at tha to avastigation, in my	ima, data and place, opinion, daath occur	and dua to tha co red at tha tima, d	ausa(s) and menr ata and place, an	ner as stated. d dua to tha cause	(s)
Vithir To th	Me	29b. Signatura end title of cartifier			29c. Licen	se nu <i>m</i> ber	2	9d. Date signed (	Month, Dey, Year)	
, 1		) Dol-	Janley /	_ m	1	0854	6	Sam	3 2	199
10		30. Nema and addrass of person who	completed causa of death (Itan	n 23a) (Type,	, Print)	218	عی رچ و	ens in	J AU	Win grand
Sta Registr	_	31. Data filed (Month, Dey, Yaar)  JUN 1 3 19	32. Ragistrar's Signe		ndell					



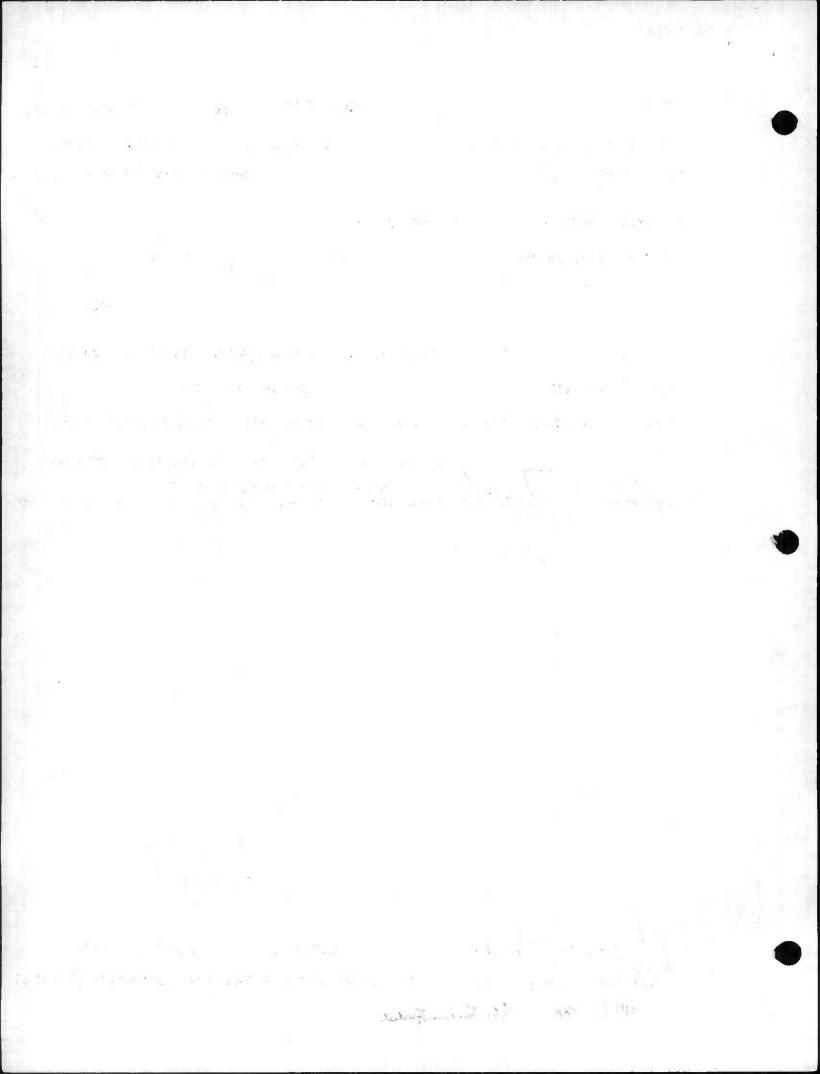
ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-737 7/5/96 t.t Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

96-3211-033 State of Maryland / Department of Health and Mental Hygiene 19049 6/14/9@ertificate of Death 9c, MRT, Montg. Cty. Amended # 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** Yeer ROSENDALL 1996 6:30A.M. JUNE /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth Montgomery SILVER SI ar if Under 24 Hrs. PRINCE GEORGES 14923 WINDMILL TERRACE SPRING If Undar 1 Yaar 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex 8. Date of Birth (Month, Dey, Yeer) Birthpleca (State or Foreign Country) **Funeral** 1**X**0 M 2□ F Months Deys Hours Yrs. Director 42 1954 212-64-7393 Washington, D.C. Usuel Residence of Decedent with the Maryland 10a State show 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f showing Medical Examiner must be nutified at Director 1 Yes 2 No Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 14923 Windmill Terrace 20904 United States Funeral 11. Maritai Stelus 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - American Indian, Black, White, atc. filed within 72 hours efter Yes 2 No 1 Never Merried 2 Married 21215-0020 1 Yes 2 No Specify: by Specify 3 Widowed 4 Divorced Yeer or Dates White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 12 Computer Field Service Tech. Computer Industry Baltimore, Maryland 17. Fether's Nema (First, Middla, Last) 18. Mother's Nema (First, Middle, Maidan Surneme) Be Pages 1 end 2 should be nent of Health and Mantai Ann Marie Gildea other traumatic John P. Rosendall and le 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health are Important: If item 27 is any injury or other trau Thomas P. Rosendall - Brother 3701 Jeffry Street, Silver Spring, Maryland 20906 20e. Method of Disposition 20b. Plece of Disposition (Neme of cometery, cremetory or other plece) 20c. Location - City or Town, State 1 Nurlal 2 Cramation 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Parklawn Memorial Park 6-14-96 Rockville, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Hines-Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave., Silver Spring, MD 20904 234 Part I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata intervel Between Onset end Deeth Physician Immediate Cause (Final disease or condition resulting in death) /Medical DROWNING Examiner Due to (or es e consequença of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Dua to (or es e consequence of): P.O. Box 68760, ä Physician/Medical at initiated events sulting in death) Last The law requires that the death certificate â Due to (or as e consequance of): 長 been signed by the s should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings evallable prior to 24e. Wes en eutopsy performed? completion of cause of death? certificeta 2 No or Attending Physician: Be 25. Wes casa referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 10 1 XYes 2 No this 27. Menner of Death 28a. Date of injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Neturei Injury death. FOUND IN SWIMMING POOL To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A 1 Yes 2 XNO 2 Accident FOUND 6-11-96 UNKNOWN Could not be determined 3 ☐ Sulcida 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 14923 WINDMILL TERRACE P 28a. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide SWIMMING POOL SILVER SPRING, MD 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) and mennar stated. Medical 29a. Certifier (Check o 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dev. Year) O.C.M.E. JUNE 11,1996 e and address of person completed cause of deeth (Item 23e) (Type, Print) dn 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete filed (Month, Dey, Year) JUN 1 4 1996

Hegistrar's Signature ta Saires



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q C

		Amended # 8. P.G	s.C. 6/19/96 C	R Cer	tificate of	Death		Reg. No.	19036	
hysic	ian	Decedent's Neme (First, Middle, La	ast)				2. Dete of D Month	Dey Dey	3. Time of Deetl	
/Medi		NANCY JEZ 4e. Fecility Neme (if not institution, gir		SPI	EAR	4b. City, Town, o	JUNI			
amir	ner	_15700 BLK. LE					MARLBO		INCE GEORGE	
al or		5. Sociel Security Number 6.		s. lest birthday) Yrs.	If Under 1 Year Months Deys		8. Date of E n. (Month, L	Sirth 34 Day Year) 996	9. Birthplece (State or Fore Country)	
		Usual Residence of Decedent					-			
	2	Maryland Anne Ar		City, Town or Loc Othian	ation				10d. Inside City Llm	
outile	Director	10e. Street end Number	arioci L	Julian	Table 6			1	1 <b>½</b> Yes 2□	
a or 2		300 Rips Drive			10f. Zip Code			10g. Citizen of		
Important: If Item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic evant, the Medical Examiner must be nutfilled at once.	Funeral	11. Marital Status	12. Wes Decedent Ever in	U.S. 13. W	2071		Specify Yes or N	U.S.A	A.ce - American Indian,	
	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:	if	Yes, specify Cub	Hispanic Orlgin? ( pen, Mexicen, Pue Specify:	erto Ricen, etc.)	Ble	ck, White, etc.  y: White	
	eted	15. Decedent's E (Specify only highest gro	ducetion	16e. Decede	ent's Usuel Occu	petion	orkina	16b. Kind of B	usiness/Industry	
	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)			during most of w	orking			
		10		S	tore Cle	T		General		
	To Be	17. Fether's Neme (First, Middle, Lest Joseph Carr			18. Mother's Na Martha		e, Meiden Sumen	ne)		
		19e. Informent's Neme/Relationship (		19b. Meiling	Address (Stree	t end Number or F	Rurel Route Num	ber, City or Town,	, Stete, Zip Code)	
		Floyd Spear-Husba				re, Lothi		20711		
		20e. Method of Disposition	Removel from State	-	etory or other ple	Memoria	June 17,1	1996	City or Town, Stete	
NA IN		21. Signeture of Funeral Service Licer	10gg ( ) A		Name end Addre					
Di		Richard	Dondo			Funeral H Lis Road, I		20706		
	Examiner	resulting in deeth)  Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease of Injury that initiated events	b	(or es e consequ (or es e consequ						
	edicai	Cause (Disease or Injury thet initieted events resulting In deeth) Lest	C. Due to (							
	3		d							
	Physician	Pert II. Other significant conditions of	ontributing to death but not re-	sulting In the und	derlying ceuse gi	ven in Pert I.	23b. Did	tobacco usa co	ntribute to the cause of deal	
								1 □ Yes 2 □ No 3 □ Probably		
	d by						24e. We	s an autoosv	24b. Were autopsy finding:	
	Set						per	lomed?	evelleble prior to completion of ceuse of death?	
	Completed						1/4	Yes 2□No	1 Yes 2□ No	
	Bec	25. Wes case referred to medical				28. Piece of De	eth (Check only		12 163 22110	
	To	exeminer? XX Yes 2□ No	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpatient	3□ DOA Oth	or:			er (Specify) ROADWA	
		27. Menner of Death 1 ☐ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of injury	28c. inju	ry et rk?	-	how injury occur		
	cati	2 Accident Investigation	FOULD 61196	1417	M 1 🗆	Yes 2 No	1) Much	OFCON	improved the	
	Certification:	3 Suicide 6 Could not be determined	28e. Piece of injury - At h building, etc. (Speci	nome, ferm, stree	et, fectory, office		City or To	wn. Stete)	per or Rural Route Number,	
		00-0-45		om by					O primes goones	
	edicai	29e. Certifier  (Check only one)  1☐ Cartifying Ph  XX Madical Exam	yeician: To the best of my kno ninar: On the bests of exemine end menner steted.	owledge, deeth o eti <i>on</i> end/or Inve	occurred et the tir stigation, in my c	me, dete end plec ppinion, deeth occ	e, end due to the urred et the time	ceuse(s) end me , dete and plece,	enner es stated. end due to the cause(s)	
	Me	29b. Signerire end title of certifier	. 46 1e		29c. Licens	c . M . E			d (Month, Dey, Year) 12, 1996	
	-	30. Neme and eddress oil person who	completed cause of death (Item	m 23a) (Type, Pi	rint)					
		MARGORIOS A	· KOREUM			eet, Ba	altimor	ce, Mar	yland 21201	
Stat	e	31. Dete filed (Month, Dey, Year)	32. Registrer's Signa							
Stat egistra						ccc, be		1101	more, nar	

JUN 13 1936 Landon Company

100

1 90% 1 1 25 1 1

part of the second

A DESCRIPTION OF THE SECOND

## Please Type or Print in Black indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

						Cerun	valu	OI I	Dealli			Reg. No.			
Physici /Medic		Decedent's Neme (First, Mi Lillian	М	cCaski	ee		Sh	ort			2. Dete of De Month JUNE	Dey	14996	3. Time of Dea 10:40	
Examir							of Death Le Ge	orges							
Funeral Director		5. Sociel Security Number  578-34-7200  Usuel Residence of Decedent	6. Sex 1 □ M 2 □ F	7. Age (In y			Under 1 onths	Yeer Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bi (Month, D. 09-2	rth ax. Year) 9-27		olece (State or For htry) th carol	
Maryland f show	or	10e. Stete 10b. Cou			City, Town Upj	or Location		oor	0					10d. Inside City Lin	
n 28a-	irect	10e. Street end Number				1	Of, Zip C	ode				10g. Citizen of	Whet Cou	ntry?	
23a c	ralD	1077 Large	o Road #10	4					207	772		Ţ	JSA		
ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumetic event, the Motical Examiner must be notified at	by Funeral Director	Naritei Stetus     Never Merried 2□ N     Never Merried 2□ N     Never Merried 2□ Never	Armed F Ierried 1 ☐ Yes	2 XNo ive	U,S.		Deceder s, specify es 25				ecify Yes or No Rican, etc.)	Specif	ck, White,	cen Indien, etc. lack	
72 hou	peted	15. Deced	dent's Educetion that grada complated		16e. C	Decedent's	Usuei (	Occup	etion during mos	t of work	ina	16b. Kind of B	usiness/In	dustry	
hen r	Completed by	Elementary/Secondary (0-12		/ (1-4or 5+)	- 8	lifa. DO N	IOT usa	retired	1)		ing				
filed v Hygie fither t	o Co	12th 17. Fether's Neme (First, Midd			Cashier/Checke			ecker  18. Mother's Neme (First, Middle, I				rivat m <i>a)</i>	е		
Aental Aental rkad o	To Be	Samuel Mc	. ,								Emma Johnson				
nd 2 should be filed within alth and Mental Hygiene. 27 1s markad other then ir traumatic event, the Me		19e. Informent's Neme/Reletionship (Type, Print) Corine Merritt/Daughter  19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, St 3203 Kyle Avenue, Springdale, MD 2077									Coda)				
iges 1 and of Heal		20a. Method of Disposition 1 DBuriei 2 Cremetic	Piece of E	ece of Disposition (Nama of matary, crematory or other place)						20c. Location - City or Town, State  Landover, MD					
permit. Pages 1 and 2 Department of Health 6 Important: If Item 27 Is any Injury or other tra		4 □ Donetion 5 □ Other  21. Signeture of Funerei Servi	ce Licensee			22. Neme end Address of Fecility								, MD	
88258		samuelly	CBUSCOE	-10mi	C						ral Ho	me over, MI	207	85	
Physician		23e. Pert1. Enter the disease shock, or heert feilure.	or complications thet list only one ceuse on	caused the de eech line.	eth. Do no	ot enter the	e mode	of dyin	g, such es	cardiac	or respiretory	errest,	20,	Approximete intervei Between Onset end Deatl	
/Medical Examiner		Immediate Ceuse (Finei disease or condition resulting in deeth)  Cardiac Arrest								1	0 minute				
Control of	ner				(or es e co			r . !	P 4 . 0				į	1 hour	
certificate be assouted iding physician and use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	, leading to immediate					gestive Heart Failure to (or es e consequence of): Onary Artery Disease							
yaidiar he bun	Ical	Ceuse. Enter Underlying Ceuse (Diseese or Injury thet initieted events resulting In deeth) Lest	c	nary (or es e co			ise	ase				 	5 years		
	n/Medical	rosuming wire doctry 2000	ratio	nation Pneumonia								1/2 howr			
e death the after hed for	Physicia	Pert II. Other significant cond	litione contributing to d	leath but not r	esulting in t	the underi	ylng ceu	se giv	en in Pert	i,	23b. Did	tobacco uee co	ontribute t	o the cause of de	
that the death led by the atte detached for		Diabetes Mellitus					1 💢 Yes					Yes 2□ No	es 2 No 3 Probably 4 Unknow		
aw requires as been sign 2 should be	Completed by	Syst	temic Lupus								24a. Wes	s en eutopsy ormed?	ev ev	ere eutopsy findin ellebie prior to impletion of ceuse deeth?	
ácian: The lav certificate has ractor, page 2	Com										1 🗆	Yes 2 No	11	☐Yes 2☐No	
cian: entific actor,	Be	25. Wes case referred to med examiner?			.,			0.1		e of Deetl	h (Check only	опа)			
Phys raids	:. To	1 ☐ Yes ②XNo 27. Magner of Deeth		-	ER/Outp		DOA 280	Oth Injur	4LIN			idence 8 Ott		fy)	
Hospital or Attending I 24 hours after death. Funeral Director: Atten- stely filled in by the fune-	Certification:	27. Magner of Deeth   27. Nagner of Deeth   28c. Date of Injury   28c. Injury et Work?   2 Accident   3 Suicide   4 Homicide   4 Homicide   4 Homicide   28c. Date of Injury - At home, ferm, street, fectory, office   28c. Place of Injury - At home, ferm,							No	28d. Describe how injury occurred  28f. Location (Streat and Number or Rural Route Numbar, City or Town, Stata)					
To the Hospital or Attend within 24 hours after deat To the Funeral Director: completely filled in by the		29a. Certifier 1 Certif	ying Phyelclan: To the	e best of my k	nowledge,	deeth occ	urred et	the tin	ne, dete en	id plece,	end due to the	ceuse(s) and m	enner es s	tated.	
the Ho tin 24 the Fu tplets	edical	Oriej		pesis of exemi nner stated.	nation end/	or Investig	etion, in	my o	pinion, dee	th occurr	ed et the time,	, date end plece,	end due t	o the ceuse(s)	
T the state of the	Σ	29b. Signeture end title of cert	ifier				29c. l	icens	e number			29d. Date signe		112 - 11111	
		30. Neme and address of pers	on who completed ceu	se of death (it	em 23e) (T	ype, Print	1	) _)			1		11,	1990	
		Jonathor	ı Adelson,	MD 73	47 Ha	inove	r Pa	rki	vay,	Greei	nbelt,	MD 207	70		
Sta Registr		31. Dete filed (Month, Day, Ya	ar) Sala 132.	Registra Sig	nature										

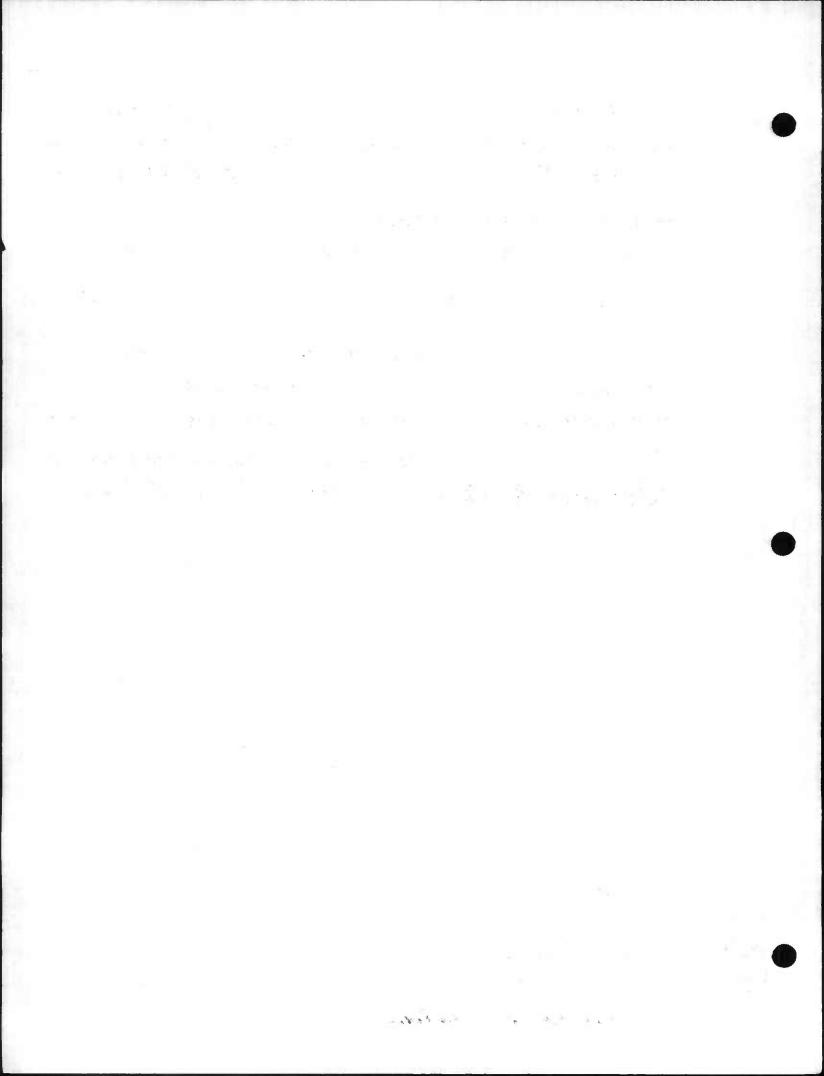
2 Test in a 7 Ng test and 2000 20 The second of th

### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Certif	ficate of	f Death	,	Reg. No.	0	19052			
	Dhusis	ia	1. Decedent's Neme (First, Middle,	,	0	,			2. Dete of De Month		Year	3. Time of Death			
	Physic /Medi		H LBEK	27	Smi	TH			MAY		1996	7. PM			
	Exami		4a. Fecility Name (If not institution,	rive street and number,	)	,		4b. City, Town, or				0			
			SOUTHERN	MARYLA			nc	CHIN	TON		UK-	GEORGES			
Н	Funeral Director		5. Social Security Number 578–50–3678	Sax 7. A	ga (In yrs. last 57		Under 1 Yaa lonths Dey:		8. Date of Bi	7 1938	9. Birthpi Coun WASH	lece (State or Foraign try)  DC			
			Usuel Rasidence of Decedent								MASII	., 10			
	enylen ehow		10e. Stete 10b. County		10c. City, To	own or Locati	on				11	0d. Inside City Limits			
	o Me	cto	MARYLAND PRINCE	GEORGE'S	FORE	STVILL	Æ					1X Yas 2 □ No			
	urs after death vall, or items 23s	ral Director	10e. Street and Number 2719 OVERDALI	E PLACE			10f. Zip Code 2074			10g. Citizen of	What Coun USA	try?			
5-0020		by Funeral	11. Maritel Status 1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 🎇 Divorced	12. Was Decedent Armed Forces' 1 X Yes 2 If Yes, Give Yaar or Detas:	Ever In U,S. No ARMY		Decedent of is, specify Cu Yes 2000	Hispanic Origin? (S ban, Mexican, Puerl D Specify:	pecify Yas or No o Ricen, atc.)	0- 14. Rad Ble Specif	ce - Amaric ck, White, y: WH				
5	72 h natu	Completed	15. Decedent's (Specify only highast)	Education grada completed)	10	6a. Decedent	's Usuel Occi	upetion e during most of wor ed)	rking	16b. Kind of B	usiness/inc	Justry			
2121		mpi	Elementery/Secondary (0-12)	College (1-4or					1.5	-					
2	ould be filed within Mental Hygiene.  arked other than atic event, the Mental Hygiene.		8th 17. Fether's Neme (First, Middle, La	net)		FURNITURE MOVER			no /First Adiddle	PV o, Maiden Sumer					
an	ad be de	Be		51)					A JENKIN		110/				
Maryland	should by	To	JOHN SMITH  19e. Informent's Neme/Reletionship	(Type Print)	1	Oh Mailing A	ddraee (Stra				State Zin	Code			
Ma	2 2 2		JAMES SMITH/			_				ber, City or Town, State, Zip Code) ESTVILLE, MD 2074					
e,	ges 1 and t of Heelth If Itam 27 or other tr		20e. Method of Disposition		20b. Pleca	of Disposition	on (Neme of		Data 20c. Location - City or Town, State						
Baltimore,	Peges nent of int: If I		1 XBuriel 2 Cramation 3 4 Donetion 5 Other (Spe	cify)		VETER		CEMETERY							
Ва	Departn Departn Imports any Inju		21. Signeture of Funarel Service Lic	ad. B	raxto			ress of Fecility MITLAND RD.	ARSHALL SUITLAN	S FUNER ND, MD	AL HO 20746	ME			
			23a. Pert1. Entar the diseesa, or co shock, or heert feilure. List on	mplications that cause ly one cause on each l	d tha death. D	o not enter th	ne moda of dy	ylng, such es cardiad	or respiretory	errest,		Approximate Intervel Batween			
	Physician /Medical Examiner		Immediate Cause (Finel disaesa or condition resulting in daeth)	a. Mw	Un cr S	1	feir	NEC				Onsat and Deeth			
	be di	Examiner		SE	7515						1	Iday			
	and I-tran	хап	Sequentially list conditions, if any, leeding to immadiate	Due to (or es e consequenca of):								1			
.09	cete be executed physician and the burial-transit														
x 68760,	certificate ding phys	Medical	thet initiated avants resulting in deeth) Lest	d. Per	Peripheral Vascular d'isease										
Box	eath cer ettendir for use	clan			7										
P.0.	res that the designed by the e	Physician/	Pert II. Other significant conditions	contributing to death b	out not resulting	g in the unde	rlying cause g	given in Pert I.		tobacco use co Yes 2□ No	3 Prob	the cause of death? pably 4 Unknown			
of Vital Records,	requi	Completed by							24a. Wes	s an eutopsy ormed?	COL	are eutopsy findings silable prior to applation of cause			
Re	0 - 5	E G										death?			
tal			25. Was case refarred to medicat	T				00 Place of Dec		Yes 2 No	1	Yes 2□ No			
>		o Be	examiner?	Hospital:	not 2 □ ED/	Outpatient	2 DOA 0	28. Place of Dea			or /Cnack	4			
on of	Sion of sending Physical After this the funeral di	<del>  </del>	27. Manner of Death  1 Naturel 5 Panding 2 Accident Invastigat	28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury Work?					lorne 5  Residence 6 Other (Specify)  28d. Describe how injury occurred			0			
Division	I or Attending after deeth.  Director: After din by the fune	Certification:	3 Suicide 6 Could not be datermined 28e. Place of Injury - At homa, ferm, street, fed building, etc. (Specify)						l Routa Number,						
	spita hours neral y fillex	edicai C	29a. Certifier 1 Certifying F	Physician: To the best aminer: On the basis o end mennar st	examination:	ige, death oc and/or invest	curred et tha Igetion, in my	tima, date and plece opinion, death occu	, end due to tha rred et the time,	cause(s) end m	anner es st and dua to	ated. tha causa(s)			
	ithin 24.10 the Fu	Me	29b. Signature and title of certifier	one monitor at	00.		29c. Licer	nse number	The state of the s	29d. Dete signe	d (Month, i	Day, Year)			
	1		11 11 11	111	tre-		71.	(62 m		61.1	91				
	3/		30. Neme end eddrass of person wh	complated cause of	laeth (Itam 23	a) (Type Prin	1004	1276		-11	16				
1			Southern	Manl	LALA L	Ho	aha	0	inda.	m a	cm la	4 11			
	Sta	te	31. Dete filad (Month, Dey, Year)	32. Registr	er's Signeture		24,00		1.1.100		110	11. 1			
	Registr	ar	JUN 11 199	is your di	welfer	white									

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 19053 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death 9 Day JUNE 1996ar 11:00AM LARRY D. **SMITH** 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Prince George's Hospital Center Prince George's Cheverly If Under 1 Year 8. Date of Birth Mar Ch 28, 5. Social Security Number 7. Age (In yrs. last birthday) if Under 24 Hrs. 9. Birthpiace (State or Foraign Days Washington, D.C. 10 M 2□ F Months Hours Min. 220-56-4515 46 Yrs. Usual Residence of Decedant Mary land 10b. County Prince George's 10c. City, Town or Location 10d. Inside City Limits Upper Marlboro 1 Nas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8402 Thornberry Drive West 20772 U.S.A. 12. Was Decedant Evar in U,S. Armed Forces? 11 Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-it Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Biack, White, etc. 1 Nevar Married 2 Married 1 ☐ Yas 2 No If Yes, Give B1ack 1 ☐ Yes 2 ☑ No Specity: Specify 3 ☐ Widowed 4 X Divorced Yaar or Datas: 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Truck Driver Broddie Bros. (Retired) 12th grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) William Smith Louise Farmer 19a. intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 8402 THornberry Drive West Upper Marlboro, Maryland 20772 Mrs. Theresa S. Butler (Sister) 20b. Piace of Disposition (Nama of 20a. Method of Disposition Date 20c. Location - City or Town, State National Harmony Memorial Park 6/13/96 ₩XBuriai 2 Cremation 3 Ramovai trom State Landover, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Rollins Funeral Home, Inc. Rest 4339 Hunt Place, N.E. Washington, D.C. 20019 lease, or compilcations that caused the daath. Do not antar tha moda of dying, such as cardiac or respiratory arrast, if ure. List only one cause on each line. Approximate interval Between Onset and Death immediate Cause (Finai disaasa or condition resulting in daath) Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 24b. Were autopsy tindings available prior to 24a. Was an autopsy performed? completion of cause of death? DANG. 20 No 1 ☐ Yes 25. Wes case reterred to medical examiner? 26. Piace of Deeth (Check only one)

**Physician** /Medical **Examiner** 

requires that the death certificate be exec

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

**Examiner** 

Director

Funeral

à

Completed

Be

P

**Funeral** 

Director

Model

item 27 is marked other than "natural", or items 23a or 28a-f sho other traumatic event, the Madical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important if item 27 is marked other than "natural", or item injury or other traumatic event, the Medical France.

Saltimore, Maryland 21215-0020

with the Maryland

death

signed by the attending physician and d be detached for use as the burial-transit page 2

Physician/Medical þ Completed Be P

Examiner To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifics completely filled in by the funeral director, i Certification:

certificate hes

edical

1□Yes 27. Menger of Death Naturai 2 Accident 3 Suicide

29e. Certifier (Check only one)

4 ☐ Homicide

5 Pending investigation

8 Could not be determined

Hapatient

28b. Time of

28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)

2 ER/Outpatient 3 DOA

Other: 4 Nursing Home 5 Residenca 6 Othar (Specify) 28c. Injury et Work?

28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

6001 Landouer Rd Cheverly MD 20785

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piace, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the ceuse(s) and manner stated. 29b. Signature and title of certifiar

29c. License number

29d, Data signed (Month, Day, Year)

31. Date tiled (Month, Day, Year)

JUN 11

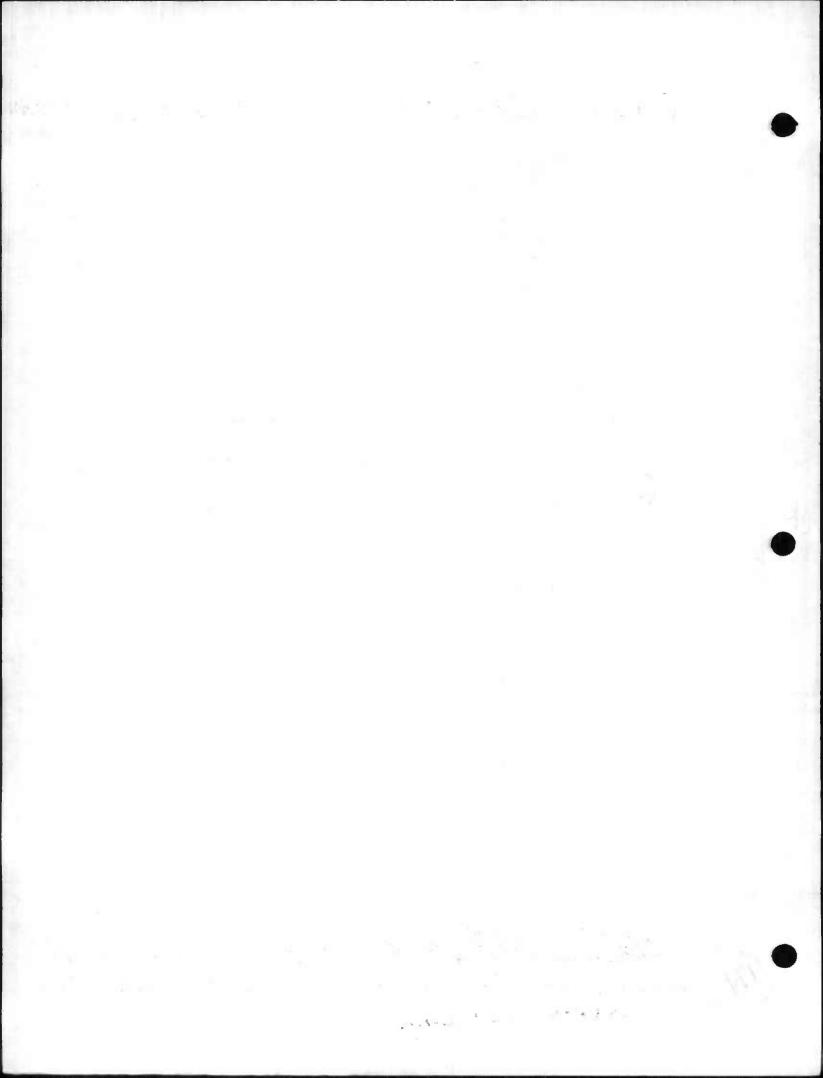
State Registrar

in the state of the

## Please Type or Print in Black indelible lnk. Assure All Copies Are Legible.

					d / Departn <i>Certifi</i>	cate of			Reg. No.	6 19054
hysician /Medical	}	1. Decedant's Name (First, Middle, L	SAT	TLE	THI	GH	7	2. Data of D Month	Day	3. Time of Death 96 0840 AA
xaminer	_	4a. Facility Name (If not Institution, g SUBURBAN HO	ve street and numbe	or)			4b. City, Town, or BETHESI		, ioi o o a ini	of Death
neral ector		410	Sex 7.,			Indar 1 Year oths Days	If Under 24 Hr. Hours Mir	s. 8. Data of B	irth ay, Year)	Birthplace (Stata or Foreign Country)     TENN
e notified at	- 1-	Usual Rasidance of Dacedani 10a. Stata 10b. County		10c. Cit	y, Town or Location	1				10d. Inside City Limits
Director	5	MD. MONTGO	MERY		7	BETHESI	DA			1 No Yes 2 No
		10e. Streel and Number 7101 CLARDEN I	D.		10	f. Zip Coda B]	ETHESDA	20814	10g. Citizen of	
leted by Funeral Director	5	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedar Armed Forca 1 Yes 2 If Yas, Giva Yaar or Dales	No No		Decedant of H , specify Cuba as 2 No	lispanic Origin? ( an, Maxicen, Pua Specify:	Specify Yes or N rto Ricen, atc.)	o- 14. Rad Bia Specify	U.S.A. ce - American Indian, ck, Whita, atc. WHITE
r, re vegral	plete	15. Decedani's E (Specify only highast g Elemantary/Secondary (0-12)	ducation ada completed) Collaga (1-4o	r 5+)	16a. Decedent's (Give kind of lifa. DO N	Usual Occup of work dona OT usa retired	during most of we	orking	16b. Kind of B	usinass/Industry
Con	5	5 17. Father's Nama (First, Middla, Las			SE	CURITY	GUARD	om a /Firms s sindas	, Maiden Surnan	WAREHOUSE
To Be Comp	5	GEORGE SA		т			15. MOther's Na	NOT AVA		ne)
any injury or other traumatic event, the Ma once. To Be Comp		19e. Informant's Name/Ralationship	(Type, Print)		19b. Malling Ad	dress (Streat	and Number or F			, Stata, Zip Coda)
2 6 5		LYMAN JONES (FF 20a. Mathod of Disposition	IEND)	20b. P	7007		ON LANE,	BETHES	,	20814 - City or Town, State
	1	1 ☐ Burial 2 ☐ Cramation 3 I 4 ☐ Donation 5 ☐ Other (Spec		ta C	ematary, crematory NORTHERN	or othar plac		1		
once.	-	21. Signatura of Funaral Sarvice Lice			T	ne and Addra	ss of Facility			GION, VA.
§ 8		James &	Die	cion	2)		WILLIA EORGIA			D.C. 20011
Described for use as the burner-franks it as a second of the second of t		Immediata Causa (Final disease or condition rasulting In death)  Sequentially list condillons, if any, leading to immediate causa. Entar Undarlying Causa (Disease or Injury that initiated events rasulting In death) Last	a MYOCA	Dua to (o	r as a consequence	a of):	ARCTI	SCUCAT	DNE	ACUTE NE INDEF
Physician/Me	-	Part II. Other significant conditions	contributing to death	but not rasi	liting in the underly	ing cause alv	ran In Part I	23h Did	tobacco use co	entributa to the cause of death?
by Phys			oo waa aa	00111011001	and the uncorry	ing oddad giv	anni atti.		×es 2□No	3 Probably 4 Unknown
pleted						_		24a. Wa	s an autopsy ormed?	24b. Were autopsy findings available prior to complation of ceuse of death?
								1□	Yas 2☐No	1 ☐ Yes 2 ☐ No
Be o		25. Was cesa rafarred to medicel axaminar?  1	Hospitai:		ED/0 of	Oth	ar	eath (Chack only		90°
ion: To Be Com		27. Mannar of Death	1 □ Inpa 28a. Dala of In (Month, L		ER/OutpatienI 3[ 28b. Time of Injury	28c. Injur	4LI Nuising	7	how injury occur	
Certification:		1 Panding 2 Accidant 3 Sulcida 4 Homicide 5 Panding Invastigation 6 Could not lideramined	on .		ma, farm, straat, fa	10	Yas 2□No	28f. Location City or To	(Street and Numb wn, Stata)	ber or Rural Routa Number,
edical Ce		29e. Certifier 1 Certifying P	hysician: To the bes miner: On the basis and mannar:	of axaminat	wledge, daeth occu lon and/or investig	rred at tha tin ation, in my o	na, dete end plec pinion, daath occ	e, end dua to the curred at tha tima	ceusa(s) and ma data and piece,	annar as stated. and dua to tha causa(s)
completely tilled in Medical Cert		29b. Signature and title of settifier		Note to de		29c. Licans	a number		29d. Date signe	ed (Month, Day, Year)
completely filled in by the Medical Certifical	1	Henney	CHI.	Ille	111	DOY	1099		JUNE	= 5 96
)	3	0. Name and addrass of person whe	complated cause of	death (Itam	23a) (Type, Print)	1X /X	A.	THE	a M	5 96 10 20817

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

19055

						C	enii	icate of	Death			Reg. No.		
	Dhusia	t	1. Decedant's Nama (First, Midd	fla, Last)							2. Data of Do	eath Day	Year	3. Time of Death
	Physic /Medi		MAR	Ippl	6	2.		SH	:E/d	3	Tune	10 /	996	1:53 An
	Exami		4a. Facility Nama (If not institution		umber)				4b. City, To	wn, or Lo	ocation of Deat		ty of Death	
			Washington	Adventis	t Hos	spital			Take	oma	Park	Mor	tgom	erv
ı	Funeral		5. Social Sacurity Number	6. Sax		yrs. last birthda	1//	Undar 1 Yaar	If Under		8. Data of Bi			
	Director		577-32-3664	1□M 2□xF	73	Yrs.	M	onths Days	Hours	Min.	8. Data of Bi	5-22	Was	placa (Stata or Foreign hin). hington,
	D		Usuat Rasidance of Dacedant								1			
	ylan		10a. Stata 10b. County	y	10c	. City, Town or	Locatio	on					1	IOd. Insida City Limita
	Ma	to	Md. Mont	gomery	S	ilver	Spi	ring						Yas 2□No
	7.28 1.00	9	10e. Street and Number				1	Of. Zip Coda				10g. Citizan o	What Cour	ntry?
	3a o	0	8505 Spring	Vale Te	errace	= #242		20910				USA		
	death with the Maryland ms 23a or 28a-f show I mant be notified at	Funeral Director	11. Marital Status	12. Was Dec	cedant Evar			Decedant of H	lispanic Orl	gin? (Sp	ecity Yas or No Rican, atc.)		ıca - Amaric	can Indian,
0	the rate	F	1 Nevar Married 2 Mar		2 X No						Rican, atc.)		ack, Whita,	
050	72 hours after death with the Marylar natural, or items 23e or 28ef show dical Examiner must be nortified at	þ	3 ☑ Widowed 4 □ Divorce	If Yas, G	Siva Datas:		10	Yas X2X No	Specify:			Spec	<sup>∦y:</sup> Bla	ck
21215-002		8	15. Decedar	nt's Education		16a. Dec	cedanť	s Usuai Occup	ation			16b. Kind of		
215	n n	Completed	(Specify only highs Elamantary/Secondary (0-12)	ast grada complated	(1-4or 5+)	(Gi	va kind i. DO h	of work dona VOT usa retired	during mos d)	t of work	ing			
21	filed within Hygiene. ther than "until the Max	E	Liamantary/36condary (0-12)	4	(1-401 34)	Те	ach	ner				DC I	Publi	c School
	Hygin other out, I	BeC	17. Fathar's Nama (First, Middla	, Last)					18. Moths	r's Nam	a (First, Middle	, Maiden Surne	ma)	
a	should be filed within and Mental Hygiene.  marked other than imatic event, the M	To B	Isaac Stree	t					Li	llia	an Am	boow		
Maryland	2 should be fland Mental It is marked of raumatic ever	-	19a. Informant's Name/Raiation	ship (Type, Print)		19b. Ma	iling A	ddrass (Street	and Numbe	ar or Run	al Routa Numb	er, City or Tow	n, Stata, Zin	Code)
Ž	d 2 min		Evelyn Gray			441		3th P				017		
ē,	s i and 2 should be filed within 72 hr I Health and Mentai Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical		20a. Mathod of Disposition		20	b. Place of Dis					Data	20c. Location	- City or To	own, Stata
9	nt of nt of or or or or or		1 ☑ Burial 2 ☐ Cramation		Stata						1			
Baltimore,	it P		4 □ Donation 5 □ Othar (5		L:	incoln					/13/96	Suit		
Ba	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any Injury or other trac		21. Signatura of Punaral Service	Licensee				ma and Addra		•			200	
		_	M AND M										ng Av	e SE DC
			23a. Part1. Entar tha disaasa, o shock, or haart failura. Lis	r complications that tonly ona causa on	causad tha daach lina.	daath. Do not a	antar th	a moda of dyir	ng, such as	cerdiac	or raspiratory a	rrast,		Approximata Intarval Between
11	Physician							Λ					į	Onset and Death
	/Medical Examiner		Immediata Causa (Final disaasa or condition	S.	do	(	90	Vica	De	P			i	15 Minute
и	LAGITITIE		rasulting In daath)		Dua	to (or as a cons	sequan	ce of):		MALE POL				1.3
	p #	ine		- h Cox	re-0.00	. A	No	201	Dia	00				
	acute ind trans	Examiner	Saquantially list conditions,			o (or as a cons	equan	ca of):			-3(			
o,	e ex		Saquantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or injury that initiated evants		Sidas	No	M	2000	60				- 1	
68760,	certificate be executed iding physician and ise as the bunal-transit	edicai	that initiated evants resulting in death) Last	C	Dua t	o (or as a cons	equano	e of):						
9	ng p	¥ M	, , , , , , , , , , , , , , , , , , , ,	L. C.	10	2 and		P	-0	1	1	0		
30X		an/M		d	1101	3100			es V	- //	alvas	SK		
B.	that the death ed by the atter detached for	Physicia	Part il. Other significant conditi	ona contributing to d	death but not	rasulting in tha	undar	lying causa giv	an In Part I		23b. Did	tobacco use o	ontribute to	o the causs of death?
P.0	by the	hy	CI	) . ()	0	1/2	0		1.		1 🗆	Yes 2 No	3 Pro	bably 4 Sunknown
	es tha igned be del	by F	Jerese	eriphos	Le s	Vasc	nk	ا الم	100	200				
Records,	v requires that tha death been signed by the attel should be detached for r	pe		1								an autopsy ormed?	24b. W	ara autopsy findings
S	_ 00	piet									port	omiled r	co	mplation of causa daath?
Ä	0 - 5	Completed									1□	Yas 2 No	11	□Yas 2□No
Vital	iclan: The certificate rector, pag		25. Was casa rafarred to medica	1					OS Place	of Doot	h (Chack only	200		
>		o Be	axaminar? 1 ☐ Yas 2 📉 No	Hospital:	Inpatiant	o □ EB/Outcet	lant f	Oth	or.			idance 6 🗆 O	th an 10 and	6.1
of	등 로 등	<b> -</b>	27. Mannar of Death	28a. Data		2 ER/Outpat		DOA	4 L NU			how injury occ		y)
Division	or Attanding Phater death. Director: After th	Certification:	1 ANatural 5 ☐ Pandii		nth, Day Yea	r) injury	/	28c. Injur Wor 1 □	rk? Yas 2□					
S	or Attandia after death. Director: A d in by the fu	lica	3 Suicida 6 □ Could	not ba	e of Injury	At homa, farm,					28f Location	Street and Nur	nhar or Run	al Routa Number,
$\frac{1}{2}$	or A after Direction	erti	4 ☐ Homicida datam	build	ding, atc. (Sp	acify)	otiuut,	idotory; onioo				wn, Stata)		
	Hospital 24 hours Funeral staly lilled		29a. Cartifier 1 ☐ Cartifyin	ng Physician. To th	a boot of mu	lunguidadan da	- th		no dete en	el -le en i	and due to the			****
	Hos 24 hd Fun Fun	edicai		ng Physician: To the Examiner: On that	basis of axan	nination and/or	Invasti	gation, in my o	na, data an pinion, daa	th occur	and dua to the rad at the time,	data and place	nannar as s a, and dua t	o tha causa(s)
	To the Hospital or Att within 24 hours after of To the Funeral Direct completaly lilled in by	Mec	29b. Signatura and title of dertifia	-11	nner stated.	)		29c. Licans	a number			29d. Data sign	ned (Month	Day, Year)
	- E		(M)	wol c	285	inh M	n	DI	ITT	6			096	
	(10)				-, -	4	,		1 1 1 0	, 0			0 -10	
	(10)		30. Nama and addrass of person	who complated cau	usa of death	(Itam 22a) (Typ	e, Print			1	DO	c 716		
			3066 V	Mitchell	ville	(6)	1	120Cm	16		- 62			
	Sta	-	31. Data filed (Month, Day, Year,		Registrar's S	ignatu								
	Registi	ar	JUN 14 1	230	7									

.

State of Maryland / Department of Health and Mental Hygiene

19056

		4			Cer	titicate of	t Death		Reg. No.		7
Dhuoi	alam.	Decedent'a Name (First, Mid	dle, Lest)					2. Date of Month	Deeth Day	Year	3. Time of Death
Physi /Med		Samuel			Smith	Jr.		JUNE	13.	1996	12:30 AM
Exam		4a. Facility Name (If not Instituti	ion, give street end	number)			4b. City, Town,	or Location of De		nty of Death	
1000000		4300 Urn Stre	eet				Capital	l Height	s Pri	nce Geo	orge's
Funera		5. Sociel Security Number	6. Sex		s. lest birthday)	If Under 1 Yes	er If Under 24 l			9. Birthp	lace (Stete or Foreign
Directo		578-90-1329	1 🔀 M 2 🗆	F 35	Yrs.	MORRIS Dey	s Hours N	June	Birth Dey, <i>Year</i> ) 5, 1961	Wash	ington, D. C
2		Usual Residence of Decedent									
show		10a. Stete 10b. Coun	ty	10c. C	ity, Town or Lo	cation				1	0d. Inside City Limits
r 28a-f sh	cto	Maryland Princ	ce George	s's	Capita	al Heigh	ts				₩Yes 2 No
or 2	Director	10e. Street end Number				10f. Zip Code			10g. Citizen	of Whet Coun	try?
deeth with the Meryland ms 23a or 28a-f show Crass De nothing at		4300 Urn Stre	eet			20	743		Unit	ed Sta	tes
	Funeral	11. Marital Status	12. Was E	Decedent Ever In I	U,S. 13. V	Ves Decedent of	Hispanic Origin?	(Specify Yes or	No- 14. F	Race - Americ	
		1 Never Married 2 Ma	arried 1 XY	es 2 No 11-	-21-79/	☐ Yes 2 N		Jorto Filodii, 5(0.)			etc.
Maryland 21215-0020 d 2 should be filed within 72 hours after th end Mentel hygiene. 7 Is marked other than "natural", or its traumatic event, the Modical Example.	dby	3 ☐ Widowed 4 ☒ Divorce	ed Yeer	or Dates: 8-22-	-83		о ороспу.		Spe	B1	ack
72 hours	Completed	15. Decede (Specify only high	ent's Education est grade complete	ed)	16e. Deced	ent's Usual Occi	upation e during most of red)	workina	16b. Kind o	Business/Inc	lustry
within within than the Men.	ign ign	Elementary/Secondary (0-12)		je (1-4or 5+)	life. L	OO NOT use retir	red)				
d 21 filed wit Hyglene ther the	S	12			Disa	abled	т			/A	
be filed the dother went, to	Be	17. Father's Name (First, Middle	e, Last)				18. Mother's I	Name (First, Mid	dle, Maiden Sum	eme)	
arylan should be and Mentel marked o	2	Samuel Smit	th				Mary	Randolp	h		
Aar 2 sh end end le m		19a. Informant's Name/Relation	nship (Type, Pnnt)		19b. Mailin	g Address (Street	et and Number of	Rural Route Nu	mber, City or To	wn, State, Zip	Code)
E = N L		Mary E. Smitl	h - Mothe				et, Cap	ital Hei	ghts, M	D 20	743
Baltimore, permit. Peges 1 at Department of Hea Important: if Nem 3 any Injury or other		20e. Method of Disposition 1 XBurial 2 ☐ Cremation	2 Demouslés		Plece of Dispos cemetery, crem	sition (Neme of natory or other p	lece)	Dete	20c. Location	on - City or To	wn, Stete
Peg nent int: h		4 Donation 5 Other (			rvland '	Veterans	Cemete:	rv 6/17/	96 Che	ltenha	m. MD
Baltimo pemit. Peges Depertment of Important: If it any Injury or		21. Signature of Fuperal Service	e Licensee	1	22	Name end Add	ress of Facility				
Ba Depe	4	Maha 7	& the	mat -	///		FUNERAL				
		23a Part1. Enter the disease,	or complications th	et caused the dea			ning Road			ton, D	Approximete
Physiclar		Lanck, or heert failure. Lis	st only one cause of	on each line.				•	,		Interval Between Onset and Death
/Medica	_	Immediate Cause (Final	CAE	EDIAC ARE	DECT						
Examine		disease or condition rasulting in death)	a. CAT			XXVV.					
25 (2.9)	ē		ACO	UIRED IN	(or as e conseq		V CVMDD	OME DELA	TED MAC	TINC	
ocriticate be assecuted right physician and use as the buriat-transit	Examiner	Convention the ties and distance	b. Acq				אשאונב זי	UME KELA	TED MAS	IING	
X 68760, certificate be assecuted ding physician and se as the buriat-transit	EX	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events		Due to (	or as a consequ	uence or):				1	
68760, ifficate be axe g physician as the burial-		Cause (Disease or injury that Initiated events	c	Duo to /	01 00 0 000000	iones off:					
68 fficat	Medical	resulting In death) Lest		Due to (	or as a consequ	ience or):				1	
OX Centing USe s	2		d								
	cia	D 18 00 18 18 18									
P.O. B that the deets ad by the ette detached for	Physicia	Part II. Other significant condit	ions contributing to	o death but not re	sulting In the un	derlying cause g	given in Part I.	23b. D	id tobacco use	contribute to	the cause of death?
cords, P.O.								1	☐ Yes 2 N	3 Prob	eably 4 Unknow
d be	d by							-	arcaean na	045 14/-	
v require	Completed								es an autopsy erformed?	eve	ore autopsy findings ellable prior to expletion of cause
40 000	du									of c	leath?
- 50	S							1	Yes 2 No	1 [	Yes 2 No
of Vitai Physiclen: The Physiclen: The ral director, pag	Be	25. Was case refarred to medicaxaminer?						Death (Check on	ly one)		
- 2 wo	10	Yes 2□ No	Hospital:	☐ Inpatient 2 ☐	ER/Outpatient	3□ DOA O	thar: 4 Nursin	g Home XXR	esidance 6 🗆	Other (Specify	)
	ü	27. Manner of Death  1XXNatural 5 ☐ Pendi	/4	ate of Injury fonth, Day Year)	28b. Time of Injury	28c. Inj	ury at ork?	28d. Descrit	e how injury oc	curred	
Division  or Attending after deeth.  Director: After d in by the fune	Certification:	2 Accident Invest	tigation				Yes 2 No				
Division of Attendant after deeth Director:	Ę	3 Suicide 6 Could 4 Homicide datan	mined 286. Pl	ace of Injury - At h	nome, farm, stre	et, factory, office	Э		n (Street end Nu Town, Stete)	mber or Rura	Route Number,
the Hospital or hin 24 hours afte the Funeral Dir mpletely filled in	Ce				.,,,						
Hospital 24 hours : Funeral etely filled	cai	29a. Certifier 1 Certifyi	ng Physician: To	the best of my kno	owledge, death	occurred at the	time, date and pla	ace, and due to t	he cause(s) and	manner as st	ated.
the H thin 24 the F	edicai	one)	t Examiner: On the and m	anner stated.	etion and/or inv	estigetion, in my	opinion, death or	ccurred et the tim	ie, date and plac	e, and due to	the ceuse(s)
to the complex	Σ	29b. Signeture and title of certific	er pro				nse number		29d. Date sig	ned (Month, L	Day, Year)
(3)		Lynthie	2 dib	at mo		BN	D1809	2/Dc)	JUNE 1	1 1996	
01		30. Name and address of person	n who completed o	ause of death (tte	m 23a) (Type F			, ,	COME I	- , _ 550	
1 VR	1					•	ET N U	LIACUTAN	TON DO	00.400	
St	ate	31. Date filed (Month, Dey, Year		. negistiai a Sign	ature .	T140_21KF	EL,N.W.	_MYZHTW(	IUN,DC	20422	
Regist			4.1996	Mili As	diank	A.A.					
22310 110112	95	JUN J		0		4 .40					

State of Maryland / Department of Health and Mental Hygiene

29d. Data signed (Month, Day, Year)

#101

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month KENNETH NICHOLS SHUMAKER JUNE 14, 1996 4:30 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 1028 ST. PAUL'S DRIVE WALDORF CHARLES If Under 1 Year If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** 1**X**□M 2□F Days Hours Yrs Director 78 MAY 16, 1918 WASHINGTON.DC 216-10-5664 Usual Rasidance of Decedant death with the Maryland 10a State 10b. Counts 10c. City, Town or Location 10d. Insida City Limits if then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yas 2 ☐ No Directo MARYLAND CHARLES WALDORF 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1028 ST. PAUL'S DRIVE 20602 U.S.A. Funeral 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Giva Year or Dates: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, atc. filed within 72 hours after 1 □ Nevar Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No þ Specify: 3 XWidowed 4 ☐ Divorced WHITE Completed Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Businass/Industry Eiementary/Secondary (0-12) Coilega (1-4or 5+) DIESEL MECHANIC TRUCK COMPANY permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Itam 27 is marked other any Injury or other traumatic event, soits. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be NICHOLS STONEWALL JACKSON SHUMAKER EMILY EMMA SNOOT 19a. Informant's Neme/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) RAYMOND N. SHUMAKER 1028 ST. PAUL'S DRIVE WALDORF, MARYLAND 20602 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 XBurial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 6/17 CEDAR HILL CEMETERY SUITLAND, MARYLAND 21. Eignature ald uneral Selvice License 22. Nama and Addrass of Facility BENJAMIN M. MATTHEWS M-00658 THE HUNTT FUNERAL HOME, INC. P.O. BOX 156 WALDORF, MARYLAND 23a. Part1. Enter the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset and Death **Physician** /Medical Immediata Ceuse (Final disease or condition rasulting in death) 20 Examiner Examiner physician and s the burial-trans Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaesa or Injury that initiated events resulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): for use as signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed 2 NO 1 Yas 1 ☐ Yas 2 ☐ No director, 25. Was case rafarred to medical examinar? 8 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 2 this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred Certification: 1 Natural
2 Accident 5 Pending investigation death. 1 Yas 2 No after death Director: 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida To the Hospital of within 24 hours at To the Funeral D completely filled in edicai Certifying Phyeician: To tha best of my knowledga, daath occurred at the time, deta and place, and dua to tha causa(s) and menner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. 29e. Cartifian (Check only one)

Registrar

31. Data filed (Month, Day, Year)

29b. Signature and titla of certifiar

32. Registrar's Signature Jalin Davidson Rardall

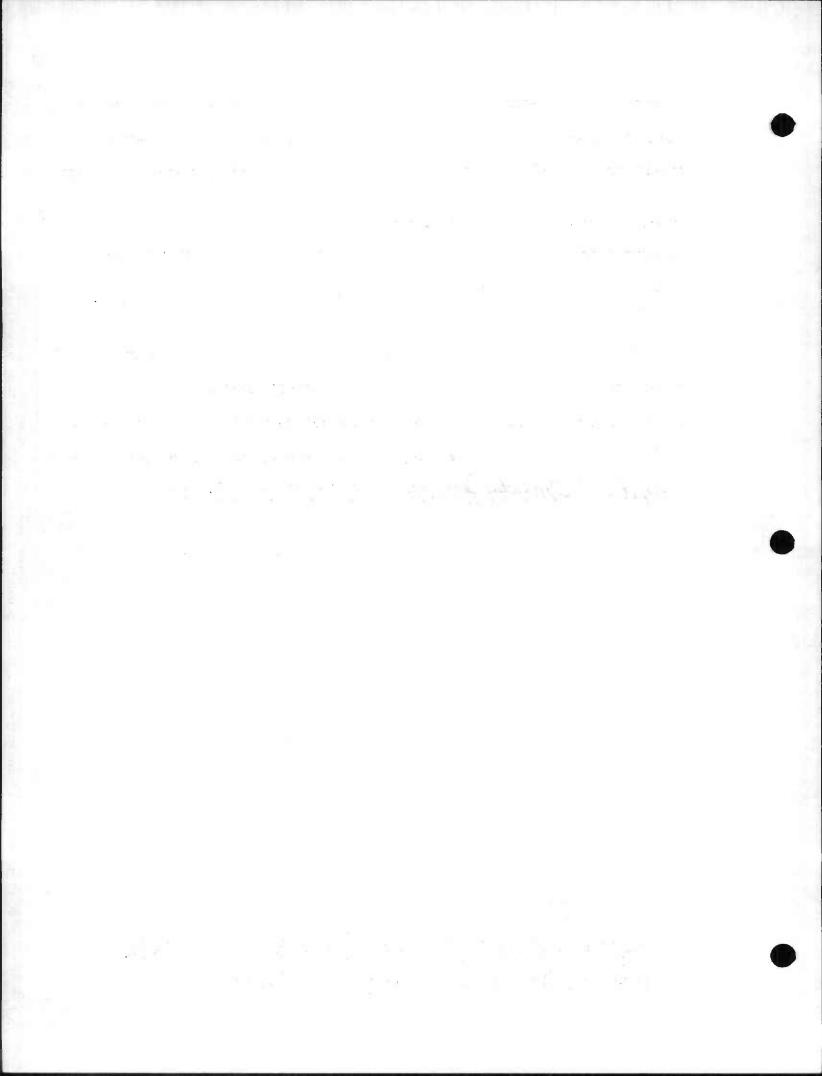
30. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print) SG26 COORD

INCOME TO THE REAL The interpolation of the second of the secon

State of Maryland / Department of Health and Mental Hygiene 96

19058

					•	Cer	tificate c	of Death		Reg. No.		1 2000
	Observator		1. Decedent's Name (First, Middle	Last)					2. Deta of D Month	aath Dey	Year	3. Tima of Deeth
	Physici /Medio		ANNOIS	SAVOY		_			June	12	1996	Unknown
	Examir		4e. Fecility Nama (If not institution,	giva straat and number	r)				or Location of Dea	th 4c. Count	y of Death	
			GERTRUDE ROAD				- With the Site	NANJEM			ARLES	
ı	Funeral Director		214-28-4387	5. Sex 7. A	iga (In yrs. la 67	St birthday) Yrs.	If Under 1 Ya Months Da		in. (Month, D	irth ay, Year) 9,1929	Coun	elece (Stete or Foreign etry) YLAND
	pud		Usuei Rasidence of Dacedent  10e. Stata  10b. County		10c City	Town or Lo	cation					Od Incide Other Limite
	the Meryler 28a-f show	5			,		Cation				1	0d. Inside City Limits 1 ☐ Yes 2 ☒ No
	the N	Director	MARYLAND CHARI  10e. Streef end Number	ES	NAN	JEMOY	400 71- Oad			40- 011	100 0	
	with		GERTRUDE ROAD				10f. Zip Cod			10g. Citizen of		
	eath w	era	11. Marital Status	12. Was Deceden	f Ever in 11 S	13 V			(Specify Ves or N	UNITED	ce - Americ	
Maryland 21215-0020	d 2 should be filed within 72 hours after death with the Meryland thend Mental Hygiene.  7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be incitined at	by Funeral	¹∰Nevar Married 2 Marrie 3 Widowed 4 Divorced	Armed Forces	17 <b>X</b> No	11	Yes, specify C	of Hispenic Origin? Luban, Mexican, Pu No Specify:	erto Rican, etc.)	Bie Speci	ck, White,	etc.
5-0	72 hours "netural",	ted	15. Decedent' (Specify only highest			16e. Deced	lent's Usuel Oc	cupation	working	16b. Kind of E	Business/Inc	dustry
121	within sene.	Completed	Elemantary/Secondery (0-12)	Coilega (1-4or	5+)	life. L	OO NOT use re	ne during most of w lired)	Orking			
2	hygie her ti		6TH GRADE	41		MAS	SON	40 Mathada N	(6 <sup>10</sup> 7 6.6°1-16		IVATE	
ano	should be filed withing end Mental Hygiene. Is marked other than aumatic event, the Mental End of the	Be	17. Fether's Nema (First, Middle, L	#S1/					eme (First, Middle		me)	
2	d Me restk	10	THOMAS SAVOY  19e. Informent's Neme/Reletionsh	n (Time Brief)		10h Mailin	a Address /Ota		MANKINS		Canto Zin	Ondal
M	d 2 sho th end 7 le me traum							eet end Number or				
	1 and 2 Heelth am 27 I		WILLIAM WARREN/S  20e. Method of Disposition	TEPSON	20b. Pie	ce of Dispos	sition (Neme of	#11730 N	Dete Dete	MARYLA 20c. Location		0662
Baltimore,	Peges nent of ant: If it	1  Buriel 2  Cremetion 3  Ramoval from Stete 4  Donetion 5  Other (Specify)  Cemetery, cremetory or othar plece)  OAK GROVE CHURCH CEME										
Bal	permit. Departuimports any inju	21. Signatura of Funeral Service Licensea  22. Name and Address of Fer THORNTON FUNDIA C. THORNTON JOHN MOOSS INDIAN HEAD,  23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such a shock, or heart feliure. List only one cause on each line.								20640		
			23a. Pert1. Entar the disease, or o	ompiications that cause	ed the deeth.	Do not ente	er tha mode of	dying, such es card	iec or respiretory	errest,		Approximate Interval Between
	Physician / /Medical		Immediete Cause (Finel disease or condition	art	70 a Sc			artovas	- (			Onset and Deeth
н	Examiner		resulting in deeth)	8.	Due to (or	es a conseq		0 000	7 14			
	D E	lue		<b>.</b> b.							i	
	death certificate be executed e attending physician end ed for use es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	0.	Due to (or	es e conaeq	uence of):					
68760,	icata be ex physician e s the burial		Sequentieily list conditions, if any, leeding to immadiate cause. Enter UndarlyIng Cause (Disease or injury	c								
687	tificata ig phys es the	Medical	thet initieted eventa rasulting In death) Lasf		Due to (or e	es e consequ	uence of):				i	
Box	certif nding use e			d							<u> </u>	
ă	death cer	Physician/I	Pert II. Other significant condition	a contributing to doub	had not noval	tion to the con	eda di dese a a cons	about in Dani I	noh Die	I tohooo		the serves of death 2
0	that the de led by the a deteched	hys	Per II. Other significant condition	s contributing to death i	Dut not result	ting in the ur	idenying cause	given in Part I,		Yea 2 No	3 Prol	the cause of death?
D,	es that igned be det	by P							_	100 2010	0 🖂	
of Vital Records,	- 00 D								24a. We	s an autopsy iomed?	24b. We	ere autopsy findings eilabla prior fo
00	20 00	plet							- pen	lolliled?	CO	mpletion of cause death?
æ	0 - 0	Completed							10	Yes 2 No	10	Yes 2□No
ita		BeC	25. Wes case referred to medical		-			26. Plece of D	eeth (Check only	one		
>	S 5	10	axaminer?  Yas 2 No	Hospitei: 1 ☐ Inpat	ienf 2 E	R/Outpatien	t 3□ DOA	Other: 4 Nursing	11	sidence 6 🗆 Ot	her (Specifi	(v)
	g Physical distribution		27. Menner of Death	28a. Deta of Inj (Month, De	ury 2	28b. Tima of Injury	28c. l	njury at Nork?		how injury occu		
Ö	Attending or deeth.	atic	Netural 5 Pending	tion	, , , , ,	injury		☐Yas 2☐No				
Division	or Atte	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	ed 286. Piece of in	njury - At hom	ne, ferm, stra	aat, factory, offi	се	28f. Location City or To	(Street and Num own, State)	ber or Rura	l Route Number,
	rs after											
	To the Hospital or Attending Ph within 24 hours after deeth.  To the Funeral Director: After thi completely filled in by the funeral	29a. Certifier (Check only one)  29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, deeth occurred et the time, de modical examiner: On the basis of examinetion end/or investigation, in my opinion end manner stated.								cause(s) and m , date end piece	enner as at , and due to	ated. the cause(s)
	To the within To the	Me	29b. Signature and title of pelgifie	1			29c. Lic	ense number		29d. Date sign	ed (Month,	Dey, Year)
	->-0		· AMHO	h Chris (8	3 Dyp	.th	to D	27348		6/4/	16	
			30. Name and address of person w	BOX 104	deeth (IteM 2	23e) (Type, I	Print)	nd 7,00	604	/		
	Sta	_	31. Dete filed (Month Cay Year)	1996 32. Regist	rer's Signetu	ire	11)	7 7 7	- 4			
	Registr	ar	20117 0	1330 Jah	a diwal	ior Rand	all					



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Death 14, 1996 5:29 AM JUNE VIRGINIA STX 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death CARROLL COUNTY GENERAL HOSPITAL CARROLL WESTMINSTER If Undar 1 Yaar | If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, FEB. 20 7. Aga (In yrs. lest birthdey) 6. Sex Birthplaca (State or Foreign Country) 1□M ANF Deys Hours 1919 MARYLAND Yrs. 77 10b. Count 10c. City, Town or Location 10d. Ineide City Limits 1 ☐ Yes 2√ No CARROLL KEYMAR 10f. Zip Code 10g. Citizen of What Country? 21757 USA 6240 MIDDLEBURG ROAD 12. Wes Decedent Ever in U,S. Armed Forcas? 14. Race - American Indien, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Dates: 1 ☐ Yes 2 ☑ No Specify: CAUCASIAN 3 XWidowed 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) CLOTHING MANUFACTURER SEANSTRESS 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumama) MILLER VIRGIE HUMBERT 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. informent's Neme/Reletionship (Type, Print) 4516 FRANCIS SCOTT KEY HWY. TANEYTOWN, MD 21787 DONNA S. UTERMAHLEN, DAUGHTER 20b. Place of Disposition (Name of cematery, crametory or other place) 20c. Location - City or Town, Stete 1 Burlal 2 Cremetion 3 Ramovel from Stete 4 Donetion 5 Other (Specify) MIDDLEBURG METHODIST CFM. 6/17/96 KEYMAR, MARYLAND 22. Nama and Addrass of Facility 136 EAST BALTIMORE STREET 21. Signetura of Furnish Saryice-Licensea SKILES FUNERAL HOME TANEYTOWN, MARYLAND 21787 23a. Pert1. Enter the disease, or complications that caused he death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heert failure. List only one ceuse on eec all no. Approximata Intervel Between Onset and Deeth MINS -ARRHATHMA Due to (or es e consequence of): YIZS ASCVD Due to (or es a consequence of): YRS. MI Due to (or as e consequance of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings avellabla prior to complation of cause of daeth? 24e. Wes an autopsy periormed? 1 Yas 1 Yes 2 No 28. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred 1 Yes 2 No

Examiner The law requires that the death certificete be axecuted Box 68760. Division of Vital Records, P.O.

attending physician and for use as the burial-transit signed by the at d be detached for hes certificate or Attending Physician: After this death after death Director: in by To the Hospital within 24 hours a To the Funeral C

**Physician** 

/Medical

**Physician** 

Examiner

**Funeral** 

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglens. Important: If them 27 is marked other than "ratural", or thema 23a or 28a-f show eny Injury or other traumatic event.

Baltimore, Maryland 21215-0020

/Medical

RETA

10e State

MARYLAND

10e. Street and Number

12 th

FRANKLIN

20e. Method of Disposition

Immediate Cause (Finel disease or condition resulting in deeth)

Directo

Funeral

þ

Completed

Be P 5. Social Security Number

212-03-4748 Usual Rasidence of Decedent

Sequantially list conditions, if eny, laeding to immadiate cause. Enter Underlying Cause (Disaase or Injury that initiated avents resulting in deeth) Lest Physician/Medical Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. þ Completed Be 25. Wes case referred to medical examiner? Yes 2□ No 2 Certification: 27. Menner of Death 1 Netural 5 Panding investigetion 2 Accident 3 Suicida 6 Could not be determined 28e. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 4 Homicida 29a, Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the ceusa(s) and manner as stated. Medical

Madical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated. NED CAL EXAMINER 29c. Licansa number

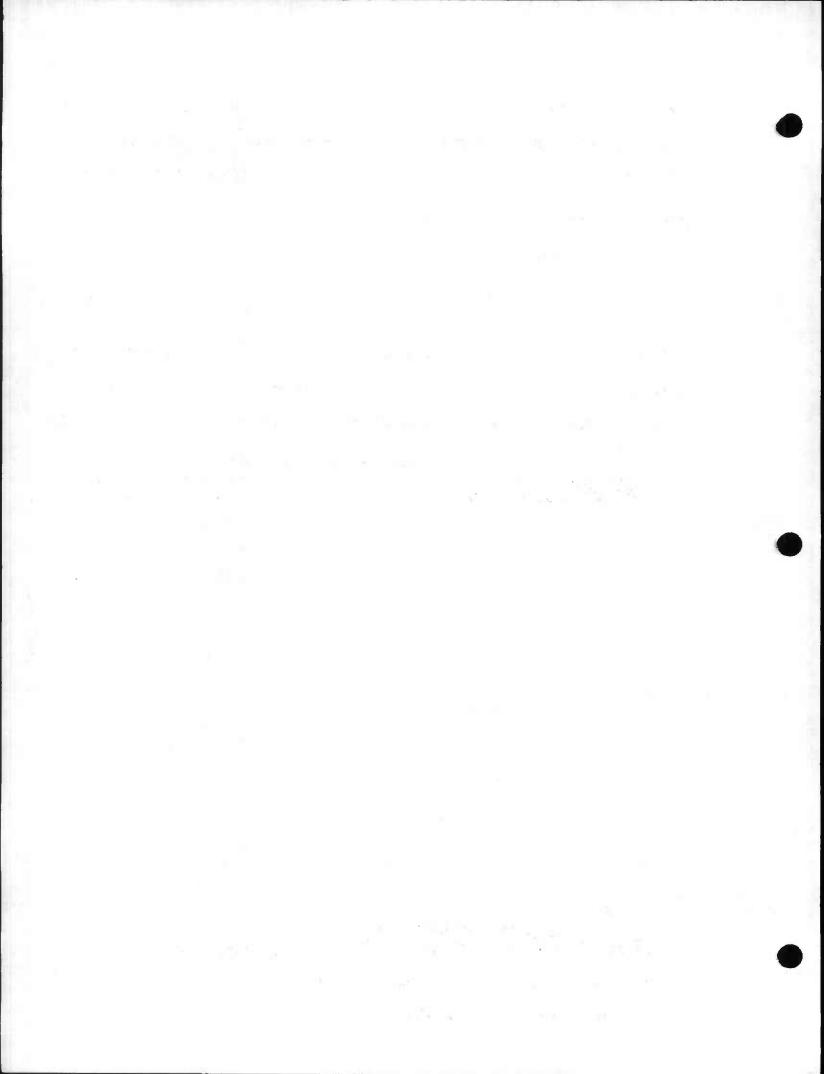
29b. Signature end title of certifier Thees N

29d. Date signed (Month, Dey, Year) JUNE 17, 1996

30. Name and eddress of person who completed causa of death (Item 23a) (Type, Print)

PHILLIP N. PHILLIPS, M.D. 11722 REISTERSTOWN ROAD REISTERSTOWN, MD 21136

State Registrar 31. Data filed (Month, Day, Year) 32 Registrar's Signeture **JUN1** 7



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

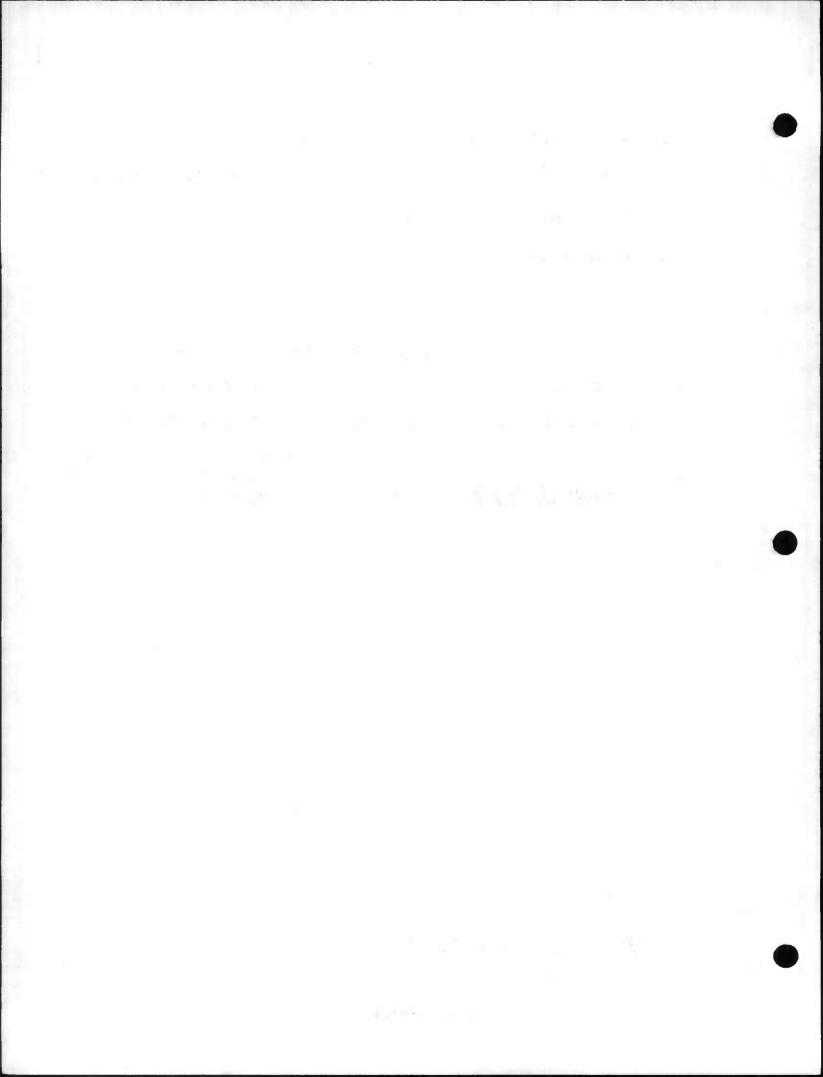
19060

						Ceri	illicate	OIL	Jealli			Reg. No.		
	Physic /Medi		1. Decedent's Neme (First, Middle, Last	T		_	Sc	Hw	AR.	72	2. Dete of De Month JUNE	Dey	Yeer 1996	3. Time of Death 3.20PM
	Examir Funeral Director	ner	3/9-00-309/		e (In yrs. lest b	virthday) Yrs.	If Under 1 Months		Bethe If Under Hours	esda	8. Dete of Bin (Month, Da Aug. 10,	Montg	Omery  9. Birthpi	eca (State or Foreign ny) ngton, DC
	pue **		Usual Residence of Decedent  10a. Stete 10b. County		10c. City, To	wn or Loc	ation						10	Od. Inside City Limits
	the Maryl 28a-f sho	ector	Maryland Montgome	ery	Rockv		10f. Zip (	`ada			I	10g. Citizen of		1) Yes 2□ No
	with with	ļ	261 Congressional	Lane #51	2			852				United		•
020	De filed within 72 hours effer death with the Marylend nat Hygiene.  Id other than "natural", or flems 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral Director	11. Merital Status  1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1  Yes 2 N If Yes, Give Yeer or Detes:	Ever in U,S.			nt of Hi y Cuba			ecify Yes or No Rican, etc.)		ce - America ck, White, 6	an Indian, etc.
2-0	72 ho	ted	15. Decedent's Edu (Specify only highest grad	cation	16	a. Decede	ent's Usuei	Occupa	ation	t of work	4-0	16b. Kind of 8		
21215-0020	should be filed within of Mental Hygiene. marked other than "r	Completed	Elementery/Secondery (0-12)	College (1-4or 5		each	O NOT use	retired	)	I OI WOIK	uig	Public	Schoo	ols
pu	d ta b	Be	17. Fether's Neme (First, Middle, Last)									Meiden Sumer	ne)	
Maryland	should and Men marke	2	Benjamin Schwart						Sa		Frank		2000 -11	-100
Ma	2000		19e. Informent's Neme/Reletionship (T) Marilyn S. Butter:				Harne					er, City or Town MD 208		Code)
re,	Heelth tam 27		20a. Method of Disposition	5	20b. Pieca	of Dispos	Ition (Nem	of of		,	Dete	20c. Location		wn, Stete
9	Pages nent of nt: If its		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ F		1000		etory or oth		e)	6	-12-95	Betheso	da, Ma	ryland
Baltimore,	permit. Pages 1 and Depertment of Heelth Important: if item 27 any injury or other tr once.		21. Signature of Euneral Service Licens							rvic	es, P.	Α.		-
			23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only o	ications thet caused	the death. Do	not ente	J GIS	of dying	venue g, such es	cardiec	.IVER Sport or respiretory a	ring, N		Approximete Intervei Between
	Physician /Medical Examiner	)er	tmmediate Cause (Final disease or condition resulting in death)		Due to (or as a							y Disc		Onset and Death
68760,	certificete be executed nding physician and use es the burial-transit	al Examiner	Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents		Due to (or es e					)		1 1/2		
Box 687		lan/Medical	resulting in deeth) Lest	d	Due to (or es e	consequ	ence of):			<u>-</u>				
s, P.O.	The law requiras that the death ate been signed by the atterpage 2 should be detached for a	by Physicia	Pert II. Other significant conditions con		_			-	en in Pert I			tobacco use co Yes 2 No		the cause of death?
Division of Vital Records,	iaw requira es been sig	Completed t	Volume Dep Clostridium	a diffit	ile	Col	itis	•				en eutopsy rmed?	eva	re eutopsy findings illable prior to apletion of cause leeth?
A R	The cate h	Con									10	Yes 2 No	1□	Yes 2 No
Vita	ician: The law certificate hes rector, page 2	Be	25. Wes case referred to medical examiner?	lospitel:				Other		of Deet	h (Check only o	one)		
ou of	Physical distribution of the state of the st	lon: To	27. Manner of Deeth 1 Natural 5 Pending	28a. Dete of Injur (Month, De)		Outpetient Time of Injury		c. tnjury Work	et c?			denca 6 Ott		)
Division	To the Hospital or Attending Physician: The is within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Certification:	2 Accident Investigetion 3 Suicide 6 Could not be determined	28e. Piece of Injubuilding, etc	ury - At home, f c. (Specify)	iarm, stre			Yes 2		28f. Location ( City or To		ber or Rura	Route Number,
	he Hospi in 24 hour he Funer, pletely fill	edical	(Check only one) 2 Medicat Exami	elcian: To the best oner: On the basis of end menner ste	examinetion e	e, deeth nd/or inve	occurred el estigation, i	the tim	e, date en pinion, dee	d plece, th occur	end due to the red at the time,	date and place	end due to	the cause(s)
	Tot with	X	29b. Signeture and title of certifier 1/	wo			29c.	License	number 3 7 8	391		29d. Dete sign	ed (Month, L	Dey, Year) 1996
	10		30. Name and eddress of person who o	MD 121	Congr	(Type, P	rint)	ll	ane	#	409 R	octr, U	ems	1996
	Sta Registr		31. Dete filed (Month, Dey, Year) JUN 1 3 1996	32. Registre	er's Signeture	delle	Pi .							

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

								CIL	ilicate o	Deall	1	-	Reg.	No.			
	Physic		1. Decedent's Nam	ne (First, Middi	le, Last) L		STR	T F	BY			2. Date of D Month JUNE		Day 1 9	9 6		e of Death 15AM
	/Medi Exami		4a. Facility Name (	(If not Institutio		umber)	SIK	نلد	7.	4b. City, T	own, or L	ocation of Dee		4c. County		0.	JAN
4	Exami	iei	LORIEN			OME				COLU				HOW			
	Funeral		5. Social Security I	Vumber	6. Sex	7. Age (f	h yrs. last birthd	өу)	If Under 1 Yea Months Dey		r 24 Hrs. Min.	8. Date of B	rth	er)	9. Birthp	iece (Ste	te or Foreign
	Director		579-16-8		12 M 2□ F		75 Yrs		Working Doy	3 Tiodia	Will.	Feb. 1	5,	1921	Culp	eper	, VA
	pue *		Usuel Residence of 10a. State	10b. County		10	Dc. City, Town or	Loca	ation						1	Od Inaid	e City Limits
	r 28a-f show	ě	MD	How	ard		Columbia								l'		/es 2 □ No
	r 28a	Director	10e. Street and Nu	mber					10f. Zip Code				10g. (	Citizen of	What Coun	try?	
	th wit		6426 An	nherst	Avenue				21046	)				U.S.A	Α.		
	s efter deeth with t , or items 23s or 2 sinner must be n	Funeral	11. Meritel Stetus		12. Was De	cedent Eve	or in U,S. 1	3. Wa	as Decedent of Yes, apecify Cu	Hispanic O	rigin? (Sp	pecify Yes or N	0-		e - Americ		١,
20	72 hours efter deeth with the Maryland natural', or items 23a or 28a-f show sited Examiner must be notified at	by Fu	1 ☐ Never Man		If Yes, C				Yes 2€XN			, ,		Specify		ite	
21215-0020	d within 72 hours eff giene. Ir than "netural", or the Medical Errori	Do Do	3 LI WIGOWEG		Yeer or	Dates: T	WII	cede	nt's Lleuel Occ	upation			16h	Kind of P	W II		
215		Completed	(Special Elementary/Second	cify only highe	st grade completed	(1-4or 5+)	(G life	ive kil	nt's Usuel Occ ind of work don O NOT use retii	e during mo red)	st of worl	king	100	TOTAL OF B	usii losavii i	idatiy	
	e filed within al Hygiene. I other than "	E O	12		College	(1-40r 5+)	Comp	ut	er Tech	nicia	n		NS	A			
pu	tal Hy d oth	Be (	17. Father's Name									e (First, Middle			,		
Zla	should by nd Menta marked umatic e	2	Frederic								-	lizabet					
Maryland	2 6 9 2		19e. Informant's N			F 0			Address (Street							Code)	
	Health Health om 27		20e. Method of Dis		eby - Wii		20b. Place of Di			AVE	iue,	Dete			City or To	wn State	
9	Pages nent of mrt: H its iry or o			Cremation	3 Removal from		Chelter	rema	itory or other p		em. 6				nham.		
Baltimore,	교원문을 .		21. Signature of Fig.			1	Oncicci		Name and Add						,		
ä	Department Department Impo		•	* INV	ym 4	tov	7	51	30 Wisc	consir	Ave	nue, N.					
			23a. Pert1. Enter	lly diseese, or	complications that only one cause on	caused the	deeth. Do not	w a enter	shington the mode of d	ying, such a	a cardlac	or respiratory	errest,			Approxi	mate Between
	Physician															Onset e	nd Deeth
	/Medical Examiner		Immediate Cause disease or condition resulting in deeth)	on	a. B	ACT	ERIAL		PNE	UMO	NI	4				101	K
		Pe.	Toodking in dooling		,	Due	ERIAL e to (or es a con NGEA	seque	ence of):		11	4				7.	
	uted d ansit	Examiner			b					CIN	OM	4				271	25
ó	an endrial-tra	Exa	Sequentially list co if any, leading to in cause. Enter Under	nditions, nmediate eriving		Du	e to (or es a con	seque	ence or):						-		
68760,	ate be nysick he bu	Ical	Cause (Disease or that initiated event: resulting in death)	Injury s	с	Due	to (or as a cons	eque	ence of):							_	
9 x o	certificate be executed nding physician and use as the burial-transit	n/Medical	, and an addition	2001	d										1		
m	attend for us	clan															
o.	that the death led by the atten detached for u	Physicia	Part II. Other signif								f.						se of death?
J.	ned b	by Pi	E1	npuy	SEMA	<u> </u>						19	(Yes	2□ No	3 ☐ Prob	ably 4	I 🗌 Unknown
rds	The lew requires that the death ate hes been signed by the atte page 2 should be detached for	ed b	A	NORE	SEMA	2 m	70		2000	и		24a. We	s an au	topay	24b. We	re autop	sy findings
ပ္ပ	ew re	plet		1001-0	1011	211)	70		1,400	, _		pen	ormed'	r	COI	npletion death?	of cause
Ť	sician: The lew certificate hes b lirector, page 2 s	Completed	1									10	Yea	2 No	1 🗆	Yes :	2 No
/Ita	entific ector,	Be	25. Was case refer examiner?	red to medical	-						e of Dea	th (Check only	one)		-		/
Division of Vital Records, P.O.	Physic this c	70	1  Yes 200		17.77	Inpatient	2 ER/Outpat	_	3LI DOA		lursing Ho	ome 5 ☐ Res				)	
5	After After funer	tlon	27. Manner of Deet	n 5 ☐ Pendin investi	W .	of Injury oth, Dey Ye	28b. Time Injur			uryet ork? ⊒Yes 2.⊑	1No	28d. Describe	how in	jury occur	red		
13	Attender: deat ctor: yy the	fica	2 ☐ Accident 3 ☐ Suicide	6 Could a	not be	e of Injury	- At home, farm,	stree			3140	28f. Location	(Street	and Numb	er or Rura	Route N	lumber.
É	al or a stee	Certification:	4 Homicide	determ	buik	ding, etc. (S	Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or To					
	To the Hospital or Attending Physician: The is within 24 burs after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page		29a. Certifier (Check only	1 Certifyin	g Physician: To th	e best of m	y knowledge, de	ath o	ccurred at the	time, date a	nd placa,	and due to the	cause	(s) and ma	anner as st	ated.	
	the H nin 24 the Fi	<b>ledical</b>	one)			nner steted	mination and/or	Inves			ath occur	red at the time					
	Vitt To Con	Σ	29b. Signature and	// .	1	11	00 .111	<b>(</b> )		nae number			29d. [		d (Month, i		
	,			10	uee u	11	Link			38190			JUI			199	
	10		30. Name and addr				(Item 23e) (Typ 0308 – B			DRE N	ΔΨΤ	ONAT. P	יאדי		LICO'		
	Sta	te	31. Date filed (Mon	th, Day, Year)	32.	Registrar's	Signature			>1/11 I/	2711/	OHAD E	T 1/1	≃ į PIA.	KIDA.	AD A	21042
	Registr			N 1 0 1			vidson- Ra	ple	2.								



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Month Vaar **Physician** SOUTHER 1996 June /Medical 5:40P.M. 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Circle Manor Nursing Home Kensington Mo

If Under 24 Hrs.
Hours Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

Min.

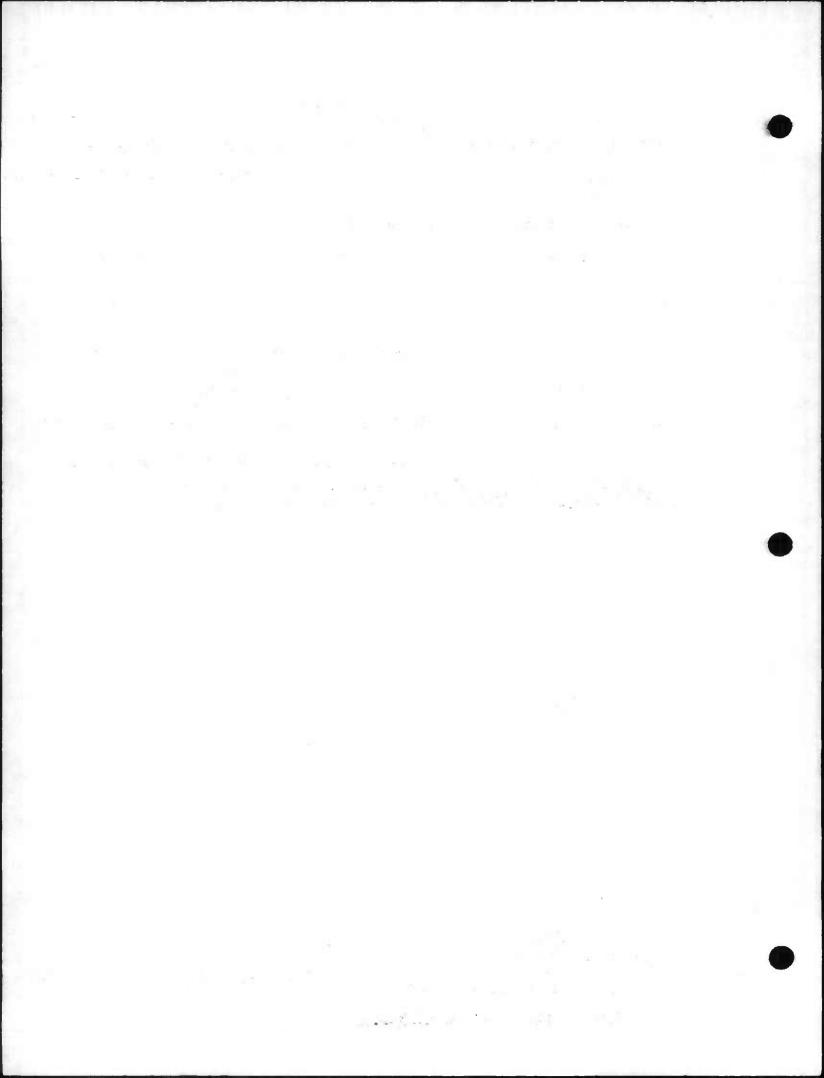
Min.

Min.

Min. Montgomery If Undar 1 Year 5. Social Security Number 9. Birthplace (Stata or Foreign Country)
Philadelphia, PA. 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Months Days 1□M 2☑F Yrs. 96 Director 577 12 7021 Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Decetiment of Health and Mental Hydrene.
Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, in a Medical Examiner must be notified at 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1√ Yes 2□ No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 10706 Woodsdale Dr. 20901 United States Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, 11 Marital Status Black, White, etc. 1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No þ Specify: 3℃ Widowed 4 Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) U.S. Government Statistical Clerk 12 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be 2 Richmond G. Rivers Mildred Thornton 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Mildred S. Cannon 10706 Woodsdale Dr., Silver Spring, Maryland 20901 20b. Piaca of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 X Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) 6/10,1996 Chesapeake Crematory Beltsville, MD. Name and Address of Facility McGuire Funeral Service Inc. 21. Signature 2 Funeral Service Lice 7400 Georgia Ave., N.W., Wash., D.C. 20012 or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, st only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical immediate Ca disease or co resulting in de morea Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): the burial Division of Vital Records, P.O. Box 68760, physician Physician/Medical Due to (or as a consequence of): # 987 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ed by the si detached 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2DNo 3 Probably 4 Unknown demente by 20 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed hes certificate 1 ☐ Yes 2 ☐ No e Hospital or Attending Physician: • 24 hours after desth. • Funeral Director: After this certifica director, 25. Was case referred to medical examiner? å 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Serai 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 2 Accident 5 Pending 1 Yes 2 No investigation 3 Suicide € ☐ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) end manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) To the P 29b. Signature and title of certified 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who comply ated cause of death (item 23a) (Type, Print) 3720 FARRAGUT AVE KENSINGTON 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State **JUN 1 0** whie Davida Registrar

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 96

19063

						Cer	tificate o	f Death		Reg. No.		. 5000
	Physic	lan	1. Decedant's Nama (First, Middle, L			412			Mont	of Death	Yaar	3. Tima of Death
	/Medi		VIRGINIA.	1. 5	IMMO	IN S	>		JV	INE 9	1991	15.201
	Exami	ner	4a. Facility Nama (if not Institution, ga		ber)			4b. City, Town	, or Location of		nty of Deeth	
L			Holy Cross Hosp					Silver	Spring		tgomer	,
п	Funeral	п		Sex 1 ☐ M 3(□X F	7. Aga (In yrs. last	birthdey)	Months Dey		Min. 8. Dete	of Birth h, Day, Year)	9. Birthp	plece (Stata or Foraig ntry)
	Director		486-14-7066 Usual Rasidanca of Decedant	7(7)	78	115.			Nov.	29, 1917	Mis	ssouri
	Pue M	1	10a. Stata 10b. County		10c. City, T	own or Lo	cation					10d. insida City Limits
	Merylen f ehow	0	Maryland Montgor	morv	Silv	er Sp	ring					1 □ Yas 2 ☑ N
	28e	Tec.	10e. Street and Number	пету	021.	01 01	10f. Zip Code			10g. Citizen o	of What Cour	ntn/2
	with we	ō	10000 Brunswick	Avenue			20910					
	feath res 2:	Funeral Director	11. Meritel Stetus		dant Ever in U,S.	13, V		f Hispanic Orloin	n? (Specify Yes	United	ace - Americ	
2	the state of the s	Ē	1 ☐ Nevar Married 2 ☐ Married	Armed Ford	No No			f Hispanic Origir uben, Maxican, F	Puarto Ricen, et	c.) B	iack, Whita,	etc.
200-61212	within 72 hours effer death with the Meryland ene. than "naturef, or items 23s or 28s-f show he Modical Examiner must be notified at	by	3X Widowed 4 □ Divorced	If Yes, Give Yaar or Dat	ſ.,	1	☐ Yas 2D(N	o Specify:		Spec	offy: Wh	ite
5	72 ho	Completed	15. Decedant's E		1	6a. Deced	ant's Usual Occ	upation	formation.	16b. Kind of	Business/In-	dustry
7	thin 7	pie	(Specify only highast gill Elementery/Secondary (0-12)	Collaga (1~	4or 5+)			na during most o ired)	r working			
V	filed wi Hyglen ther th	5	12	1	S	ales	Associa	ate		Dress	s Shop	
maryiand	d oth	Be (	17. Fathar's Name (First, Middla, Las	t)						liddla, Maiden Sum	ama)	
X	2 should be filed with and Mentel Hyglene. 8 marked other than aumatic event, the M	ို	Charles L. Thu	rston				Haze	l Ruth			
10			19a. Informant's Neme/Ralationship		1	19b. Mallin	g Addrass (Stre	et and Number	or Rurai Routa f	lumber, City or Tow	m, Stata, Zip	Code)
	C = 01 F		James K. Simmons						-	sington,		0895
5	500		20e. Mathod of Disposition 1 □ Buriel 2 【XCramation 3 I	☐Removel from S	tata 20b. Place	a of Dispos atary, crem	sition (Nama of natory or other p	niace)	Dete	20c. Location	a - City or To	own, State
baitimore,			4 □ Donation 5 □ Othar (Spec			sapea	ake Crem	natory	6-10-	96 Beltsv	ille,	Maryland
Sal	Demit. Pe Departmen Important: any Injury once.		21. Signatura of Funerel Service Lice	ensee / /	7		Nema end Add					
_	Z05 3 3		Ellen	N. K	app	9:	app rom 33 Gist	eral Ser	Silver	Spring,	MD 20	1910
F			23a. Part1. Enter the disaasa, or cor shock, or haart failure. List only	nplicetions that ca	usad tha death. I	Do not ante	er tha moda of d	lying, such es ca	rdiac or respire	ory arrest,	110 40	Approximate Interval Between
Ŋ,	Physician			01	1	- 1	DIA	/	1			Onset and Deeth
	/Medical		Immediata Ceuse (Final diseesa or condition	511	allen		1 W	wal	CH	U SION		20 DA
	Examiner		resulting in death)	2110	Dua to (or as	a conseq	uence of):	0:2110	4 6			1 -
	p #	Examiner		1544	WW #	tal	A d	RITTK	1115			> 104
	certificata be executed nding physician and use as the burlal-transit	хал	Sequantially list conditions,		Dua to (or es	e conseq	uanca of):					
68/60,	clan burla		Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	С								
Q	physi the	Medical	that initiated events rasulting in daath) Last		Dua to (or as	a consequ	iance of):					
K	E 0 6	Me		d							į	
0	eath cert ettendin I for use	ian										
j.	iaw requires that the death as been signed by the etter 2 should be detached for t	Physician	Part II. Other significant conditions	contributing to dea	th but not resultin	g in tha un	darlying cause	given in Pert I.	23b.	Did tobacco use	contribute to	o the cause of death
_	that the detail		C#1251	KALI	VS					1 ☐ Yes 2 ☐ No	3 □ Pro	bebly 4 Unknow
S	sign d be	d by	110000 C	, 10:0	11166	7111	11 0	1008	240	Was an autopsy	24h W	are autopsy findings
Vital necolus,	v require been si should	Completed	WHICK S	HSIKU	-INTES	HIN	HC C	rees	> 240.	performed?	av	vellable prior to empletion of causa
	0 - 5	ם	COVERE	000	NUTR	IT.C						death?
ā	Iclan: The is certificate ha rector, page		Strake	MALI	nacen	1116	N			1□ Yes 2No	1[	☐ Yas 2(X No
-	Physician: this certific ral director,	Be	25. Was casa rafarred to medical axaminar?	Hospital:			_ (	ther:	Daath (Check			
_	Phys rai di	2	1 ☐ Yes 2 ☐ No 27. Menner of Death	1) In		Outpetient  b. Tima of	3L DOA	4 LI NUISI		Residence 6 Co		<i>'y</i> )
5	After After fune	tion	1 Neturai 5 ☐ Pending	28a. Data of (Month)	, Day Year)	Injury	28c. In W	ork? □Yas 2□No		and now injury occ	unou	
DIVISION	daet ctor: y the	Certification:	3 Suicida 6 Could not i	00- 51	of Injury - At homa	farm stra				ion (Straat and Nu	mber or Run	ai Route Number
Š	after Dire	ert	4 ☐ Homicida datarmined	building	g, atc. (Specify)	,,	,		City	or Town, Stete)		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	a C	29a. Certifie	hvelcian: To the b	est of my knowled	doa. daath	occurred at the	time, data and r	plece, and dua to	tha causa(s) and	mannar as s	stated
	- Ho - 24 h	edicai	(Check snly one) Medical Exa	minar: On the bas	is of examination	and/or inv	astigation, in my	oplnion, daath	occurred at tha	tima, data and piac	e, and dua to	o tha cause(s)
	vithin omp	Me	29b. Signature and title of pertilier	0			29c. Lice	nse number		29d. Dete sig	ned (Month,	Day, Year)
•	->-0		▶ X NUI	Mely	W)-AT	BUIL	DANGELA	14	7723	Tunk	9 10	1HH 1996
•	10		30. Nema and address of person who	completed cause	of death (Item 22	a) (Type !	rint) 11	1 Nonth	Enodes	O V(10	- 10	1- 207
	1		CHARIGE	-A-C	BiOH	AM	1	4 North ithersb		ick Avenu 20877	e, Sui	re 30/
	Sta	te	31. Data filed (Month, Day, Year)	32. Reg	gistrar's Signetura	4.11 . 4	00	TOLICESH	ora, III	LUU//		
	Registr		JUN 1 2 1996	1.10	Territor A							
DH	4H 16 Rev 6/9	5	- 011 T W 1920	O Comment	marian of	angle Bill						

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

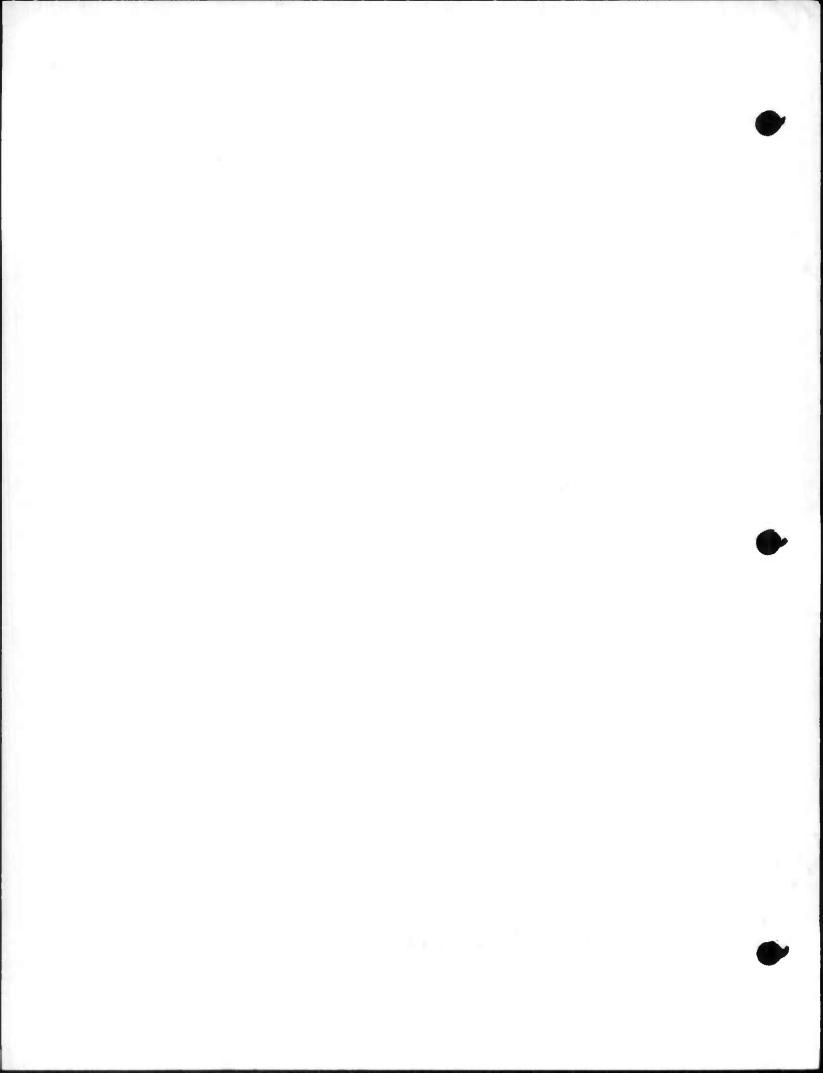
96 19064

							Cer	tificate of	Death			Reg. No.		
			1. Decedent's Nama (First, Middla, L	ast)						2	. Data of De	ath	V	3. Tima of Death
	Physic /Medi		AGNES M. SKINNE	R							Month June	Dey 4,	1996	7:10 P.N
?	Exami		4a. Facility Neme (If not Institution, g	ive street and n	u <i>mber)</i>				4b. City, Town,			1	nty of Death	
			Mariner Health	Care					Laure1			Prin	ice Geo	roes
	Funeral			Sex	7. Aga (	(In yrs. last birt	hday)	If Under 1 Yee	if Undar 24		Deta of Birt (Month, Da			piece (Stete or Foreign
1	Director		216-16-0075 Usual Rasidance of Dacedant	1□M 2∏F		82	rs.	Months Deys	Hours	Vlin.	(Month, Da Jan. 2	y, Year) 3, 191	4 Mary	land
	be filed within 72 hours efter death with the Manyland lat Hyglene. d other than "natural", or flema 23e or 28e-f show event, the Medical Exam security to modified.		10a. Steta 10b. County		1	IOc. City, Town	or Loc	cation					1	10d. inside City Limits
	Man	to	Maryland Montgo	merv		Silver	Sp	rino						1 Yas 2 No
	1 28a	Director	10e. Street and Number			DIIVOI	OP	10f. Zip Coda			T	10g. Citizen	of What Cour	ntry?
	3ª o		1316 Milestone D	rive				209	204			Unite	d Stat	
	feath 2	Funeral	11. Meritai Status	12. Was Dad	cedent Ev	er in U.S.	13. V			? (Specif	v Yas or No		Race - Amaric	
0	ther in the control of the control o	Ē	1 Never Merriad 2 Merried	Armed F	orcas?			Vas Dacedant of Yes, specify Cul		uarto Ric	can, atc.)		Biack, Whita,	
21215-0020	pormit. Pages 1 and 2 should be filed within 72 hours efter death with the Manylan Decement of Heelth and Mental Hygione. Important if them 27 is marked other than "natural", or itema 23s or 28s-4 show with injury or other traumatic event, the Madical Example must be notified at once.	þ	3 N Widowed 4 □ Divorced	if Yes, G Yaer or I	ive		1	☐ Yas 2 No	Specify:			Spe	ocify:	nite
0	2 hot	P	15. Decedant'a I	Education		16a.	Deced	ant's Usuel Occu	pation			16b. Kind o	f Business/In	
7	in 7	Completed	(Spacify only highest g	rede complated			(Give I	kind of work done	during most of	working				,
212	with lene.	E	Eiamantary/Secondary (0-12)		(1-4or 5+) ()		erk		,			D.C. G	overn	nent
D	Hyg H		17. Fathar's Nama (First, Middla, Las	···············		101	CIK		18. Mothar's	Nama (F				icirc
Maryland	d be ental	Be C	Joseph Davis Mil	ler					Marian	Mai	rlow M	iller	Ten to	
2	d Medi	2	19a. informant's Name/Raiationship			10h	Mallin	g Addrass (Stree	1				um Ctoto 7in	Cada)
N S	d 2 s th en 7 is		Eleanor M. Mille		tor			Milestor						•
e)	Heell Heel		20e. Mathod of Disposition	- 313	LEI			sition (Nama of	ie Diive		Data		on - City or To	
ò	0 = 5 0 = 5		1XXBuriai 2 ☐ Cramation 3	Ramoval from	Stata	cematar	y, cram	atory or other pla	ace)	1			•	
븚	thent dury		4 □ Donation 5 □ Otha (Spec			Colesv		e Cemete		6-8	3-96	Silver	Sprin	ng, Marylar
Baltimore,	epar repor r	_	21. Signature of Funeral Service Lice	insee	11			Nama and Addr nes-Rina	,	oral	1 Homo	Tno		
	00209		Show.	Lux	Huse									ng, MD 2090
	111		235 Part1. Enter the disesse, or car shock, or heart failure. List on	infications that	caused th	na daath. Doil	of anta	r tha moda of dy	ing, such es car	diec or r	espiretory e	rrest,		Approximate interval Batween
Š.	Physician		and a transfer and a said	mia cause on	abor ina.	•							1	Onset and Death
	/Medical		Immediate Cause (Final disease or condition		CP	res	705	431-1	/ L A	-11		N 1	. !	Heeys
	Examiner		resulting in death)	a		ua to (or es a c				91	Cla	MA		W46.0
	1000	100			Di	ua to (oi es a c	Onsequ	Jance or):					1	
	pa pa	Examiner		b	D	ua to (or as a c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	_			
	n an aftra	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		U	ia to (or as a c	onsequ	Jance oi):					1	
68760,	erificate be executi ling physician and is as the burial-han	cal	Cause (Disease or Injury that initiated events	C	Du								-	
68	leath certificate b attending physic d for use as the b	edical	resulting in death) Last		Du	a to (or as e c	onsequ	ience ot):						
×	0 2 5	3		d										
Bo	and	e e									1			
o	res thet the death signed by the arre- I be detached for	<b>Physician</b>	Part ii. Other eignificant conditions						lven in Pert i.					o the cause of death?
م	ad by deta		Alake	( 121)	0	1119	4) (	2			1 🗆	Yes 2□N	lo 3□Pro	bably 45 Unknown
ds	The law requires thet the death ate has been signed by the atterpage 2 should be detached for the	d by									a dil Mili	etanous/LDCs	24h W	era autopsy tindings
0	v require been si should I	etec										an autopsy med?	ev	reliebia prior to empletion of causa
ec	hes to	ď												daath?
		Completed									101	ras 20 No	0 1(	☐ Yas 2☐ No
Vital Records, P.O.	Attending Physician: The redeath. sctor: After this certificate by the funeral director, pag	Be (	25. Was case referred to medical axaminar?						26. Pieca ot	Deeth (	Check only o	ne)		
_	5 00	Tol	1 Yes 2 No	Hospital:	) inpatiant	2 ER/Out	patient	3 DOA	har: 45 Nursin	ng Home	5 🗆 Resid	dence 6 🗆	Other (Specif	(y)
Division of	g Ph er th		27. Manner of Death	28a. Data (Mor	ot injury	28b. T		28c. inju				now injury oc		
0	death. ctor: Aff y the fur	atlo	1 Natural 5 Panding 2 Accident invastigation		ini, Day i	04//	jury		Yas 2 No					
N S	Atte	HIC	3 ☐ Sulcida 6 ☐ Could not determine	20a. Plac	e ot injury	- At home, ter	m, stra	et, tactory, office		281			imber or Run	al Routa Number,
ā	o effe	Certification:	4 LI Homicida	build	ding, atc. (	(Specify)					City or Tov	vn, Steta)		
	spita nours nora y fille		29a. Certifier 1 Certifying P	hysician: To the	a best of r	ny knowledga,	daath	occurred at tha t	ima, dete and pi	iece, and	d dua to tha	causa(s) and	mannar as s	stated.
	Fulleteh	edical	(Check only 2 Medical Exa	miner: On the b	pasis of ax	kaminetion end	Vor inv	estigetion, in my	opinion, death o	occurred	et the time,	dete end pia	ce, and due to	o tha causa(s)
	To the Hospital or Attending Phy within 24 hours effer death. To the Funeral Director: Affer thi completely filled in by the funeral	Me	29b. Signatura and title of certifiar		2				sa numbar				nad (Month,	Day, Year)
	->-0		1/1/18		(			0	4271	67	>	6/	6/9	4
	10		20 Name and address - 1	nometate to		ab //a	Tues -	Dei-et)	1	- /		1	10	
/	10		30. Nama and address of person who		se ot deel	th (Itam 23a) (		TINI)	427 La	1/3	NR	0 2	2070	>
			31. Date tiled (Month, Day, Year)		Banistrad	0:			- 04				-//	
	Sta Registr	-	JUN 1 1 199		K: K	Signature	-	2.						
	- riegisti	धा	2014 T T 133	0 1	- INU	A COMPANY	- Pr-0							

DHMH 16 Rev 6/95

634
2
9
89
9
~
2
BOX
m
_
~
0
۵.
-
S
0
~
4
0
RECO
$\sim$
ш
$\alpha$
AL
⋖
-
-
>
Lz.
ō
_
Z
$\overline{}$
$\subseteq$
10
97
5
0

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO		
		1. DECEDENT'S NAME (First, Middle, Lest)  MYRA Caval.	ier SYMO	NDS		2. DATE OF DEATH	7-1996	3. TIME OF DEATH
pin		4. SOCIAL SECURITY NUMBER 578 18 2477	5. SEX 6. AGE (In yrs. I	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 10-23-14	Co	HTHPLACE (State or Foreign Ountry) Maryland
1, 2, 3 should	СТОВ	94. FACILITY NAME (If not institution, give st WASH/NGTON Adv RESIDENCE OF DECEDENT			Koma PAR		Mont	gomery
permit. Pages	DIRE	Maryland	ce Georges	10c. CITY, TOWN Hyatt	or Location sville			10d. INSIDE CITY LIMITS? 1 YES 2 NO
an. ransit per	NERAL	7312 17th Aven		-	10f. ZIP CODE 2(	783	10g. CITIZEN C	SA
215-0020 attending physician. ise as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES & TENTES TO THE YES, GIVE WAR OR DATES	RMED 13.	WAS DECENDENT OF NISPA If yes, specky Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	8	ACE - American Indian, Heck, White, etc.
12 Eal or 16 for u	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	ECEDENT'S USUAL ( Give kind of work done to. Do NOT use retired.) HOMEMAK	during most of working		siness/industri	Υ
of the pe det	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Wolf Cavalier	<u>'</u>		Lena S	AME (First, Middle, Maiden Silverste	Sumame)	
metifili	TO B	194. INFORMANT'S NAME (Type/Print) Trudy Kotzker	]	96. MAILINO AGORES L4108 WC	s (Street and Number or Rural odwell Tel	Route Number City or Tow Crace Sil	n, State, Zip Code)	MD 20906
MOKE age 6 may director, pa		2gr. METNOD OF DISPOSITION 1(2) Burlal 2 Cremetton 3 Famo 4 Donatton 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LOC	Calvetery, c	22	Mem Gdns	6/9 Fal		rch, VA
BAL after death by the fune moval.		22. PART I. Enter the diseases, or c	omplications that caused the	4	ves Pearson 72 N Washi	ngton St	Falls	Church, VA
within E4 hou npletely filled is cremation, or nent, the me		shock, or heart failure. I	. Longes fundamental consistency of the consistency	is her		0	ratory arrest,	Approximate Interval Between Onaet and Deat
be executed in the control of the buries in the buries raumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSI					
death certificate attending physient premail Hygiene print, or other th	CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EQUENCE OF);				
signed by the Health and M	MEDICAL	PART II. Other algolificant conditions	contributing to death but not	resulting in the u	nderlying cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
23 bept 23	AN: W	DID TOBACCO USE CONTR		ATH YES		NØ		1 TYES 2 NO
SICIAN: The SICIAN: The Certificate he State   the Sta	PHYSICIAN:	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient	OTHE		6 Other (Specify)		
DING PHYSIC After this ce death with th	ву Рн	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. OEŞCRIBE HOW II	NJURY OCCURED	
TTENDII TTENDII TTOR: A after de	8	3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE OF INJURY — At h building, etc. (Specify)	ome, term, atreet, fed	tory, office	28t. LOCATION (Street a City or Town, State)		ral Route Number,
로 경험 로 기가 보고 보고 보고 보고 기가 되고 있다.	COMPLET		EAN: To the beat of my knowledge, d t: On the beals of examination and/or					se(a) and menner as stated.
TO THE HOSP TO THE FUNE De filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Musy H.D.		29c. LICENSE NU 7242		29d. DATE SIGN	IED (Month, Day, Year)
12	ТО	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT)	EM 27) (Type, Print)	le Road		HD.	20724
		31. DATE FILED (Month, Dey, Yelf)  JUN 1 1 1996	Julia Savidon P	ndesse				



State of Maryland / Department of Health and Mental Hygiene

19066

							Cer	tificat	e of	Death			Reg. No	).			
			1. Decedent's Neme (First, Midd	lie, Last)								2. Deta of D				3. Tir	na of Death
	Physic		Shihadeh J.	Saadah								June 7	. 19		Yeer	1	:30 PM
h	/Medi Examir		4a. Facility Nama (If not Institution		number)				- 4	b. City, To	wn, or L	ocation of Dee			of Death		. 50 111
7	LAGIIII	ici							C	4 1 o w	Cnr	ina				7	
-			10123 Brunswic  5. Social Security Number	6. Sax	7 400	(In yrs. lest bi	irth day!	If Under		ilver				_	omery		lata as Casalas
Г	Funeral			1 M 2□			Yrs.	Months	Days	Hours	Min.	(Month, D					tete or Foreign
	Director		579-52-6941 Usuel Residence of Decedent			80						June 2	, 19	16_	Pale	esti	ne
	Bud &_		10a. Stete 10b. Count	v		10c. City, Toy	vn or Lo	cation							1	Od insi	da City Limits
	eho d	5	N 1 1 N														Yas 2 No
	10 P	Director		gomery		511	ver	Spri									-X-
	E o	급	10e. Street and Number					10f. Zip	Code				10g. Ci	tizen of	Whet Coun	itry?	
	23a	Ta.	10123 Brunswic	k Avenue					2090	2			U	.S.A	٠.		
	d within 72 hours after death with the Maryland Jene r than "naturel", or ferme 23e or 28e-f ehow The Medical Examiner mast be norffied at	Funeral	11. Maritai Status	12. Was D	Pacedent E Forces?	var in U,S.	13. V	Ves Deced	dent of H	ispanic Orl	gln? (Sp	ecify Yas or N Rican, etc.)	0-		ca - Americ		en,
0	or it		1 ☐ Never Merried 2 € Me		s 2 N	0		☐ Yes	· ·	Specify:						u	
00	Surgar	l by	3 ☐ Widowad 4 ☐ Divorce	d Yaar	or Datas:				2 30 140	opeony.				Specif	Whit	e	
2	rate Francisco	Completed	15. Decede (Specify only highs	nt's Education	nd)	16e	. Deced	ent's Usua	ol Occup	ation during mos	t of work	ina	18b. F	(ind of B	usiness/Ind	dustry	
2	within one then or	pie	Elementery/Secondary (0-12)		e (1-4or 5-	F)	life. E	O NOT U	se retired	dring mos f)	i or work	my					
2	d with glens.	5	12				ales	and	Ser	vice			T	elev	ision	1	
b	be filed htal Hygle d other	Be	17. Fethar's Name (First, Middle	, Last)						16. Mothe	er's Nem	e (First, Middle	e, Me <i>id</i> er	Sumer	na)		
ā	0 # D 0	To B	Jiries Saade	h						Az	iza	Mis1	eh				
2	d 2 should be th and Mental 7 ie marked traumatic ev	-	19e. Informent's Neme/Reletion	ship (Type, Print)		19	b. Mellin	a Address	(Street	en <i>d Numb</i> i	er or Rur	al Route Numi	ber. Cltv	or Town	Stata. Zip	Coda)	
Maryland 21215-0020	70 50 50 50		Mary S. Saadeh							k Ave		Silve					20902
e,	- PES		20e. Method of Disposition			20b. Pieca				K AVE	Hue	Date	T		City or To		
Baltimore,	80= 5		1 ☑ Buriai 2 ☐ Cremetion	3 Ramoval fr	om Stata	cemate	iry, crem	etory or o	ther plea								
듩	· · · · · · · · · · · · · · · · · · ·		4 Donetion 5 Other (			Gate	of E	leave	n Ce	meter	y 6/	10/96	Silv	er S	Spring	g,Ma	ryland
ag	permit. Pa Departmen Important: any injury obise.		21. Signature of Funeral Service	1 0			77		. т	ss of Facilit		Funera	1 Uo		Tno		
ш	BERGE		23a. Pert1. Enter the disease, o shock, or heart failure. Lis	NOD C	ma	shell	50	ancı	5 J.	CO11	D1	runera	41 C	me,	Marri	lond	20001
	4.75		23a. Pert1. Enter tha disaese, o	complications th	at caused t	the deeth. Do	not anta	r tha mod	a of dyin	g, such es	cardiec	or respiretory	arrest,	pr.,	mary.	Approx	dimete
я	Physician		snock, or naart tallure. Lis	t only one cause o	on eech line	9.									į	Onset	i Between and Death
j.	/Medical		Immediate Cause (Fine)												İ		
п	Examiner		disaese or condition resulting in death)	. Coro		Artery									20	) Ye	ars
	200 D	-				Due to (or es a	conseq	uenca of):							į		
	pet tisu	Examine		b				•									
	and I-trai	xar	Sequentielly list conditions, if any, leading to immadieta cause. Enter Underlying		0	Due to (or es a	conseq	uence of):							į		
68760,	be e lcian burle		Cause (Disease or injury	C											i		
87	certificate be executed ding physician and se as the burlai-transit	edical	thet initieted events rasulting in death) Last		D	ua to (or es a	consequ	ance of):							1		
×	ling in a	Me		d											ĺ		
Bo	2 2 3			, — <b>U</b>											Î		
o	0 0 0	Physician	Pert ii. Other significant conditi	ons contributing to	death but	not resulting i	In the un	darlying c	ausa giv	an in Pert I		23b. Did	l tobacco	use co	ntribute to	the ca	use of death?
<u>С</u>	that the ed by th detach	F										1□	Yes 2	No Me	3 Prot	bably	4 Unknow
Ś	as the	þ															
Records,	v requires been sign should be											24e. We	s an euto	psy		ere auto	psy findings rior to
Š	77 60	Completed										pon			COI	mpletion death?	n of cause
æ	0 - 0	E										40	Van o	No No			0 N N -
	vician: The certificate rector, pag		OF Management and an ending											ES NO	11.	_ res	2 No
Viital	Physician: rthis certific ral director,	Be	25. Wes case referred to medical exeminer?	Hospitel:					Oth	0.5:		h (Check only					
o	this aldi	₽ 2	1 ☐ Yes 2 ☒ No 27. Menner of Death	1		t 2 ER/O	· .		JA	4 LI NU	ursing Ho	me 5 Res				y)	
	ding F h. After funer	Certification:	1 ☑ Neturel 5 ☐ Pendi	ng (N	ete of Injury fonth, Day		Time of Injury		8c. Injun Wor			26d. Describe	now inju	iry occui	red		
Sic	Attending or death. ector: After by the fune	cat	Z L MOCIOBIL	igetion not be				М	1 🗆	Yes 2							
Division	or Attendate after deat Director:	=	3 Suicide 6 Could 4 Homicide determ	nined 200. Pl	aca of Injur	ry - At home, for (Specify)	erm, stre	et, fectory	, office			28f. Location City or To			ber or Rura	l Routa	Number,
	as after or as Direction	Cer															
	To the Hospital within 24 hours To the Funeral completely filled	Cal		ng Physician: To													
	n 24 n 24 n 24 plete	edical	one)	Examiner: On the and m	enner stet	ad.	navor inv	estigetion,	in my o	pinion, dee	tn occur	red et the time	, dete an	a piece,	and due to	me ca	150(5)
	To the Hospital or Attending i within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	Σ	29b. Signature and titla of certific	ar . J				290	. Licens	a number			29d. Da	ate signe	d (Month,	Day, Ye	er)
	,		terial Ro	xell_	mi	)			D 04	766			Tuna	7	1006		
	/		30. Name and address of person	who completed o	ause of de	eth (Item 23e)	(Type 5	-	ט ע	1100			Julie	. / 9	1996		
	5		/						Λ	nuc	1606	Kensin	\a+^-	Ma	rwlan	d 20	1895
	Sta	to	Daniel Rosenbl 31. Dete flied (Month, Dey, Year			's Signeture	meci	LICUL	AVE	nue 1	, 000	Kenstl	. S C U I	i , ria.	Jian	u 21	, , , , ,
	Registr		JUN 1 1 19	396	Mia Da	vidon A	andal	2									

The second of th

State of Maryland / Department of Health and Mental Hygiene

96

19067

Physici							of Death	•		leg. No.		
Physici		1. Decedent's Neme (First, Middle,	Last)						2. Dete of Dee Month	th Dey	Year	3. Time of Death
/Medic		Enoch	P.		Sand	didge			June	6, 199	6	10:15 a
Examin		4e. Facility Neme (If not institution,	DANCE COLUMN	mber)					cation of Deeth	-		
		6405 Kaslo C				HII-da-4 M			collto			Georges
Funeral Director		5. Social Security Number 235-28-0816	S. Sex 1 M 2□ F	7. Age (In yrs. Id 74	est birthdey) Yrs	Months Da		Min.	8. Dete of Birth (Month, Day Mar. 15	, Year) , 1922	9. Birthi Cour WV	place <i>(Stete or Foreig</i> ntry) A
2 .		Usual Residence of Decedent  10a. State 10b. County		the Chi	, Town or Lo	neation.					- 12	(A) 1 - 12 - 40 - 11 - 12
with the Maryla a or 25a-f show Lbe notified at	ctor		George	25000000		Carrol	lton					10d. Inside City Limit 12€ Yes 2 No
04 28 86 DO	Director	10e. Street and Number				10f. Zip Cod			1	10g. Citizen of V		nitry?
23a Lust b		6405 Kaslo C	ourt			20	784			U.S.	Α.	
or des	Funeral	11. Marital Status		edent Ever in U.S roes?	S. 13.	Was Decedent of If Yes, specify C	of Hispanic Or Juban, Mexica	rigin? (Spe in, Puerto F	olfy Yes or No- Rican, etc.)	14. Rac Blac	se - Americ ok, White,	can Indian, etc.
72 hours after natural, or its lical Examine	by	1 ☐ Never Married ② Marrie 3 ☐ Widowed 4 ☐ Divorced	If Von. Go.	2□No ve ales: 41-4	5	1 ☐ Yes 2 🔀	No Specify			Specify	Bla	ack
72 ho	pete	15. Decedent's (Specify only highest	Education		16s. Deced	dent's Usual Oc kind of work do DO NOT use re	cupation	et of workir	ia.	16b. Kind of Bu	usiness/in	dustry
o Med	Completed	Elementary/Secondary (0-12)	College (1	1-4or 5+)		pervis		at or more	* 4	Posts	1 0	ervice
her in	ပိ	17. Father's Name (First, Middle, Li	1 yr		Suj	pervis		arte Manno	(First, Middle,			ervice
Mental Parked of	o Be	Phil Sandidg							Willi		ney	
ahout man man	10	19a. Informant's Name/Relationshi			19b. Mailir	ng Address (Str		or otherwise	ALL AND DESCRIPTION OF THE PERSON OF THE PER	22,0120	State, Zic	Code)
alth ar alth ar 27 is er frau		Hattie C. Sa		Wife)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							MD 21784
or oth		20a. Method of Disposition 1 ☑Burial 2 ☐ Cremation 3		State Co	emetery, crer	osition (Name or matory or other)	place)	6	Date /11/96	20c. Location -		burg, ME
ortant: prtant: injury		4 Donation 5 Dother (Spe 21, Signature of Funeral Service Li		Ft,			-701257-7-1		/11/90	DIAC	iensi	burg, mi
Depa Impo any h		21. Signature of Funeral Service (.)	Densee Mr.	our.		2. Name and Ad SNOWDE			HOME,	P.A.		
		23a. Part J. Enter the disease, or co	Cipio	ruco		ROCKVI			20850		-	Approximate Interval Batween
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	, 1	tast.	arrie		4at	2 1	our		_	Onset and Death
				Due to (or	as a consec		3 ( 40	~	-0000	~~		1
pa te	Iner		- b	Due to (or	as a conseq					~~		9
executed in and isi-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Finder Underholm	p b	OUNDOO MA	as a conseq	quence of):				~		8
ate be executed hysician and the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	в b	Due to (or		quence of):				~~		3
certificate nding physisses as the	v/Medical	Cause (Disease or Injury	c	Due to (or	as a conseq	quence of):				~~		3
sth certificate shanding physi for use as the	v/Medical	Cause (Disease or Injury that initiated events resulting in death) Last	d.	Due to (or	as a conseq	quence of): quence of):		1			otribute II	o the cause of death
the death certificate by the attending physi- ached for use as the	Physician/Medical	that initiated events	c	Due to (or	as a conseq	quence of): quence of):		1		obacco usa co	•	
res that the death certificate signed by the attending physi- 5 be detached for use as the	by Physician/Medical	Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or	as a conseq	quence of): quence of):		1	23b, Did to	obacco usa co (es 2000	3☐ Pro	bably 4 Unknow
requires that the death certificate been signed by the attending physical about 5e detached for use as the	by Physician/Medical	Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or	as a conseq	quence of): quence of):		1	23b, Did to	obacco usa co (es 2000	24b. W	debily 4 Unknown
a law requires that the death certificate has been signed by the attending physion 2 should be detached for use as the	by Physician/Medical	Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or	as a conseq	quence of): quence of):		1	23b, Did to	obacco usa co (es 2000	24b. W	Vere autopsy findings valiable prior to impletion of cause death?
a law requires that the death certificate has been signed by the attending physigs 2 should be detached for use as the	Completed by Physician/Medical	Part II. Other significant condition  25. Was case referred to medical	c,	Due to (or	as a conseq	quence of): quence of):	given in Part	L	23b. Did to 1	obacco use co /es 2 No in autopsy med?	24b. W	debily 4 Unknown
ratcians: The law requires that the death certificate is certificate has been signed by the attaching physiciacion, page 2 abouid be detached for use as the	Be Completed by Physician/Medical	Part II. Other significant condition	Hospital	Due to (or Due to (or eath but not resul	as a conseq	quence of): quence of): quence of): inderlying cause	given in Part	I.	23b, Did to 1 Y  24a, Was a perfor	obacco use co (es 2 No in autopsy med?	24b. W av co of	Jere autopsy findings valieble prior to impletion of cause death?
ding Physician: The law requires that the death certificate h. After this certificate has been signed by the attending physicanal director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	Part II. Other significant condition  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner Death Charter Springer	Hospital: 1 🗆 I	Due to (or Due to (or eath but not result inpatient 2 2	as a conseq	quence of): quence	26. Plac Other: 4 N	t.	23b. Did to 1	obacco use co (es 2 No in autopsy med?  es No re) ence 6 Oth	24b. W av co of	Jere autopsy findings valieble prior to impletion of cause death?
ifing Physician: The law requires that the death certificate th.  In.  In.  In.  Inneral director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	Part II. Other significant condition  25. Was case referred to medical examiner?  1 Yes 22 No  27. Manner Coath	Hospital: 1 CII 28a. Date a (Mont	Due to (or  Due to (or  eath but not result  inpatient 2 [ ]	as a consequence of the conseque	quence of):  quence of):	26. Plac Other: 4 N	t.	23b, Did to 1 V 24a. Was a perfor 1 V (Check only or	obacco use co	24b. W av co of	Jere autopsy findings valieble prior to impletion of cause death?
ding Physician: The law requires that the death certificate that the certificate has been signed by the attending physinanal director, page 2 should be detached for use as the	Certification: To Be Completed by Physician/Medical	25. Was case referred to medical examiner?  1 Yes 2 No 27. Manner Death   Accident   S   Pending investigs   Suicide   S   Could no determine   S	Hospital: 1 🗆 I 28a. Date (Mont toe ed 28e. Plece buildie	Due to (or  Due to (or  Beath but not result  Inpatient 2 E of triury  Inf. Dey Year)  of Injury - At hoing, etc. (Specify,	as a consequence of the second	quence of): quence	26. Plac Other: 4 N Injury at Work?	to of Death furning Hon	23b. Did to 1 V 24a. Was a performance of the side of	obacco use co	24b. W avec of 1 [	deably 4 Unknown under the unique of the uni
ding Physician: The law requires that the death certificate th.  In.  In.  Inches the certificate has been signed by the attending physicansi director, page 2 should be detached for use as the	Certification: To Be Completed by Physician/Medical	Part II. Other significant condition  25. Was case referred to medical examiner? 1 Yes 2 No  27. Manner Death 2 Accident 3 Suicide 5 Pending investiga 3 Suicide 6 Quald no determine 29a. Certifier Certifying	Hospital: 1 [1]  28a, Date (Mont tion 28e. Plece building Physician: To the taminer: On the ba	Due to (or  Due to (or  But to (or  Due to	as a consequence as a c	quence of):  quenc	26. Plac Other: 4 N njury at Work? 1 Yes 2	t. 2	23b. Did to 1 V 24a. Was a performance only or control of the cont	obacco use co	24b. W avec of 1 [	deably 4 Unknown under the unique of the uni
ding Physician: The law requires that the death certificate th.  In.  In.  Inches the certificate has been signed by the attending physicansi director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	Part II. Other significant conditions  25. Was case referred to madical examiner?  17. Manner Death 19. Accident 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only 2 Medical Ex.	Hospital: 1 [1]  28a, Date (Mont tion 28e. Plece building Physician: To the taminer: On the ba	Due to (or  Due to (or  But to	as a consequence as a c	quence of): quence	26. Plac Other: 4 N njury at Work? 1 Yes 2	t. 2	23b, Did to 1 V 24a. Was a perior 1 V (Check only or Town or T	obacco use co	24b. W av co of 1 [	Vere autopsy findings raileble prior to ompletion of cause death?  Yes 2 No  Try)  All Route Number,  Stated.  o the cause(s)
or Attending Physician: The law requires that the death certificate after death.  Director: After this certificate has been signed by the attending physic in by the funeral director, page 2 should be detached for use as the	edical Certification: To Be Completed by Physician/Medical	Part II. Other significant condition  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner Death	Hospital: 1 1 25a. Date a (Mont to be ed buildi	Due to (or  Due to (or  But to (or  Due to	as a consequence as a c	quence of): quence	26. Plac Other: 4 N njury at Work? I Yes 2 ce e time, dete ei	t. 2	23b, Did to 1 V 24a. Was a perior 1 V (Check only or Town or T	es 100 ence 6 Oth ow injury occur street and Numb n, Stete) eause(s) and me lete end plece,	24b. W av co of 1 [	Vere autopsy findings raileble prior to ompletion of cause death?  Yes 2 No  Try)  All Route Number,  stated. o the cause(s)
ding Physician: The law requires that the death certificate h. After this certificate has been signed by the attending physicansi director, page 2 should be detached for use as the	edical Certification: To Be Completed by Physician/Medical	Part II. Other significant condition  25. Was case referred to readical examiner?  1 Yes 2 No  27. Manner Death Signatural 5 Pending investigs 2 Accident a result of the condition of the condit	Hospital: 28a, Date (Mont ton ton ton ton ton ton ton ton ton	Due to (or  Due to (or  Beath but not result  of Injury - At horing, etc. (Specify, best of examinatiner stated.	as a consequence of the conseque	quence of): quence	26. Plac Other: 4 N njury at Work? I Yes 2 ce e time, dete ei	t. 2	23b, Did to 1 V 24a. Was a perior 1 V (Check only or Town or T	es 100 ence 6 Oth ow injury occur street and Numb n, Stete) eause(s) and me lete end plece,	24b. W av co of 1 [	reliable prior to mpletion of cause death?  Yes 2 No  No  No  Route Number,  stated. o the cause(s)
ding Physician: The law requires that the death certificate h. After this certificate has been signed by the attending physicansi director, page 2 should be detached for use as the	edical Certification: To Be Completed by Physician/Medical	Part II. Other significant condition  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner Death	Hospital: 1 [1]  28a, Date (Mont tion 28e, Plece building Physician: To the be end mann to completed caus	Due to (or  Due to (or  Beath but not result  of Injury - At horing, etc. (Specify,  best of my knows as of examinatiner stated.	as a consequence of the conseque	quence of): quence	26. Plac Other: 4 N njury at Work? I Yes 2 ce e time, dete ei	t. 2	23b, Did to 1 V 24a. Was a perior 1 V (Check only or Town or T	es 100 ence 6 Oth ow injury occur street and Numb n, Stete) eause(s) and me lete end plece,	24b. W av co of 1 [	Vere autopsy findings raileble prior to ompletion of cause death?  Yes 2 No  Try)  All Route Number,  stated. o the cause(s)

DHMH 16 Rev 6/95

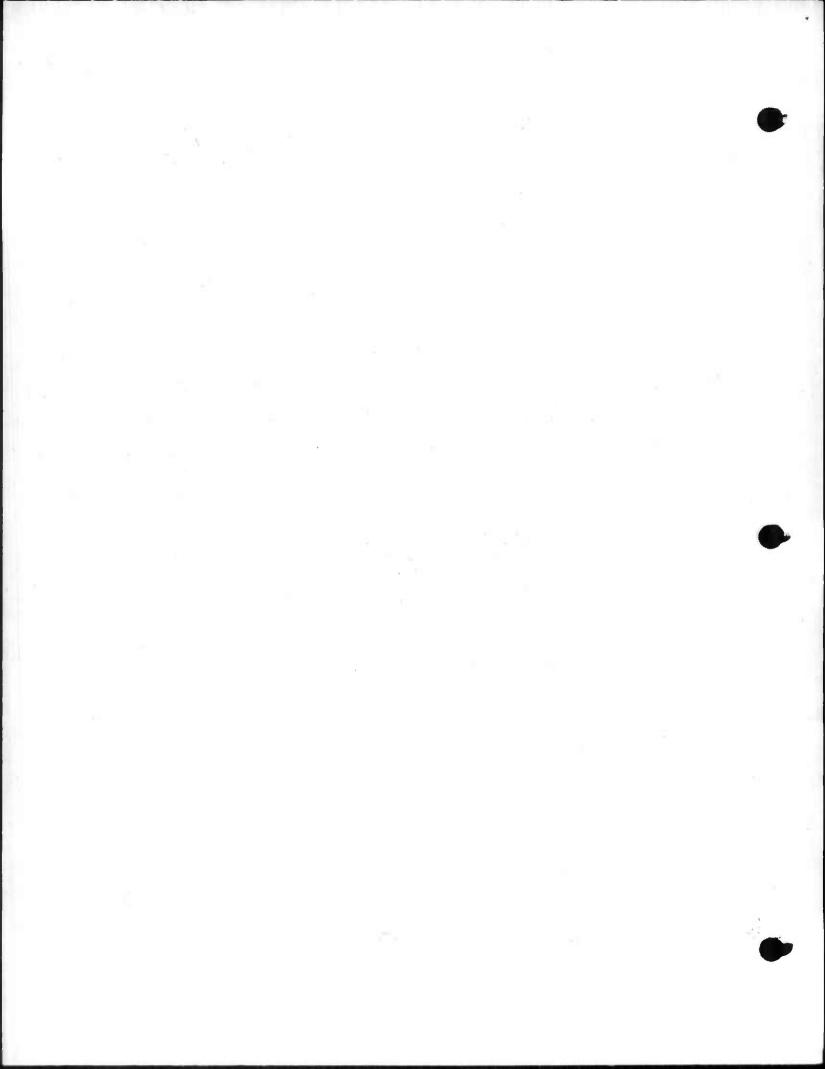
And Tour Annual of the Market

WAR No.

			1 - STATE REGISTRAR	STATE OF MARY		EPARTMENT ITIFICATE			MENTAL HYGIEN			
			1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	MY	YEAR	3. TIME OF DEATH
			ROSE	SLABOSKY					June 7, 1	996		2:55 P
		1 8	4. SOCIAL SECURITY NUMBER		E (In yrs. last bir	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Countr	IPLACE (State or Foreign ry)
	pinc		411_01_9995  9e. FACILITY NAME (If not institution, give :	1 M 2 F	94	YRS.				1902		nnessee
	1, 2, 3 should	TOR	Hebrew Home Of G		ington			kville	АТН	9c. COUNT		
	permit. Pages 1	DIRECTOR	10a. STATE 10b. COUNT			Rockv						10d. INSIDE CITY LIMITS? 1 . YES 2 . NO
	permi	AL	10e. STREET AND NUMBER				101	I. ZIP CODE		10g. CITIZE	EN OF V	WHAT COUNTRY?
	ansit	FUNERAL	6121 Montrose Ro	ad				20852		U.	.S.A	4.
215-0020	attending prysician. Se as the burial-transit	BY FUR	11. MARITAL STATUS  1 \( \overline{\chi} \) Never Married 2 \( \overline{\chi} \) Married  3 \( \overline{\chi} \) Widowed 4 \( \overline{\chi} \) Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 3 NO	11	yes, sp	ENDENT OF HISPANI ecify Cuben, Mexicen 2XXNO Specify:	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No 1	4. RACE Black Speci	- American Indian, k, White, atc.
215	use as the	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DECED	ENT'S USUAL OC	CUPATIO	ON	16b. KIND OF BU	SINESS/INDU	STRY	
-	, io	COMPLET	Elementary/Secondary (0-12) 12 Yrs	College (1-4 or 5+)	life. Do	ind of work done of NOT use retired.)	_	st of working	Tenness		ambe	er of
<b>4</b>	o det	ő	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAM	ME (First, Middle, Melden			
<b>&gt;</b> 3	# 6 A	BE (	Joseph Slabosky					Alic	e Chinsky	*		
MA	5 should notified	0	19e. INFORMANT'S NAME (Type/Print)						oute Number, City or Tox			
	pe age		Jonathan E. Green						Baltimore			
0 4	ctor,		1 Buriet 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	ob. PLACE AND emetery, cremate	DATE OF DISPOSI	TION (Na	al Garder	P996 20c. LC			
OMI			21. SIGNATURE OF FUNERAL SERVICE LIC		ting Da							ch, Virgini
BALTIM			Donald (	,	emeje	2 23 WA	2 C	ARROLL SI	TEMORIAL F TREET, N.W D.C. 2001	2_2009	5	JME, INC.
- 40	2 7 2		23. PART I. Enter the diseases, or shock, or heart fellure.	complications that caus	ed the daeth	. Do not enter	the mo	de of dying, such	na cardiac or resp	iratory arres	st,	Approximata
To both	filled i		IMMEDIATE CAUSE (Finel	^ - '	aucii mia.							Interval Betwee Onset and Deat
	ernation of the th		disease or condition resulting in death)	. HSpira	tion	pne	w	mon	a			1 wee
376	complete ial, cremi c event,		_	OUE TO (OR AS	A CONSEQUE	NCE OF):		. Le	aura	len	70	1.00
X 687		CATION	Sequentially list conditions, if any, leading to immediate	BUE TO (OR AS	A CONSEQUE	NCE OF):		a car				1, 0
OF A	ysiciar prior trau		cause. Enter UNDERLYING CAUSE (Disease or Injury	Esser	tia	e h	701	erten	2100			Years
0	other other	TE	that initieted events	DUE TO (OR AS	A CONSEQUE	NCE OF):	1					
1	tal Hy	CERTIF	resulting in deeth) LAST	d.								
HDS.	y the att d Menta injury,	SAL C	PART II. Other algolificant condition	a contributing to deeth	but not resu	iting in the unc	deriying	ceuse given in F	Part I. 24e. WAS AN		24b.	WERE AUTOPSY FINDINGS
T I	and bu	Š	Atrial fil	rillatio	, de	icleta	o n	ellita	PERFOR		1	AWAILABLE PRIOR TO COMPLETION OF CAUSE
3	sen signed of Health	MEDIC	type I O							200		OF DEATH?
LHE		ä	DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH	YES 🗆 N	10 [	UNCERTAIN				
4	e se E	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE O	F DEATH (Check o	-					
- A	certificate the State	IXSI	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Ou			ing Hom	e 5 🗆 Residence 6	B □ Other (Specify)			
IN OF VI	this with	ву рну	1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26	b. TIME OF INJURY M		URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCU	RED	
ATTENDING	after di	COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, atc. (Sp	RY — At home, ecify)	ferm, street, facto	ry, office		26f. LOCATION (Street of City or Town, Stete)		Rural A	oute Number,
5 8	L DIREC	PLE	290. CERTIFIER Check only	CIAN: To the best of my kno	wledge, death	occurred at the tin	na, date	end place, end due t	to the ceuse(e) end man	nner es stated		
CPITA	FUNERAL within 72 TANT: If	O		R: On the basis of examinati								end manner ee stated.
THE MOSBITAL	TO THE FUNER be filed within	BE	296 SIGNATURE AND TITLE OF CERTIFIEF	'MD				29c. LICENSE NUMI	3958	29d. DATE	SIGNED	(Month, Day, Year)
F	<b>≥</b> 8 3 2	5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27	) (Type, Print)		0 : 0	4 ***	100/	_	10
1			But I Feldma	m MD, 61	05 M	enter	Je	Koly R	ocknile	MS	2	2885



JUN 1 4 1996



State of Maryland / Department of Health and Mental Hygiene

tment of Health and Mental Hygiene 96 19069

				Cert	ificate of	Death	R	eg. No.		5005		
		1. Decedant's Nama (First, Middle, Last)					2. Data of Deat			. Time of Death		
Physic /Med		Kathleen	<u>_</u> ,	Stri	ckler		June	12	(996)	820 Am		
Exam		4a. Facility Nama (If not institution, give str	eat end number)			4b. City, Town, or L	ocation of Deeth	4c. County				
		SHADY GROVE ADVE	ENTIST H	HOSPITAL		ROCKVII	LLE	MON	rgomer	RY		
Funera	1	5. Sociel Security Number 6. Sex		(In yrs. last birthdey)	Months Days		8. Deta of Birth (Month, Day,		9. Birthplaca	(Stata or Foraign		
Directo	r	213-54-6748	4 25 F	47 Yrs.	World Days	TIOUIS WIII.	Dec. 6,	1948	Washii	ngton, Do		
p ,		Usual Rasidence of Decedent  10e. Stata 10b. County 10c. City, Town or Location										
aryla	-	10e. Stata 10b. County								Inside City Limits		
9 M	oto	Maryland Montgom	ery	Gaithers	1	,				1 ☐ Yas 2 No		
1 to 1	Director	10e. Street and Number			10f. Zip Coda	077	1		What Country?	-613		
ath w	2	119 Linden Hall La	ne		208	877		USA				
172 hours after death with the Maryland "naturel", or frems 23e or 28s,4 show edisal Examiner mail be notified at	by Funeral	11. Meritel Stetus 12.  1 Never Merried 2 Married 3 Widowed 4 ØDivorced	Wes Decedent Ev Armed Forcas? 1 Yas 2 No If Yas, Give Yaer or Datas:	lf '	as Decedant of Yes, specify Cul □ Yas 2⊠ No	Hispanic Origin? (Sp ben, Maxican, Puarto Specify:	ecify Yes or No- Rican, atc.)		e - Amarican I ck, White, etc.  White			
2 hou		15. Decedant's Educat		16a. Deceda	nt's Usuai Occu	upetion		16b. Kind of B	usinass/Industr	rv		
	Completed	(Specify only highest grada c	ompleted)	(Giva kı	ind of work done O NOT use retin	a during most of work ed)	ing	16b. Kind of Businass/Industry				
within iene. then	E	Elementery/Secondary (0-12)	Collega (1-4or 5+)	)	ager			Commu	nicatio	on		
高 大き 元	BeC	17. Fathar's Nama (First, Middle, Last)			.0	18. Mother's Nem	e (First, Middle, A	Aeiden Sumen	ne)			
7 5 5 0	ToB	Thomas A. Laddbu	sh			Marie U	Jricolo					
A DEE	-	19a. informant's Name/Ralationship (Type	, Print)	19b. Maliing	Addrass (Stree	et and Number or Rui	ral Routa Number	City or Town,	Stata, Zip Coo	da)		
C = 0 -		Thomas A. Laddbus	h, Jr.	1963	Castleg	reen Drive	, Green	castle,	PA 17	225		
T He He		20a. Mathod of Disposition		20b. Placa of Disposi	ition (Nama of				City or Town,			
Pages nent of I nnt: If its ury or o		1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ram 4 ☐ Donetion 5 ☐ Othar (Specify)	novel from Stata			emetery 6	/14/96	Silver	Spring	. MD		
permit. Pages Department of Important: If it any Injury or once.		21. Signetura of Funerai Sarvice Licensea					124/30	DIIVEI	OPILINE	,,		
		Francis I Colling Funeral Home Inc										
_		23a Part 1 Enter the disease or complice	Campb							D ZU9U1 proximate		
Dhualalar		23a. Part1. Enter the disease, or complications that causad tha death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.										
Physician /Medical		Immediata Causa (Finei disease or condition resulting in death)  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):								Onset end Death		
Examine		disease or condition resulting in death) a	1	mma	and of	wegu.	cpsi	)		cays		
300	6		C. D	ua to (or as a consequ	ance of):	n o L	0		1			
uted	Examiner	b	cong	weeled	~ 0 / /	relasto	au c	ance	1			
entificate be executed sing physician and se as the bunal-transit	Exa	Sequantially list conditions, if any, leading to immediate cause. Enter Index by a										
sicia bur	edical											
ificat phy as th	8	resulting in deem) Last										
nding use	2	d										
deeth e ette	Icla	Part II. Other significant conditions contrit	outing to death his	not resulting in the use	farlying cause of	iven in Part I	23h Dideo	hacco use co	ntribute to the	cause of death?		
es that the deeth cer igned by the ettendin be detached for use	Physician	9 0 0	0 0			014	1  Y			y 4 ☐ Unknown		
ned e del	by P	months def	endery	dissol	us the	eller	, , ,	-10.00		,		
been s	Completed	Azema an	of There	mbory &	pene	a`	24a. Was a perform	n autopsy ned?	availab	autopsy findings bla prior to etion of cause th?		
0 - 5	E	1 marcal	ceres		•		1 □ Ya	s 2 No	1 □ Ya	s 2 No		
	BeC	25. Was casa rafarred to medical		27/21		26. Place of Deat	h (Check only on					
	To B	examinar? 1 ☐ Yes 2 ☑ No Hos	pital:	2 ☐ ER/Outpetient	3 DOA	ther	oma 5□Rasida		ar (Specify)			
£ 5 6		27. Manner of Death	28a. Deta of Injury (Month, Day	28b. Time of	28c. inju		28d. Dascribe ho					
Attending r deeth. ector: After by the fune	atio	1. ■Naturai 5 □ Pending 2 □ Accidant invastigation	(Month, Day	Year) Injury		Yas 2□No						
or de	III C	3 ☐ Suicide 6 ☐ Could not be	28a. Plece of Injury	y - At homa, ferm, stree	et, factory, office	•	28f. Location (St.	reet and Numb	per or Rural Ro	oute Number,		
O D	Certification:	4 Homicida building, atc. (Specify)  City or Town, Stata)										
s efter		29a. Cartifiar 157 Certifying Physici	an: To the best of	my knowledga, daath o	occurred at tha t	tima, data and piece,	end due to the ca	use(s) and ma	annar as stated and due to tha	d. cause(s)		
ne Hospital or . n 24 hours efter ne Funeral Dire		(Check only 2 Medical Examiner one)	and mennar state	d.	sugation, in my	opinon, addin occor						
To the Hospital or Attending Ph within 24 hours effer deeth. To the Funeral Director: Affer thi completely filled in by the funeral	Medical	(Check only 2 Medical Examiner	and mennar state	id.		nsa number			d (Month, Dey	Year)		
To the Hospital or , within 24 hours efter To the Funeral Dire completely filled in b	edical	(Check only 2 Medical Examiner one)	and mennar state	d.	29c. Lican				d (Month, Dey			

Registrar

State

3011 1 4

(ear) 32. Registrar's Signature

4 1996 Shia Suidan Registrary

DHMH 16 Rav 6/95

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

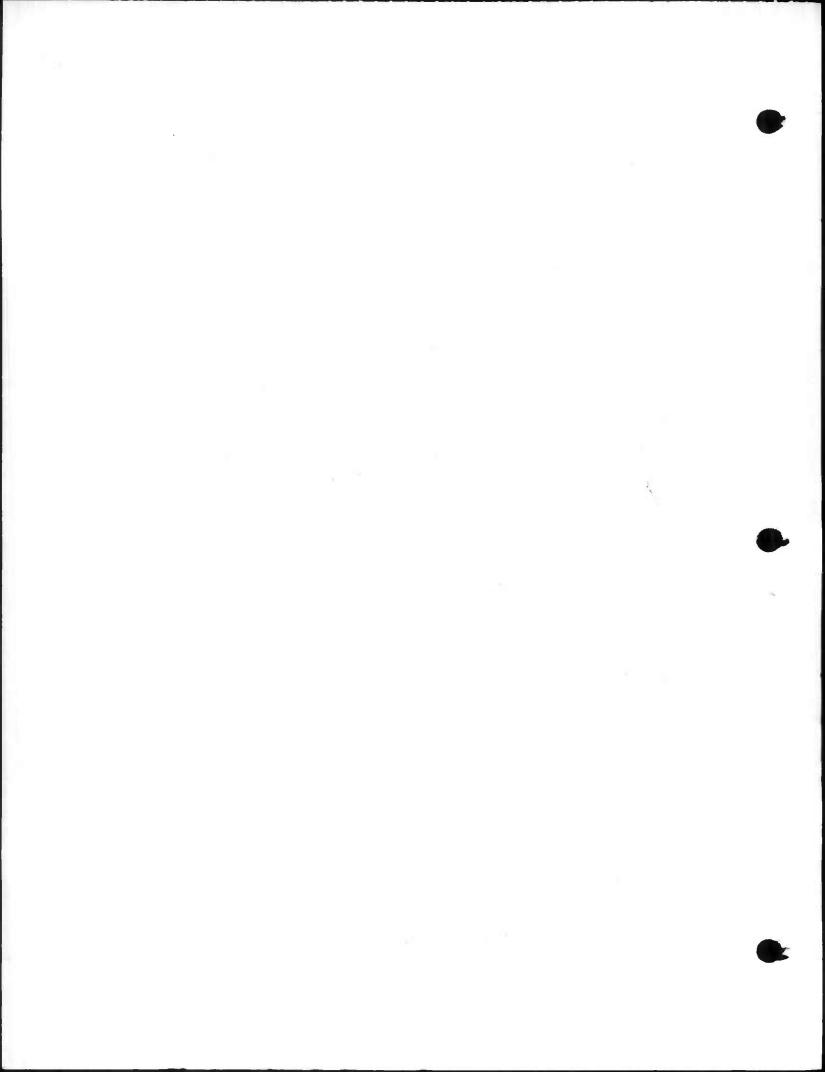
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedistran				CENTIF	IOAII		DEA			IEG. NO.				
	1. DECEDENT'S NAME (First,	Middle, Last)	Schle	chlein						2. DATE OF DEATH DAY YEAR 3. TIME OF THE PROPERTY OF THE PROPE				3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB	5. SEX 6. AGE (In yrs. las		rs. last birthday)					7. DATE OF BIRTH			S. BIRTHPLACE (State or Foreign			
	124-34-2954		1 □ M 2 💢 F	30					Apr 4	, Tig	03	New York			
œ	sa. FACILITY NAME (II not in Manor Care		96. CITY, TOWN OR LOCATION OF DEATH POTOMAC						9c. COUNTY OF DEATH						
DIRECTOR	RESIDENCE OF DEC		ac			FO	COILLE	aC .				Montgomery			
RE	10e. STATE	10b. COUNT				10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?			
	MD 10e. STREET AND NUMBER	Mon	tgomery	Bethesda									1 X YES 2 NO		
FUNERAL	10010 Carte	ar Rd					10	20817 United St							
S	11. MARITAL STATUS	EL NO.	12. WAS DECEDEN	S. ARMED 13. WAS DECENDENT OF HISPANIC					United Sta						
B≺	1 Never Married 2   3 X Widowed 4   Divo		FORCES? 1			0 If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 ☐ YES 2 🏋 NO Specify:						or No— 14. RACE — American Indian, Black, Whita, etc. Specify: White			
		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5		life. Do NOT u	se retired.)					01.70	Hom			
N N	12 17. FATHER'S NAME (First, MI	iddle, Last)			Homemaker					E (Einst Middel			le		
BE C	Isaac Biegl						18. MOTHER'S NAME (First, Middle, Malden Surname) Unknown								
10 B	19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street			ute Number, C	City or Town	n, State, Zij	p Code)		
F	Paul Schlei				10010	Car	ter	Rd,	Bethe	esda,	MD 2	0817	1		
	20a. METHOD OF DISPOSITI	n 3 K Ram	oval from State	cemeter	ACE AND DATE	ther place)		ame of		DATE			City or To		
	4 Donation 5 Other  21. SIGNATURE OF FUNERAL	Carme		NAME A	ND ADDRE	SS OF FACI	6/14	Gle	endale. NY						
	1/01	22. NAME AND ADDRESS OF FACILITY Edward Sagel Funeral Direction													
-	23 PART I Poter the di	1091 Rockyille Pike Pockyille MD 20052													
	23. PART I. Enter the diseases, pr compliced one that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, pr heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition recuiting in deeth)  Due to (or as a consequence of):														
CERTIFICATION	Sequentislly list conditions, if srry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):														
	PART II. Other eignificer	nt condition	s contributing to	deeth but r	not resulting	In the ur	nderlyln	g ceuse g	given in P	art I. 24a	. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL	denen	Rea							PERFORMED?			COMPLETION OF CAUSE OF DEATH?			
Σ												•		1 TYES 2 NO	
AN:		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN													
SICI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES *** NO														
PHYSICIAN	1   Inpatient 2   ER/Outpatient 3   DOA   4   Mursing Home 5   Rasidence 6   Other (Specify)  27. MANNER OF DEATH  28b. TIME OF   28b. TIME OF   WORK?   WORK?														
ВУ	1 Natural 5 I F	М	1 🔲	YES 2	NO										
ETED	3 Suicide 8 Could not be datarmined 28s. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, State)									oute Number,					
COMPLE	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the best of axaminetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
BE	296. BIGMATURE AND TITLE		29c. LICENSE NUN								SIGNED (Month, Day, Year)				
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										//3/	/ /			
	31. DATE FILED (Month, Day, Y		32 REGISTRA		RE Roydell										
	3011 1 1	1000	7		f										





State of Maryland / Department of Health and Mental Hygiene

- 1	0	0	-7	-1
	9	U	1	ı

					Cer	tificate d	of Death			Reg. No.	, 0	10011				
	Dharia		1. Decedent's Neme (First, Middle, Last				2	2. Dete of Deeth Month Dey Ye			3. Time of Deeth					
	Physici /Medi		ROBERT H				JUNE	8.19		6:55 PM						
	Examir		4e. Fecility Name (If not Institution, give	street end number)			4b. City, To	wn, or Loca	tion of Deeth	4c. County	of Deeth					
			DOCTORS COMMUN			Williadon 4 We	LANHA					ORGE'S CO.				
1	Funeral Director		320 10 1177	x 7. Age (In yrs. Id 2	est birthday) Yrs.	If Under 1 Ye Months Da		Min. J	Dete of Birt (Month, De une 7	1908	9. Birthp Cour Swed	piece (Stete or Foreign ntry) en				
	put *		Usuei Residence of Decedent  10a. Stete 10b. County	10c City	, Town or Lo	cation					Ι.	10d. inside City Limits				
	he Maryta	ector	Maryland Prince									XXX Yes 2 No				
	23e or 2	Funeral Director	5008 Patuxant Ri		10f. Zip Cod	• 0715–33	354	10g. Chizen of Whet Co			,					
21215-0020	ges 1 end 2 should be filed within 72 hours after death with the Maryland it of Health end Mental Hyglene. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examinar must be notified at	by	11. Meritel Stetus  1 Never Merrled 2 Merrled  \$128 Wildowed 4 Divorced	12. Wes Decedent Ever in U,S Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	rces? If Yes, specify Cuben, Mexican, Puerti 2E2No ve 1 □ Yes 222No Specify:											
	e 9 m	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondery (0-12)		(Give life. [	lent's Usuel Oc kind of work do OO NOT use re	ne during mos tired)	st of working		16b. Kind of Bu		dustry				
	filed within Hyglene. ther than ent, the Me	S	17. Fether's Neme (First, Middle, Last)		Stai	ff Supe		aria Nama (	First Middle	AT&						
Maryland	buld be fi Mental I- arked of	To Be	Olaf Tuveson					Maria	Karo1	Meiden Sumen	son					
Jar	2 sh end is m		19e. tnforment'e Neme/Reletionship (7)	rpe, Print)						er, City or Town,						
Baltimore, I	pernit. Peges 1 end 2 should be filed within Department of Health end Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the Mance.		Lee Tuveson Solution  20a. Method of Disposition  1 Buriel 2 🗷 Cremetion 3 🗆 F	Removei from Stete	ece of Dispo- emetery, cren	sition (Neme or netory or other	plece)		Dete	owie Mar 20c. Location -	-					
Hir	it. Pertant:		4 Donetion 5 Other (Specify)	Met	ropoli	ltan Cr	ematory	6/1	1/96	Ale	xand	ria Virgini				
Ba	Depa Impo any i		21. Signeture of Funerel Service Licens			Neme end Adobert E			ral Ho	ome, P.A						
0	_		23a. Pert1. Enter the disease, or compl	runs, The								Approximate				
	Physician		shock, or heert feilure. List only o	ne ceuse on each line.	. Do not ent	or the mode of	dynig, such es	Cardiec or i	espiratory of	1031,		Intervel Between Onset and Death				
1	/Medical Examiner		Immediate Cause (Fine) disease or condition resulting in death)			mon	فر				i					
	25.5	<u>ē</u>		Due to (or	es e conseq	uence of):	``				1					
	outed ansit	Examiner	Sequentially list conditions	b. Due to (or	es e conseq	uence of):	ma									
68760,	ntificata be executed ing physician and a as the buriel-transit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events	c	Due to (or as e consequence of):											
89 xc	certificata be executed uding physician and use as the buriel-transit	//Medical	resulting in deeth) Last	d.	as e consequ	derice or).										
Box	leath ce attendi	clar	Port II Other significant conditions are	stalls ution to death but not soon	thing in the	adosh do a osu os	when in Cost		22h Did	tohanna uaa na	ntribute t	o the cause of death?				
, P.O.	requires that tha death cer een signed by the attendir hould be deteched for use	y Physician/	Pert II. Other significant conditions con	ntributing to death but not resu	iting in the ur	nderlying cause	given in Per	I. 		Yes 2 No		o the cause of death? bably 4 Unknown				
Records,	23 (0)					Completed by							24e. Wes perfo	en eutopsy rmed?	ev	fere eutopsy findings vallable prior to ompletion of cause deeth?
Re	has has	ошо							10	Yes 2 No		Yes 2 No				
Vital	dcian: The	Be C	25. Wes cese referred to medical				26. Plac	e of Deeth (	Check only o	one)						
of V	Physician: this certific ral director,	To	exeminer? 1 ☐ Yes 22 No	Hospitel: 1 Inpatient 2 - E	ER/Outpetien	t 3 DOA	Other: 4 N	ursing Home	5 🗆 Resk	dence 8 □Oth	er (Speci	fy)				
ion o	Attanding Ph or death. ector: After thi by the funeral		27. Menner of Death  1 Neturei 5 Pending investigation	28a. Dete of injury (Month, Dey Year)	28b. Time of injury		njury et Work? I □ Yes 2 □		d. Describe i	how Injury occur	red					
Division	i or Attar after des Director d in by th	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - At hor building, etc. (Specify	me, ferm, str	eet, fectory, off	ce	28	f. Location (: City or Tox	Street end Numb vn, Stete)	er or Run	al Route Number,				
5)	To the Hospital or Attanding Physician: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director,	edical (		sician: To the best of my know ner: On the basis of examineti end menner steted.												
/	To the Within 2 To the comple	M	29b. Signeture end title of certifier	0		29c. Lic	ense number			29d. Dete signe	d (Month,	Dey, Year)				
			November	W.D		D	468	91	'	06	09	96				
			30. Name and address of person who of NAVEEN LA	ompleted ceuse of deeth (Item	23a) (Type,	Print)	HOSPI		, LA	MMA	m	•				
	Sta Registi	_	31. Dete filed (Month, Dey, Year)	32. Registrer's Signet												
DH	IMH 16 Rev 6/9		Sal Sal	a Devoter Rentall												

•

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 2. PER MEO FILM G-737 7/24/96 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle (ast) 3. Tima of Death 2. Data of Deeth **Physician** Month Dey 6 uVall une /Medical 4a. Facility Nema (If not institution, giva street and number 4b. City, Town, or Location of Deeth Examiner CAMP SPRINGS PRINCE GEORGES MALCOLM GROW HOSPITAL If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Month, Day, 9. Birthplaca (State or Foreign Country) 1932WEST VIRGINIA 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Days Hours Months 1]X]M 2□ F Yrs. Director 579-38-1537 64 Usual Rasidenca of Decedant the Manylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 X Yes 2 □ No Directo MARYLAND | PRINCE GEORGES DISTRICT HEIGHTS 10e. Street end Number 10f. Zlp Coda 10g. Citizen of What Country? death with 9 Herns 23a 1904 ROCHELLE AVE. Funeral APT. 1621 UNITED STATES AMERICA 11. Maritai Status 12. Wes Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian Bleck, Whita, atc. Pages 1 and 2 should be filled within 72 hours after 1 Yas 2 No If Yas, Giva 1 Nevar Married 2 Married 0 altimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK natural Yeer or Detas Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Hygiene. Elemantary/Secondary (0-12) College (1-4or 5+) COOK GOVT. 12th GRADE 17. Fether's Name (First, Middia, Last) 18. Mothar'a Nama (First, Middle, Maidan Sumama) Be Health and Mental DUVALL TYLER, SR. P Unknown MARION 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 20747 19e. informant's Name/Ralationship (Type, Print) permit. Pages 1 end 2 Department of Health a Important: If Item 27 is any injury or other tree once. JOANN TYLER (WIFE) 1904 ROCHELLE AVE. APT. 1621 DISTRICT HEIGHTS, MD. 20b. Piece of Disposition (Nema of cematary, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovel from Stata JUNE 96 12 4 ☐ Donation 5 ☐ Othar (Specify) HARMONY MEMIORAL PARK LANDOVER, MD 21. Signeture of Funarai Service Licensee 22. Nama and Address of Fecility JOHNSON & JENKINS INC. grab 716 KENNEDY ST. N.W. W.D.C. 23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not entar the moda of dying, such as cardiac or raspiratory arrest, shock, or haart failura. List only ona cause on each lina. Approximate Intarval Between Onset and Death **Physician** sue corepro-cancovara Immediata Causa (Final disaasa or condition rasulting in death) /Medical Examiner Due to (gras a consaquence of): Examine The law requires that the death certificate be executed attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): Box 68760. Physician/Medical that initiated evants rasulting in death) Last Due to (or as e consequence of) signed by the a P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacce-use contribute to the cause of death? 1 100 2 No 3 Probably 4 Unknown Records, þ should I Completed 24b. Wara autopsy findings available prior to 24a. Wes an autopsy completion of cause of death? s certificate has b director, page 2 s 213 No 1 ☐ Yas 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: funeral director, Be 25. Was case refarred to medical 28. Placa of Death (Check only ona) axamimer? 1 ☐ Yas 2 ☐ No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Deeth 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. injury at Work? 28d. Dascribe how injury occurred After 1 Natural 5 Panding invastigation 24 hours after deeth. Funeral Director: A 1 ☐ Yas 2 ☐ No 2 Accidant 8 Could not be datamined 3 Sulcida 28a. Plece of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Inby 4 - Homicide ò Hospital 1 Contrying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the 29a. Certifian Medical To the Hosp within 24 ho To the Fune completely fi iner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. (Check only one) 29c. Licansa number 29b. Signetuse end titia of cartifia 29d. Date signed (Month, Dev. Year) (Type, Print)

State Registrar 31. Date filed (Month.

with me that you strate

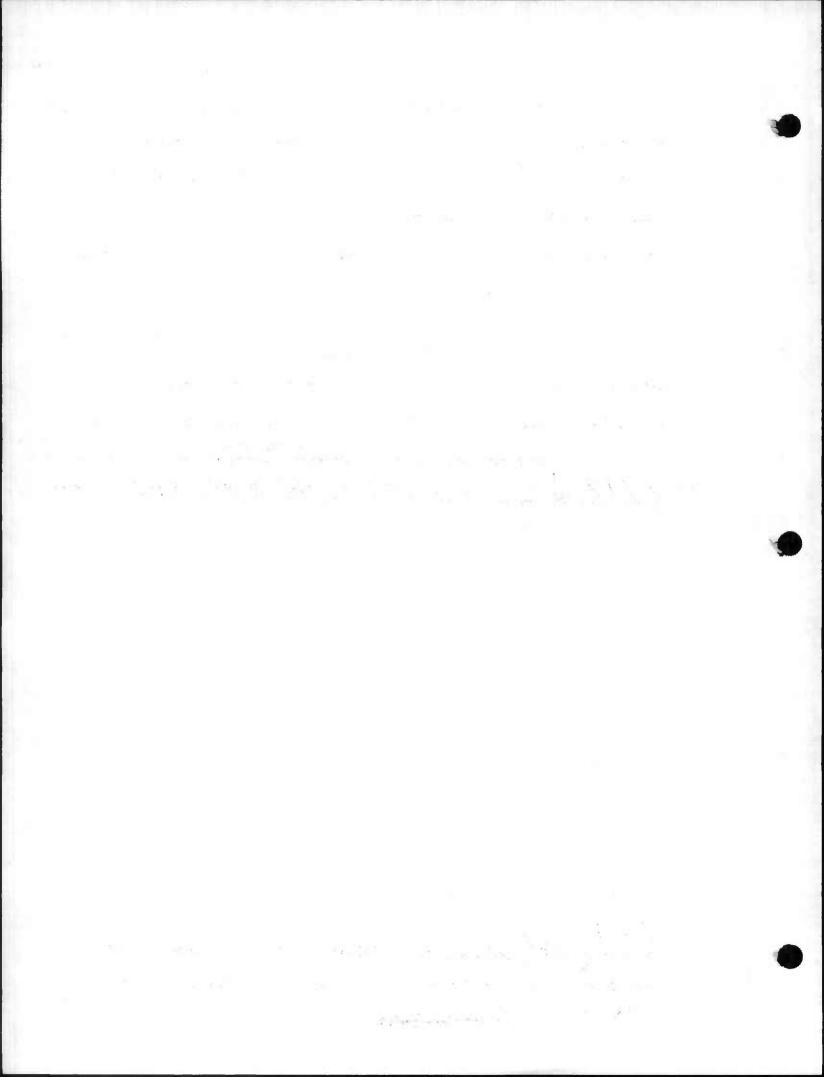
94 - 107 TI 6

State of Maryland / Department of Health and Mental Hygiene

19073

Deceded in Name of Part Analysis and Share   Mary Patricia Tarrant   Survey   Surv							Cer	tificate of	Death			Reg. No	). -		1001	0
Family New Control Pint Registry New Contr				1. Decedant's Nama (First, Middla, L	ast)							ath			3. Time of De	eth
As Eactly News (fine tablibox, plus sayed of fundable)  Fig. 11 Among Dates  Social So					Mary Pat	ricia Tar	rant					Da 1 Q		Year	6.30 E	M
TRUMPIER DESCRIPTION OF THE PROPERTY OF THE PR	5						_ 0110		4h City To	wn. or Lo		1		of Death	0.30 1	11
Private   Priv	¥	Examir	ier	The second second second second		501)										
135-96-3225   136   13							**** ** ** **	H Lindar 1 Voor								
135-7-0-3/2   New Jersey   150-150-150   New Jersey   150-150   Ne			1								8. Date of Bit (Month, Da	th ly, Year)		9. Birthpi	aca (Stata or Fo	<i>preig</i> n
10. State   10. County   10. State   10. County   10. County   10. State   10. County   10. Stat		Director				82	YIS.				Aug. 1	2, 1	.913	New	Jersey	
Type of the part o		pu .				140 - Ch - T-										
Type of the part o		how	_											10		
Type of the part o		M T	9	Maryland Montgon	nery	Betr	iesda	a							1 □ Yas 2]X	JNo
Type of the part o		1 28 P	i e	10e. Street and Number				10f. Zip Coda				10g. Cit	tizan of W	hat Coun	try?	
Type of the part o		3a o		7801 Hampden L	ane			208	14				Unit	ed St	ates	
Type of the part o		ne 2	0			lant Evar in U.S.	13. V			ain? (Sp	ecify Yes or No	-	14. Rece	- Amarica	an Indian.	
Type of the part o		ter o	5		Armed Ford	es?	H	Yes, specify Cub	en, Mexican	, Puerto	Rican, atc.)					
Type of the part o	20	8 9	×		If Yas, Giva		1	I□Yes 2🛛 No	Specify:				Specify:	T.Th. d	to	
Type of the part o	8	hou										100 10				
Type of the part o	5	72	ete			168	(Giva	kind of work done	during mos	t of work	ing					
Type of the part o	12	hen hen	ם	Elamantary/Secondary (0-12)					,				_	-	_	
Physician Middical Examiner  The special properties of the special pro	2	yogie It. II	ပိ			S	choc	ol Teach							713	
Physician Middical Examiner  The special properties of the special pro	n	Hal H	Be		*									a)		
Physician Middical Examiner  The special properties of the special pro	<del>N</del> a	Men	2	Joseph P. O'Gr	ady				Nora	E11	zabeth	Mol	Toy			
Physician Middical Examiner  The special properties of the special pro	a	short and		19e. informent's Name/Ralationship	(Type, Print)	19	b. Mailin	g Address (Stree	t and Numbe	er or Run	ai Routa Numb	er, City	or Town,	State, Zip	Code)	
Physician Middical Examiner  The special properties of the special pro		alth alth r		Diane P. Tarran	t/Daught	er 7	801	Hampden	Lane,	Bet	hesda,	Mar	ylan	d 20	)814	
Physician Middical Examiner  The special properties of the special pro	ē,	He to				OOL Disease	of Diano	niklan (Alama of			D.11		-		wn, State	
Physician Middical Examiner  The special properties of the special pro	9	0 = 10 = 0	cemetary cramatory or other place)T										lver Spring,Maryland			and
Physician Middical Examiner  The special properties of the special pro	==	rtme rtan	1	4 Donation 5 Dothar (Specify) Entombment Gate of Heaven Cemetery Mausoleum Silver Spring												
Physician Middical Examiner  The special properties of the special pro	39	em epa mpo ny is		4 Donation 5 Nother (Specify) Entombment Gate of Heaven Cemetery Mausoleum 511ver Spring, Flary 121. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Robert A. Pumphrey Funeral Home/Bethesda-Chevy												
Physician   Physic		707 # Q		Michal 1Cog	Lingen	M00846	Çh:	ase, Inc	75.	57 W:	isconsi	n Av	renue			
Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.   23b. Did tobacco use contribute to the cause of death;   1   1   1   1   1   1   1   1   1				23a. Part1. Entar tha disease, or cor	nplimation, that car	used the deeth. Do	nof anta	ar tha moda of dy	ing, such as	cardiac	or raspiratory e	rresf,	h		Approximata	
Mineral   Examiner		Physician		Shock, of haart failura. List only	One cours on ear	cri iiria.								1	Onset and Dee	th
Dua to (or as a consequence of):    Years   Part II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part II.   1   Years   Yea	ď			Immediate Causa (Final	61	. 01		2 2						i		
Bronchiectasis    Bronchiectasis   Bronchiectasis   Bronchiectasis   Dua to (or as a consequence of):		Examiner			a. Chron				nary L	lsea	ase				rears	
C. Cause (Disease or injury the finished evanite resulting in death) Last  d			-		_			uence of):						į,		
C. Cause (Disease or injury the finished evanite resulting in death) Last  d		Deit ist	듄		b. Bronc	hiectasis	3								lears	
C. Cause (Disease or injury the finished evanite resulting in death) Last  d		and	хаг	Sequantially list conditions, if any, leeding to Immediate		Dua to (or as a	conseq	uence of):								
Part II. Other algnificant conditions contributing fo death but not resulting in the underlying cause given in Part I.    1   Yes   2   No   3   Probably   4   Mulknown	90	cian cian curie	E	cause. Entar Undarlying Cause (Diseasa or Injury	C									į		
Part II. Other algnificant conditions contributing fo death but not resulting in the underlying cause given in Part I.    1   Yes   2   No   3   Probably   4   Mulknown	87	hysi the t	dice	thet initiated evants		Due to (or es e	consequ	uance of):						1		
Part II. Other algnificant conditions contributing fo death but not resulting in the underlying cause given in Part I.    1   Yes   2   No   3   Probably   4   Mulknown	9	nd pu	Me		al.									1		
Part II. Other algnificant conditions contributing fo death but not resulting in the underlying cause given in Part I.    1   Yes   2   No   3   Probably   4   Mulknown	6	ondi r use			d									1		
24a. Was an autopsy performed?  24b. Wera autopsy findings available prior to completion of cause of death?  1   Yes 2   No    1   Yes 2		deat	ici	Part II. Other algorificant conditions	contributing to dea	th but not resulting	In the un	deriving cause of	ven in Part I		23b. Dld	tobacco	LIBO CON	tribute to	the cause of d	eath?
24a. Was an autopsy performed?  24b. Wera autopsy findings available prior to completion of cause of death?  1   Yes 2   No    1   Yes 2	Ö	the yy the	hys					rourly mig occording		•						
24a. Was an autopsy performed?  24b. Wera autopsy findings available prior to completion of cause of death?  1   Yes 2   No    1   Yes 2		thet det									'''	105 2	. LJ NO	3 F100	abiy 420 Olik	diowii
The second of death?    1	ds	80 00	P								24a Was	an auto	Dev	24h Wa	ra autonsy findi	inne
The second of death?    1	Ö	neen hou	ete								perfe	med?	psy	ave	eilable prior to	
The state   The	9	2 s t	ģ											of c	leath?	•
The state   The	Œ	The page	Ö								10	Yes 2	X) No	1 🗆	Yas 2 No	
The state   The	ita	an: tiffica ttor,							28. Place	of Deet	h (Check only	ona)				
27. Mannar of Death 1 Netures 2   Accidant 3   Suicida 4   Homicida  28a. Data of Injury 28b. Tima of Injury 3   28b. Tima of Injury at Work? 1   Yes 2   No  28f. Location (Street and Number or Rural Routa Number, City or Town, State)  28g. Data of Injury 4   Work? 2   Acciding Invastigation 3   Suicida 4   Homicida  29g. Cariffiar (Check only one)  29g. Data signed (Month, Day, Year)  30. Nama and address of person who complated cause of death (Itam 23e) (Type, Print)  D. Scott Cohen, M.D., 5459 Wisconsin Avenue, Chevy Chase, Maryland  2081. Data filed (Month, Day, Year)  31. Date filed (Month, Day, Year)  32. Registrar's Signature		s cel	0		Hospital:	natiant 2□FR/O	utnatien	t 3 DOA Ot	hor				8 Oths	r (Specifi	()	
29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. License number  29a. License number  29a. License number  29a. Data signed (Month, Day, Year)  30. Nama and address of person who complated cause of death (Itam 23e) (Type, Print)  D. Scott Cohen, M.D., 5459 Wisconsin Avenue, Chevy Chase, Maryland  20a15  31. Date filed (Month, Day, Year)  32. Registrar's Signatura	0	문 문 등		27. Mannar of Death						1					/	
29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. License number  29a. License number  29a. License number  29a. Data signed (Month, Day, Year)  30. Nama and address of person who complated cause of death (Itam 23e) (Type, Print)  D. Scott Cohen, M.D., 5459 Wisconsin Avenue, Chevy Chase, Maryland  20a15  31. Date filed (Month, Day, Year)  32. Registrar's Signatura	5	Afte fun	tio			, Day Year)	Injury			No						
29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. License number  29a. License number  29a. License number  29a. Data signed (Month, Day, Year)  30. Nama and address of person who complated cause of death (Itam 23e) (Type, Print)  D. Scott Cohen, M.D., 5459 Wisconsin Avenue, Chevy Chase, Maryland  20a15  31. Date filed (Month, Day, Year)  32. Registrar's Signatura	S	deat deat tor: / the	ca	3 ☐ Suicida 6 ☐ Could not I	De Diese	f Injunt - At home   f	arm atra				29f Location /	Ctrant or	nd Numbu	or Ours	Paula Number	
29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. License number  29a. License number  29a. License number  29a. Data signed (Month, Day, Year)  30. Nama and address of person who complated cause of death (Itam 23e) (Type, Print)  D. Scott Cohen, M.D., 5459 Wisconsin Avenue, Chevy Chase, Maryland  20a15  31. Date filed (Month, Day, Year)  32. Registrar's Signatura	.≥	Or A Direct In by	Ē		building	g, atc. (Specify)	arm, sue	aat, ractory, office						or riural	riouta rumber,	·
30. Nama and address of person who complated cause of death (Itam 23e) (Type, Print)  D. Scott Cohen, M.D., 5459 Wisconsin Avenue, Chevy Chase, Maryland 20815  State 31. Date filed (Month, Day, Year) 32. Registrar's Signatura		rai led														
30. Nama and address of person who complated cause of death (Itam 23e) (Type, Print)  D. Scott Cohen, M.D., 5459 Wisconsin Avenue, Chevy Chase, Maryland 20815  State 31. Date filed (Month, Day, Year) 32. Registrar's Signatura		Tune Fune Bly f	ca	(Check only 2 Medical Exa	hysician: To tha b miner: On tha bas	est of my knowladg Is of axaminetion ar	e, death nd/or inv	occurred at the ti	ima, data an opinion, deal	d place,	and due to the ed at the time.	cause(s	) and mar d place, a	nnar as st	ated. tha cause(s)	
30. Nama and address of person who complated cause of death (Itam 23e) (Type, Print)  D. Scott Cohen, M.D., 5459 Wisconsin Avenue, Chevy Chase, Maryland 20815  State 31. Date filed (Month, Day, Year) 32. Registrar's Signatura		the lin 2 line I														
30. Nama and address of person who completed cause of death (Itam 23e) (Type, Print)  D. Scott Cohen, M.D., 5459 Wisconsin Avenue, Chevy Chase, Maryland 20815  State 31. Date filed (Month, Day, Year) 32. Registrar's Signatura		To To	2	29b. Signature and title of pertifier				29c. Licen	se number			29d. Da	ta signed	(Month, L	Jay, Year)	
30. Nama and address of person who completed cause of death (Itam 23e) (Type, Print)  D. Scott Cohen, M.D., 5459 Wisconsin Avenue, Chevy Chase, Maryland 20815  State 31. Date filed (Month, Day, Year) 32. Registrar's Signatura				M Lale	tt (n	1000 1	10		D420	051		June	e 9,	1996	)	
D. Scott Cohen, M.D., 5459 Wisconsin Avenue, Chevy Chase, Maryland 20815  State 31. Date filed (Month, Day, Year) 32. Registrar's Signatura	A	1/		30. Nama and address of person who	complated cause	of death (Itam 23a)	(Type F	Print)				The Vertical				
State 31. Date filed (Month, Day, Year) 32. Registrar's Signatura		10							Chevy	Cha	se, Mai	vla	nd :	20815		
		CAO	•								_,	<i>y</i> = =				
							2	.00								

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 9074 Amended #1, 6/11/96, MRT Montg. Cty. Certificate of Death William Jan VanDerWoude 1. Decedent's Nama (First, Middle, Last) 2. Deta of Death 3. Time of Death Month, **Physician** NOOR WOUDE 00:01 /Medical 4a. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner NIVERSITY MARYZAND Baltimore City
| H Undar 1 Yaar | H Undar 24 Hrs. | 8. Data of
| Months | Days | Hours | Min. | (Month, 5. Social Sacurity Number 7. Aga (In yrs. last birthdey) Birthpiaca (Steta or Foreign Country) **Funeral** Months Yrs. Director 313-46-3100 Dec. 6, 1942 Indiana Usuei Rasidance of Dacedani deeth with the Meryland permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Merylar Department of Heelih and Mentel Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumstic event, the Medical Examiner must be notified at once. 10a Stata 10h County 10c. City, Town or Location 10d. Însida City Limits 1 ☐ Yas 2 ☐ No Director Maryland Montgomery Silver Spring 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Coda 3151 Castleleigh Road Funeral 20904 U.S.A. 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amaricen indian, Biack, Whita, etc. 11. Maritai Stetus 1 Nevar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Dacedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Coilega (1-4or 5+) Research Scientist Agriculture 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Sumeme) Be 2 Frank VanDerWoude Margaret Vander Linden 19a. informant's Name/Raletionship (Type, Pnnt) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20904 Gladys\_VanDerWoude 3151 Castleleigh Road Silver Spring, Maryland 20a. Mathod of Disposition 20b. Piace of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 6/11/96 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramovei from State 4 ☐ Donation 5 ☐ Othar (Specify) George Washington Cemetery Adelphi, Maryland 21. Signature of Fugeral Service License 22. Nama and Addrass of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., Maryland 20901 actions that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, Approximate Approximata Intarval Batween Onsat and Death **Physician** BLEEDING /Medical immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner physician end the buriel-transit requires that the deeth certificete be executed Sequantially list conditions, if ony, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Box 68760. Physician/Medical Dua to (or as a consequanca of): 80 - BSI ò signed by the e Part Ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 2 No 1 Yes 3 ☐ Probably 4 ☐ Unknown by 24b. Ware autopsy findings available prior to completion of ceusa of death? 24e. Wes en eutopsy performed? Completed 1 ☐ Yas 2 ☐ No funeral director. 25. Was cesa rafarred to medical axaminar? 28. Placa of Death (Check only one) Be Hospital: Inpatiant 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) ٩ 2 ER/Outpatient 3 DOA this 28a. Deta of injury (Month, Dey Year) 27. Mennar of Death 28b. Tima of injury 28c, injury at Work? 28d. Dascribe how injury occurred Certification: of or Attending P s efter death.

I Director: After to in by the funer Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28a. Place of injury - At homa, farm, streat, factory, offica building, etc. (Specify) filled in by 4 Homicide Hospital 24 hours

To the Hosp within 24 hor To the Fune completely fi

State Registrar

Medical

31. Date filed (Month, Dey, Year) JUN 1 1 1996

29a. Cartifiar

(Check only one)

ed ceusa of death (Itam 23e) (Type Print)

Mayland Medual System 22 South Greene St. Baltimore, MD 21201 32 Ragistrar's Signature Alia Davidson

Maylan

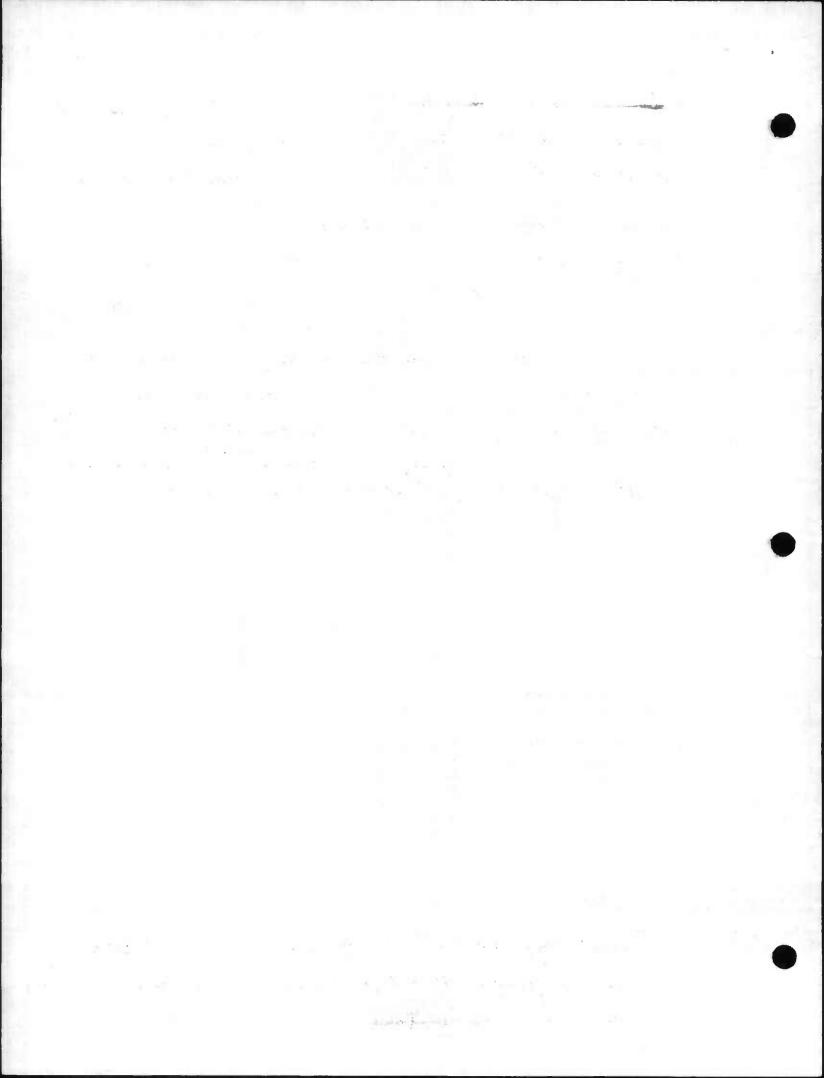
-01

Certifying Physician: To the best of my knowledge, daath occurred at tha tima, dete end piece, end due to the ceuse(s) end menner es steted.

| Medical Examinar: On the basis of examination end/or invastigation, in my opinion, death occurred at tha tima, data and piece, and due to the ceusa(s) and mannar statad.

29c. Licensa number

29d. Date signed (Month, Dev. Year)



# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIF	ICATE	OF	DEATH		REG. N	).				
	1. DECEDENT'S NAME (First, Middle, Last)							- 1	2. DATE OF DEATH	DAY	YEAR	3. TIME OF D	EATH	
	THOMAS	Ε.	WARD								1996	4:20	Α.	M
	4. SOCIAL SECURITY NUMBER	922	AGE (In yrs. les		IF UNDER 1	YEAR DAYS	IF UNDER 24 HI HOURS MI		Jane of Birth	- 000	Countr	IPLACE (State of		,
	215–36–2040  9e. FACILITY NAME (If not institution, give st	1 🔀 M 2 🗆 F	26	YRS.				_		1938		ryland		
œ		,	1				OR LOCATION O		TH		UNTY OF D			
DIRECTOR	Home- 4211 Jackson	ouville ko			U.	ris	field,	MD		SOME	erset	,		
JE	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF							10d. INSIDE C	PTY	_
	Maryland Some	erset			Cris	fie	1d					1 YES 2	NO 🍱	
<u>₹</u>	10e. STREET AND NUMBER		-			101	. ZIP CODE			10g. CIT		WHAT COUNTR	77	
FUNERAL	4211 Jacksonville							181			0.8	5.A.		
	11, MARITAL STATUS  1 Never Married 2 🔯 Married	12. WAS DECEDENT E FORCES? 1	YES 2 D		13. W	AS DEC	ENDENT OF HI	SPANIC exicen,	ORIGIN? (Specify Y Puarto Rican, atc.)	s or No-	14. RACE Black	E — American I k, White, atc.	ndlen,	
à	3 Widowed 4 Divorced	Vietnam			11	_ YES	2 (X NO S	pecity:			Speci	"y: White	2	
윤	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a, DE	CEDENT'S	USUAL OCC	CUPATIO	ON		16b. KIND OF B	JSINESS/IN	DUSTRY			
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)					st of working							
COMPL	H. S. Graduate	6 Years	Pro	batio	onary	Of	ficer		State	of Ma	aryla	ınd		
	17. FATHER'S NAME (First, Middle, Last)						and the second		(First, Middle, Meide ine Laird					
BE	Otis Ward  199. INFORMANT'S NAME (Type/Print)		1											
2	Dianne M. Ward (	Wife)							the Number, City or To d — Crist			21817	,	
	20s. METHOD OF DISPOSITION 120 Burlel 2 Cremation 3 Remo		20b. PLACE							OCATION -		own, State		_
	1.2 Buriel 2 ☐ Cremation 3 ☐ Remo	oval from Stats	Sunny	ridae	her place)  Mem	ori	al Par	k-6.		Cris				
	21. SIGNATURE OF TOWERAL SERVICE LIG	ENSEE	11	0 8	22. N	AME AP	O ADDRESS O	F FACIL	JTY					
	Robert H. Brad	dshaw, Jr.	reka	rup					s Funeral Crisfi			21817		
	23. PART i. Enter the diseases, or c	complications that co	auaed the de	ath. Do n	Dt enter t	he mo	de of dying,	such	ss cardiac or res	oiratory si	rest,	Approx		
	shock, or heart feliure. L IMMEDIATE CAUSE (Fine)	List Dnly Dne cause	on each line				/.		0				Betwe	
	disease or condition resulting in death)		arc	ent	mo	1	10	n	9			100	w the	u
		DUE TO (OF	AS A CONSE	EQUENCE OF):										7
CERTIFICATION	Sequentially list conditions,	DUE TO (OF	AS A CONSE	SEQUENCE OF):								-		
A	If sny, leading to immediate cause. Enter UNDERLYING				,							j		
	CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSE	QUENCE OF	7:									
EH	resulting in death) LAST	1												
	PART ii. Other significant conditions	s contributing to de	ath but not r	esulting i	n the und	leriyind	g cause give	n in Pa	art i. 24a, WAS A	N AUTOPSY	24b	. WERE AUTOPS	Y FINDIN	IGS
DICAL									PERFO	RMED?		AMAILABLE PRI	OT RO	
и п									_ 1 □ YES	Z X NO		DF DEATH?	□ NO	
2	DID TOBACCO USE CONTR	RIBUTE TO CAUS	SE OF DEA	TH YE	S 🗆 N	0 [	UNCERT	TAIN				1 100 2	NO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		_	'H (Check or	nly one)								
2	1 X YES 2 NO	1   Inpatient 2   EF	R/Outpetlent 3				e 5 N Reside	ncs 8	Other (Specify)					
	27. MANNER OF DEATH  1   Netural 5 □ Pending	28e. DATE OF INJ (Month, Day,		28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED										
5	2 Accident Investigation	IIImy as be	M 1 YES 2 NO  — At home, farm, street, tectory, office  28t. LOCATION (Street and Number or Rural Route Number,											
2	3 Suicide a Could not be 4 Homicide datermined	. (Specify)	пте, тапт, а	rreet, tector	гу, оптс	•	2	at. LOCATION (Stree City or Town, Stat	snd Numbe	ir or Rural F	loute Number,			
4	290. CERTIFIER 1 CERTIFYING PHYSIC							VIV						
COMPLE												a) and manner:	s stated	1.
	29b. SIGNATURE AND TITLE OF CERTIFIER	n and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(s) and manner as state						tari.	_					
20	h.	1.	/		17	27	64	•	610	7/9/	~			
2	30. NAME AND ADDRESS OF PERSON WHO			, , , , ,			- / -	/	1		1	4 1	_	
	M. D. Barhan, M.	D Crist		lighw	ay -	Cri	sfield	, M	D /21817		1000000	1		
	31. DATE FILED (Month Day (Ser)													



State of Maryland / Department of Health and Mental Hygiene 19076 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Year **Physician** June 9, DALE WARREN 1996 8:45 P.M. /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 3906 58th Avenue Hyattsville Prince George's If Under 1 Yeer if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys 1000M 2□ F Yrs. 279-32-1446 58 Director 31, 1938 Corinth, Miss. Usuei Residence of Decedent with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. inside City Limits r 28a-f show 1 Yes 2 No Maryland Prince George's Hyattsville Direc 10e. Street end Numbe 10f. Zip Code 10g, Citizen of Whet Country? Peges 1 and 2 should be filed within 72 hours after death with nent of Heelth and Mental Hygiene.

nt: if Item 27 is marked other than "natural", or Items 23s or iny or other traumatic event, in Medical Examines must be no 3906 58th Avenue United States 20784 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 14. Rece - American Indien, Black. White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2X No Specify: African þ 3 ☐ Widowed 4 ☐ Divorced American Completed 16a. Decedant's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Experimental Tech. Health Industry 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) 20 James Vincent Curtis Saddler 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Eloise Warren 3906 58th Avenue, Hyattsville, Maryland 20784 20b. Piece of Disposition (Name of cemetery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State Dete permit. Peges
Department of
Important: If It
any Injury or once. 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 6/15/96 Greenwood Cemetery Hamilton, OH 22. Name end Address of Fecility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, D. C. art I. Enter the disaase, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, book, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** Immadiate Causa (Finel diseese or condition resulting in deeth) /Medical Examiner extomegalo VIVUS 12+11165

Due to for es e consequence of): Examiner physician end the buriel-transit that the death certificate be executed Sequentielly list conditions, If eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury thet initiated events resulting in deeth) Lest acquived immunodéficiency syndrome

Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical for use as esn ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detech 1 ☐ Yea 2 No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings avellable prior to completion of cause of death? 24e. Wes an eutopsy performed? Completed peen hes 1 Yes 1 Yes 2 No certificate director, 25. Wes case referred to medical axaminar?

1 Yes 2 No Be 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 SesIdence 6 Other (Specify) 2 this funeral 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Weturel 5 Pending investigation or Attending after death. 1 Yes 2 No 2 Accident 6 Could not be datarmined 3 Sulcide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide Hospital 24 hours a Funeral C 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the cause(s) and manner as steted. 29a. Certifier To the Hosp within 24 hou To the Funer completely fil edicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, data end place, end due to the cause(s) end menner steted. (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D35823 6/10/96 carl 3 DC WASH INGTON 30. Neme and address of person who completed causa of death (Item 23a) (Type, Print) HOWAXD A. STANK 2311 M

State Registrar 31. Dete filed (Month, Dey, Year)

32 Registrer's Signeture

Section 10 to the second section of the second section 10 to 

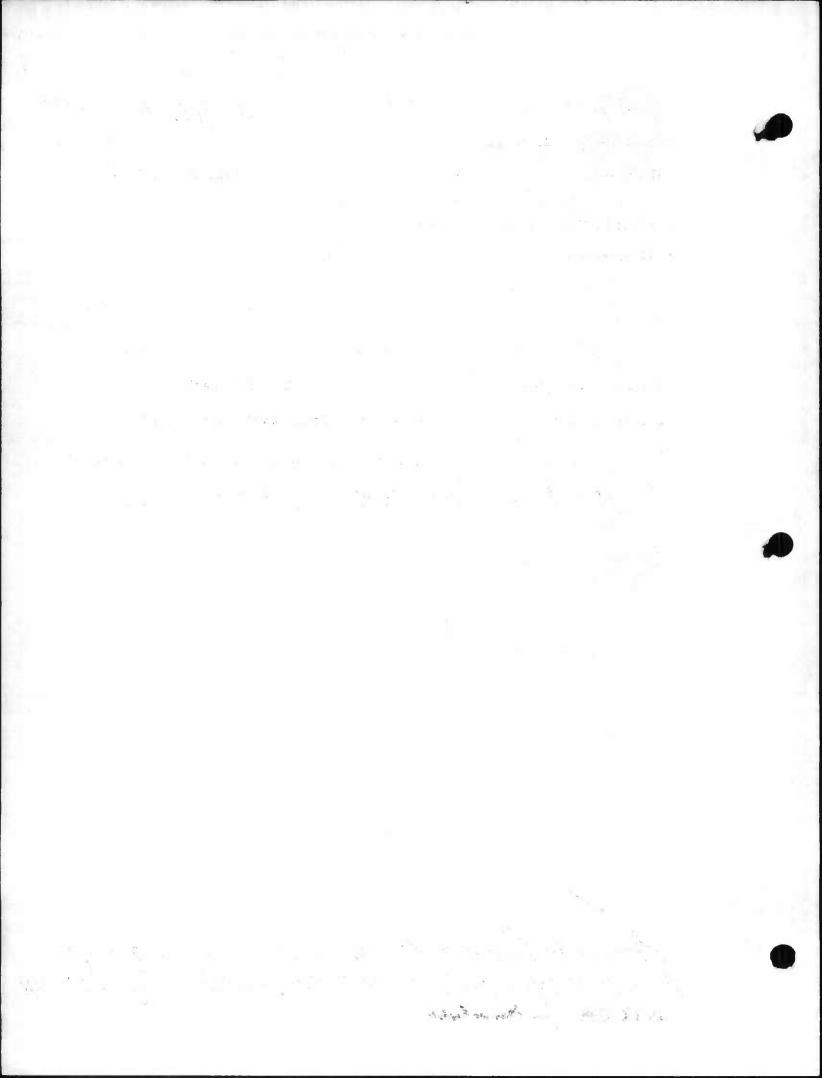
with the same of t

State of Maryland / Department of Health and Mental Hygiene

ertificate of Death

96

						Ce	rtificate o	f Death		R	leg. No.		10011	
	Physici /Medic		Decedent's Neme (First, Middle, L.  Altred	.ast) Hoyle		tur	hitake	Sr Sr		2. Data of Dea Month		Year	3. Time of Death #389	
S	Examir		4e. Fecility Neme (If not Institution, g Malcolm Grow Me					4b. City, To		ation of peath	4. County Princ		rge's	
	Funeral Director		231 54 1051	Sax 1⊠M 2□F	7. Age (In yrs. 54	last birthday) Yrs.	If Under 1 Yes Months Dey		Min.	8. Dete of Birth (Month, Day Feb. 2	Year) 0, 1942	9. Birthple Counti Virg	ece (State or Foreign n) inia	
9 Marylend	a-f show	ctor	Usuel Residence of Decedant  10a. State 10b. County  Maryland Prince	George'		y, Town or Lo	ocation					10	d. Inside City Limits  X⊠ Yas 2 □ No	
h with the	23a or 28a-f shoust be notified at	Funeral Director	10e. Street and Number 6609 Fannon Dri	ve			10f. Zlp Code 2072				Og. Chizan of V United			
5-0020 72 hours after deeth with the Maryland	netural", or items ?	þ	11. Marital Status  1 Never Merried 2XMarried 3 Widowed 4 Divorced	Armed Fo	2 □ No		Was Decedant of Yas, specify Co			cify Yas or No- tican, atc.)		e - America ck, White, a Wh		
	196	Be Completed	15. Decedent's I (Specify only highest g	Educetion rade completed)		16a. Dece	dent's Usuel Occ kind of work dor DO NOT use reti	upation e during mos	st of workin	g	16b. Kind of Bu	usiness/Indu	ustry	
2121 4 within	than	dmo	Eiamantary/Secondery (0-12)	College (1	-4or 5+)		Manager	red)			Ra	aythed	on	
land 2	nd Mentai Hyg marked othe imatic event,	To Be C	17. Father's Nema (First, Middle, Les Alfred H. Whit	•						(First, Middle, i izabeth	Maiden Surnam n Dover	ne)		
Mar d 2 sh	and and		19e. Informant's Name/Reletionship Patricia L. Whit				ng Address (Stre Fannon						Code)	
Baltimore, M	Department of Health Important: If Item 27 any Injury or other tr once.		20e. Mathod of Disposition  1 Durial 2 Cramation 3  4 Donetton 5 Other (Special Control of Control		State	emetery, crei	osition (Name of matory or other p Veteran		etery		20c. Location -		vn, State 1e Md.	
Balt permit.	Physician /Medical Examiner		21. Signature of Funarel Sarvice Lice  23. Part Enter the disease, or consequence of the	6) 1100 -	? Pre	Re	Name and Ado obert E.	Evans	Fune					
		er	shock, or heert tailure. List onl Immediate Cause (Final disease or condition resulting in death)	y ona ceusa on e	ech line.  Deli  Due to (o						Approximate Interval Between Onset end Deeth			
x 68760, sertificate be executed		/Medical Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Entar Underfying Cause (Disease or Injury that initiated evants resulting in death) Last	b		r as a consec								
death death	or u	San	Part II, Other significant conditions	contributing to de	eth but not resu	ilting in the u	nderlying cause	given in Part	E .	23b. Did to	obacço use con	stribute to 1	the cause of death?	
s, P.O	ned by the a e detached t	by Phy				221	3052 3	121		101	95 2□ No	3 Probe	ably 4 ☐ Unknown	
e ec	the digner	Completed t								24a. Was a perfor		avai	re autopsy findings liable prior to spletion of cause eath?	
<b>=</b> F	pag									1 🗆 Y	SOL CONTRACTOR	10	Yes 2□ No	
Vital		To Be	25. Was case selerred to medical examiner 1 la les 2 la No	Hospitei:	npatient 2	ER/Outpatler	nt 3 DOA	Whor	Part Land Control of the Control of	(Check only or	ence 6 □Oth	ar (Engelful	1	
C 2	ng Phys fler this unerei di		27. Menne of Death  1 Natural 5 Pending 2 Accident investigation	28a. Deta (Mont	-	28b. Time of Injury	28c. In		21		ow injury occur			
DIVIS	Direct Direct in by	27. Menned Death 1°—Natural 5 — Pending investigation 3 — Suicide 4 — Homicide 4 — Homicide 4 — Homicide 5 — Pending investigation 5 — Pending investigation 6 — Could not be datarmined 5 — Pending investigation 6 — Could not be datarmined 5 — Pending investigation 6 — Could not be datarmined 6 — Could not be building, etc. (Specify) 28b. Time of Injury at Work? 1 — Yes 2 — No 28a. Deta of Injury (Month, Day Year) 28b. Time of Injury at Work? 1 — Yes 2 — No 28b. Time of Injury at Work? 1 — Yes 2 — No 28b. Time of Injury at Work? 1 — Yes 2 — No 28c. Injury at Work? 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred									Routa Number,			
the Hospita	within 24 hours To the Funeral completely filled	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred et tha time, deta and piece, and due to the cause(s) and manner as steted. 2 Medical Examiner: On the best of my knowledge, deeth occurred et tha time, deta and piece, and due to the cause(s) and manner as steted. 2 Medical Examiner: On the best of my knowledge, deeth occurred et tha time, deta and piece, and due to the cause(s) and manner as steted. 2 Medical Examiner: On the best of my knowledge, deeth occurred et tha time, deta and piece, and due to the cause(s) and manner as steted.									ited. the causa(s)			
100	) N	M	29b. Signeture and titla of certifier	2 Port	ujex	MO	29c. Lice	nsa number	2	1/2	29d. Data signer	Month, D	ay, Year)	
	n		30. Marrie and address of persen who	of dry	che dear when	23a) стуро. 5	DO 9	Ray	bur	uct.	Cp Sp.	is Mi	820748	
100	Sta	te	31. Date filed (Month, Day, Year)	1 130/A	egistrar'ı Signat	ure					1			



Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month s **Physician** 19, Williams 1996 Charles May 8:50 A.M. /Medical 4e. Fscility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Montgomery General Hospital Olney Montgohery If Under 1 Yeer | If Under 24 Hrs.
Months | Deys | Hours | Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthpleca (State or Foreign **Funeral** Deys Months 1 X M 2 □ F Yrs Director 577-88-3400 36 Feb. 6, 1960 Wash, DC Usuel Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f sho traumetic svent, the Modical Examiner must be notified at 1 No 2 □ No Directo MD Silver Spring Montgomery 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 1432 Hampshire West Ct. #7 20903 USA deeth v Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours effer of Department of Health and Mentel Hygiens. Introduced the Tries marked other than "natural", or iten any injury or other traumetic svent, the Medical Experiment 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 Specify: Black 1 Yes 2 No þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12th Disability 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Ellsworth Williams Esther Coleman 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Bonita Williams - Wife 1432 Hampshire West Ct. #7, Silver Spring, MD 20903 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☑ Buriei 2 ☐ Cremetion 3 ☐ Removel from Stete 4 Donetion 5 Other (Specify) Lincoln Memorial Cemetery 5-24 Suitland, MD 22. Name and Address of Facility Marshall's Funeral Home, Inc. 4217 9th Street N.W., Washington, DC 20011 21. Signeture of Funeral Service License Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Recurrent Glioblastoma Examiner Due to (or es a consequence of): by Physician/Medicai Examine attending physician and for use as the buriel-transit The law requires that the death certificate be executed Sequentielly list conditions, if sny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): DivIsion of Vital Records, P.O. Box 68760, Due to (or es e consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown S/P Craniotomy in 10/95 24a. Wes an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed H/O Seizure Disorder is certificate has I H/O Status Epileptic 2 No 1 Yes 1 Yes 2 No or Attending Physician: Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred Certification: After t 1 Neturei 5 Pending investigation 1 Yes 2 No deeth 2 Accident n 24 hours after dee ne Funeral Director pletely filled in by th 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 1X Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end menner stated. 29e. Certifier (Check only one) To the within 2 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier Churc

State

Registrar

NINALA 31. Dete filed (Month, Dey, Year) JUN 12 1996

30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

18111 Prince Phillip Drive #212, Olney, MD Registrar's Signature

May 21, 1996

to find the same of the same o

State of Maryland / Department of Health and Mental Hygiene

				Cer	tificate of	f Death		Reg. No.				
Physici /Medic		1. Decedent's Name (First, Middle, L	asi) WHEATOR	)			2. Date of De Month MA	eath Day Yee	3. Time the			
Examin		4e. Fecility Neme (If not institution, g HYATTSVILLE H		CENTER	?	4b. City, Town, or i	LLE	h 4c. County of De	ath			
Funeral Director		221 00 100		rs. last birthdey) 43 Yrs.	If Under 1 Yes Months Day		8. Date of Bi A Month, Do	3,1952 Ly	irthplace (Stete or Foreign CHO urg - V			
th with the Maryland 23s or 28s-f show unt be notified at	ctor	Usual Residence of Decedent  10a. State  10b. County  USA		City, Town or Lo		DC			10d. Inside City Limits 1  Yes 2 No			
h with the	al Director	10e. Street and Number 1217 New Jer	sey Ave., N	٧W	10f. Zip Code	005		10g. Citizen of Whet C United S				
ter des Items	by Funeral	11. Meritel Status  1 X Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever In Armed Forces? 1 ☐ Yes 2 [X] No If Yes, Give Yeer or Dates:	it	Ves Decedent of i Yes, specify Cu	Hispanic Origin? (Suben, Mexicen, Puerto Specify:	pecify Yes or No o Rican, etc.)	Bleck, Wh	nerican Indian, hite, etc. Black			
21215-0020 d within 72 hours af giene. Then "netural", or the metural of the Wed cell Example.	Completed	15. Decedent's I (Specify only highest g	Educetion rade completed)	(Give	lent's Usuel Occi kind of work don	e during most of wor	king .	16b. Kind of Busines				
2121 d within piene. r than	dmo	Elementary/Secondary (0-12)	College (1-4or 5+)		nter	red)		Hospita	1			
E Stabe	Be	17. Father's Name (First, Middle, Las	*	, , , ,	1 001		ne (First, Middle Vheator	, Maiden Sumame)				
Maryla d 2 should th and Men 7 is marke traumatic	7	19a. Informant's Name/Relationship		19b. Mallin	g Address (Stre			er, City or Town, State	, Zip Code)			
and 2 saith a 27 is		Inez Wheaton		1217	N. J.	Ave N.V	. Wash	n. D.C. 2	0005			
Baltimore, Ma permit. Pages 1 and 2: Department of Health at Important: If then 27 is any Injury or other trace			Removel from State		natory or other p		Date 5 - 4 - 96					
Balti permit. Departm Imports any injt		1 Description 3 Removed from State Harmony Mem. Park 6-4-96 Landov  21. Signature of Funeral Service Lightness  22. Name and Address of Facility Capitol Mortua  1425 Maryland Ave., N.E. Was										
		23a. Parti. Enter the disease, or op- shock, or heart failure. List do	nullcations that caused the d	eeth. Do not ente	er the mode of d	ylng, such as cardied	or respiretory	errest,	Approximata			
Physician /Medical Examiner	al er	Immediate Cause (Final disease or condition resulting in death)			Onset and Death							
cords, P.O. Box 68760, requires that the death certificate be executed een signed by the attending physician and hould be datached for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or injury that initiated events resulting in death) Last	b. CARDIDA	o (or as a consequence of or a consequence or a consequence of or a consequence of or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a co	NARY uence of):	FAILL	ORE					
O. Boy	sicia	Part II. Other significant conditions	contributing to death but not	resulting in the ur	nderlying cause (	given in Pert I.	23b. Did	tobacco use contribu	ite to the cause of death			
s that the de	by Physician/	ANEMIA					10	Yee 2 No 3	Probably 4 Unknow			
Vital Records, sician: The law requires the certificate has been signed rector, page 2 should be considered.	Completed						24a. Was	an autopsy 24tomed?	b. Wara autopsy findings available prior to completion of cause of death?			
Vital Relicion: The Lector, page		OF Man and referred to mostical						Yes 2 No	1 ☐ Yes 2 ☐ No			
of Vita Physician: this certific ral director,	To Be	25. Was case referred to medical axaminer?  1 Yes 2 No	Hospital: 1 ☐ Inpatient 2	2 ☐ ER/Outpatien	t 3□ DOA C	28. Placa of Dea			Doc. Location - City or Town, Stete  Landover, Md.  Mortuary E. Wash. D.C.  Approximata Interval Between Onset and Death  Deacco use contribute to the cause of death  2 No 3 Probably 4 Unknown autopsy available prior to completion of cause of death?  1 Yes 2 No			
After fune		27. Manner of Death  1 Natural 5 Pending 2 Accident investigation		how injury occurred								
Division at or Attender at the process of the proce	Certification:	3 Suicide 6 Could not determined	Street and Number or wn, State)	Rural Route Number,								
Divi	29a. Certifier (Check only one)  1. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as 2. Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at tha tima, data and place, and due on menner steted.											
To th comp	×	29b. Signature and title of certifier 29c. License number 29d. Date signed (Month,										
		Robert D S 30. Nama end address of person who	Ripworth no completed cause of daath (I	Itam 23a) (Type, I	Print) Mary	land D28	3906	5-24. EL, md	-96			
Star Registra	te ar	Robert D. SKI 31. Date filed (Month, Day, Year) JUN 12 199	pworth me 39. Registrar's Sign	585 grature	MAIN	STREET	LAUR	El, md	20707			

DHMH 16 Rev 6/95

and the second of the second o 

in about the second of

State of Maryland / Department of Health and Mental Hygiene

36

19080

					Cer	tificate o	f Death		Reg. No.	~	1 7	000		
	hysicia	_	1. Decedent's Neme (First, Middle, Last, Jane Davis Wall					2. Dete of Do Month June		Yeer		of Death		
	/Medic xamin		4a. Facility Name (If not institution, give Collington Epis. L	The state of the s	munity		4b. City, Town, or Mitchell	Location of Deel						
	neral ector		223-12-3240	7. Age (In yrs	s. lest birthdey) Yrs.	If Under 1 Yes Months Day		8. Dete of Bi	10,1915	9. Birthp Coun Minn	place (Ste ntry) nesot	ete or Foreign		
with the Maryland	illed at	tor	Usuel Residence of Decedent  10a. Stete 10b. County  Maryland Prince G		ity, Town or Loc	ation Bowie	2			1		e City Limits Yes 2 X No		
with the	at be not	Funeral Director	10e. Street end Number 10450 Lottsford Ro	pad, #1009		10f. Zip Code	20721		10g. Citizen of V	What Coun	itry?			
020 urs after deat	Examiner must be notified at	by	11. Marital Stetus  1  Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever In Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes:		Ves Decedent or Yes, specify Cu	f Hispenic Orlgin? (Suben, Mexican, Puer o Specify:	Specify Yes or Note Rican, etc.)		e - Americ ck, White, v: Whi	etc.	٦,		
1215-0	e Medical	Completed	15. Decedent's Edu (Specify only highest grede Elementery/Secondery (0-12)	cation e completed) College (1-4or 5+)	(Give I		ne during most of wo red)	rking	16b. Kind of B	D.A.	justry			
Maryland 21215-0020 d 2 should be field within 72 hours at the man Mental Physiens and the man Mental Physiens at the party of the man Mental Physiens and the party of the man Mental Physiens at the party of the man Mental Physiens at the party of the man Mental Physiens at the party of the man Mental Physiens at the party of th	tic event, th	To Be Co	17. Father's Neme (First, Middle, Last) Edward Wilson Dav		Teci	nnical I	18. Mother's Na	me (First, Middle 2 M. Cam	, Meiden Sumen					
Mary d2 sho	1 2		19e. Informent's Neme/Reletionship (Ty Malcolm D. Wall /				et and Number or R				,	20721		
ore,			20e. Method of Disposition  1 Buriel 2 A Cremetion 3 B  4 Donetion 5 Other (Specify)	20b.	Piece of Dispos	ition (Neme of etory or other p	viece)	Dete	20c. Location -	10c. Location - City or Town, Stete		е		
Baltimo	any injury		21. Signature of Furieral Service Ucens		22. Fr	Neme end Add	lress of Facility Sasch's Sc	ns Fune	ral Home	, P.A	Α.			
			23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dyling, such as cardiac or respiratory arrest, shock, or heart felibre. List only one cause on each line.											
Physi /Med Exam	dical		Immediate Ceuse (Finel disease or condition resulting in death)	Encepha			3	5.30	ond Death					
2	T.	iner		Seh	(or es a consequ	uence of):				5	.30	-96.		
50, be exacute	Duriel-trans	al Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse, Disease or Injury that initieted events	(1)-	or es e consequence	uence of):			6.3					
Box 68760, death certificate be executed		n/Medical	that initiated events resulting in death) Lest	Dely	or es e consequ	ence of):				6	.10	.96.		
P.O. B	eteched for	by Physician/	Pert II. Other significant conditions con	tobacco use co	ntribute to		ise of death?							
Records,		Completed t				s en eutopsy ormed?	COI	ere autop eliable pr mpletion deeth?						
_ F 6	r, page	Comp							Yes 2000	10	]Yes ∶	2□ No		
of Vital Physician: The	director,	To Be	25. Wes case referred to medical axaminer?  1 Yee 2 No	eth <i>(Check only</i> Home 5□ Res		er (Specifi	v)							
Vision of Attending Physics of death.	<u></u>	Certification: 1	27. Manner of Death  1 Naturai 5 Pending Investigation	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. In		g Home 5 □ Residence 8 □Other (Specify)  28d. Describe how Injury occurred						
Division  of or Attending s effer death.	od In by	Sertific	3 Suickde 6 Could not be determined	28e. Plece of Injury - At building, etc. (Spec	nome, farm, stre ify)	et, fectory, offic	е		(Street end Numb wn, Stete)	er or Rure	Route N	vumber,		
To the Hospital within 24 hours e	-	edical	29a. Certifier (Check only one) Certifying Physical Example (Check only one)	ilclan: To the best of my kner: On the besis of examinend menner steted.	owledge, death etion end/or Inv	occurred et the estigetion, in my	time, dete end plece y opinion, deeth occ	e, end due to the urred et the time,	cause(s) end me date end piece,	enner as st and due to	eted.	se(s)		
To th Withiu To th	com	×	29b. Signeture and title of certifier	R. Turi;	MD.	29c. Lice	nse number		29d. Dete signe 6 · 12 · 9		Dey, Yea	ir)		
11	2/		30. Name and address of person who co	mpleted cause of deeth (Ite			inier MT	20712						

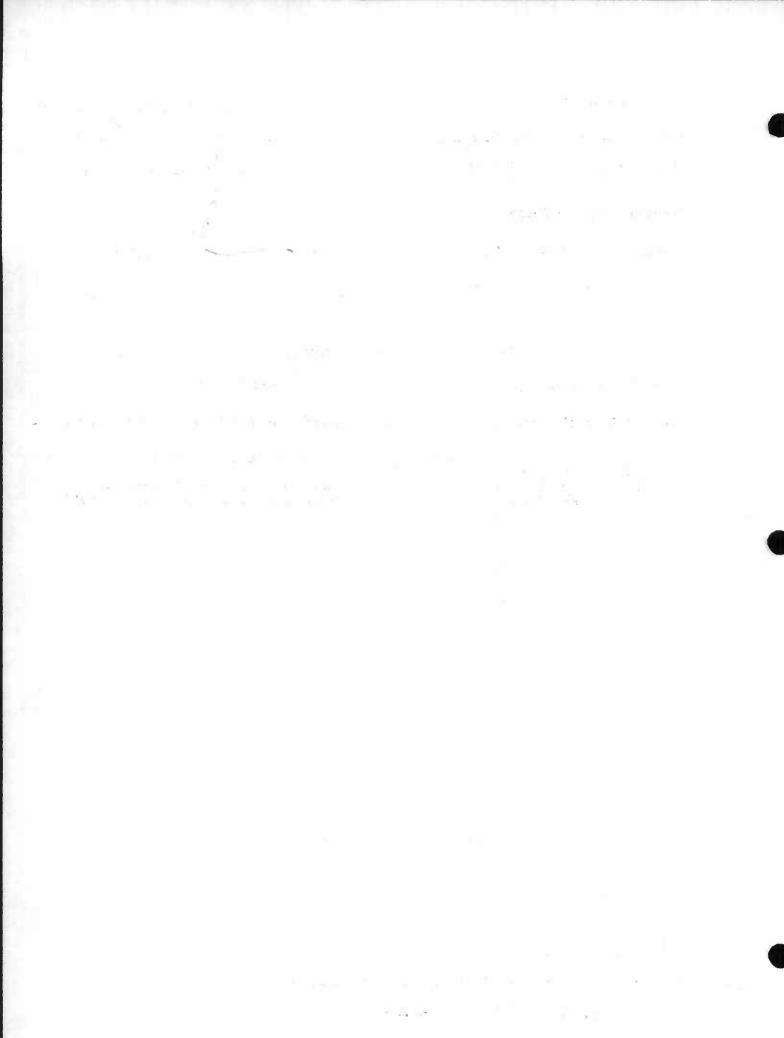
DHMH 16 Rav 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

JUN 1/2 1996



1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			CI	ERTIF	CATE	OF	DEATH	H	P	IEG. NO.					
	1. DECEDENT'S NAME (First,	-	EORGE		WRIGH	ΙΤ				2. DATE OF MONTH	DEATH DA		YEAR		OF DEATH	А.м
	4. SOCIAL SECURITY NUMBER	ER	5. SEX 6	L AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR	IF UNDER 24	LHRS.	7. DATE OF I		1 7			State or For	
	225-54-0849		1 XM 2 - F	54	YRS.		DAYS			(Month, De Dec 25	v. Ward	1	Count	(yri	till,	
	9e. FACILITY NAME (If not ins	titution, give stre	et and number)			9b. CITY,	TOWN O	R LOCATION	OF DE	ATH		9c. COUR	NTY OF D	DEATH		
DIRECTOR	12612 Prest		rive			For	t W	ashin	gto	n, MD		Pri	nce	Geor	ges	
Ä	10a. STATE	10b. COUNTY			10c. CITY	, TOWN OF	LOCATI	ION						10d, INS	SIDE CITY	
	Maryland 100. STREET AND NUMBER	Prin	ce Georg	es		Fort	-		on,	Mary1	and			1 🛣 YE	WITS? ES 2	90
FUNERAL	12612 Pres	stwick	Drive				101.	ZIP CODE	2074	44				Stat		
5	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AR	MED	13. W	AS DECE	ENDENT OF	HISPANI	C ORIGIN? (S	pecify Yes		14. RACI	E — Amer	rican Indian	n,
ΒY	1 Never Married 2 🔀 I 3 Widowed 4 Divon		FORCES? 1 THE FORCE IF YES, GIVE WAS	R OR DATES	40				Mexican Specify:	, Puerto Ricar	n, atc.)		Spec	k, White, a	ack	
COMPLETED	15. DECE (Specify only	DENT'S EDUCA highest grade co	TION Impleted)	(G	CEDENT'S	rork done du	CUPATIO	N It of working		18b. KIN	D OF BUS	INESS/IND	USTRY			
PLE	Elementary/Secondary (0-1	12)	College (1-4 or 5+)		Do NOT us		Per	sonne	1		D.C	Cor	urt	Tndu	stry	
S S	17. FATHER'S NAME (First, Mid	idia, Lesi)				- 01				IE (First, Midd)			110	Indu	SCLY	
BE	Hillman C.		t						2	uster						
စ္	19a. INFORMANT'S NAME (7)		-							oute Number, C						
- 1	Mary M. Wr		ife	1	2612	Pres	twi	ck Dr	ive	Fort					207	44
	20e. METHOD OF DISPOSITION  1 Description   2 Cremetion  4 Donation 5 Other (2)	3 🗆 Removi	al from State	cemetery, cre	metory or oti	her place)				6/12		intor				
	21. SIGNATURE OF FUHERIAL	BERVICE LICEN	WEE D	ℚ MS	59			D ADDRESS								
	· alle	1.		55	38 1	Mar1b	oro	Pike,	For	estvi	ille	, Md	207	47		
	23. PART I. Enter the dis	ennes, or cor	mplications that out only one cause	auted the de	eth. Do n	ot enter t	he mod	de of dying	, such	aa cardlec	or reepir	atory arm	eat,		pproximat	
ij	IMMEDIATE CAUSE (Fine		/	and doctr time	4										terval Bei nset and	
- 1	disease or condition resulting in death)	<b>)</b>	Luna	CAY	1Ce R						20 mint					
1			DUE TO (0	R AS A CONSE	DUENCE OF	):	-									
NO N	Sequentially list condition		DUE TO (O	R AS A CONSE	DUENCE OF	):										
CERTIFICATION	if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur	G				,-										
	that initiated eventa reaulting in death) LAST		DUE TO (O	R AS A CONSEC	DUENCE OF	):										
<b>#</b>	Todaming in death) EAST	d														
- 11	PART ii. Other significen	t conditiona	contributing to de	eth but not r	eeuiting li	the und	eriying	ceuse giv	en in P	Part I. 24a	. WAS AN		24b		JTOPSY FIN	
EDICAL										_   10	PERFORI				LE PRIOR TO TION DF CA	
															S 2 - NO	0
z I	DID TOBACCO US		BUTE TO CAU					UNCER	RTAIN							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER																
1 YES 24 NO 1 Inpetient 2 ER/Outpetlent 3 DOA 4 Nursing Home 5								5 Resid	dence 8	Other (Sp	ecify)					
	27. MANNER OF DEATH  1 Natural 5 P	JURY Year)	28b. TIME INJU		Bc. INJU WOR	RK7	- 1	28d. DESCRIE	BE HOW IN	JURY OCC	URED					
B	2 Accident In		М		ES 2 N											
LED	3 Suicide 8 C 4 Homicide de	me, ferm, st	reet, factor	y, office			281, LOCATION City or Tox	N (Street ar wn, State)	nd Number	or Rural F	loute Numi	iber,				
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to								a the assessor	and man							
29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, desth occurred st  2   MEDICAL EXAMINER: On the best of examination end/or investigation, in														i) end mer	nner ee sta	ted.
								29c. LICENS								
Tamily loon mo								D4	117	28		P (	SIGNED	1 - 1	/my, 199/)	
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	f 27) (Type,	Print) DF	3. P	ATRIC	CK C	ROSS		4	. 100	110	<i>y</i>	
110 Irving ST. N.W. Suite 3A-3 V							. 1	Washington D.C. 20010								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE															

5 1/4

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

State of Maryland / Department of Health and Mental Hygiene 19082 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Month WILLIS **AKA** ROSA L. WILLIS 1996 June 8 6:30AM 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth 3342 Valley Lee South Laurel Prince George If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5/16/24 Birthplace (State or Foreign Country) 6 Sex 7. Age (In yrs. last birthday) 1□M 2 F Deys 72 Yrs. 579-28-1206 S.C. Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Yos 2□No Washington, D.C. 10f. Zip Code 10g. Citizen of Whet Country? 1549 3rd Street, N.W. 20001 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ≥ ZÊNo If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 No Specify: Specify: Black 3 Widowed 4 □ Divorced 15. Decedent's Education 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Domestic Home 18. Mother's Neme (First, Middle, Maiden Sumame)

Completed Be

Director

Funeral

þ

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show must be notified at

items 23s death

Peges 1 and 2 should be filed within 72 hours effer on ant of Health and Mental Hygiene. Int: If Item 27 Is marked other than "natural", or ite

permit. Peges 1 end 2 should be filled wif Department of Health end Mental Hygiens Important: If frem 27 is marked other thu any fillury or other traumatic event, tra. 20058.

**Physician** /Medical

Examiner

physician end the burief-transit

for use as

signed by the

ils certificate hes I

this funeral

After

þ

Completed

Be

0

Certification:

edical

Baltimore, Maryland 21215-0020

the Maryland

with 9

17. Fether's Neme (First, Middle, Last)

ROSALIE

5. Social Security Number

10e. Street end Number

10e. Stete

Charlotte Wilson

Arthur Reese 19e. Informent's Neme/Reletionship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Dorine Gordon 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Qtffer (Specify)

906 Lake Shore Drive 20b. Plece of Disposition (Neme of cemetery, crematory or other piaca)

20c. Location - City or Town, Stete Harmony Memorial Park 6/11/96 Landover, MD

Bowie, MD

21. Signeture of Fune al Sovice Licensee William O. Ables

22. Neme end Address of Fecility Hall Brothers Funeral Home

621 Florida Avenue, N.W. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line.

Wash Approximete Interval Between Onset and Death

20721

Immediate Cause (Final diseese or condition resulting in deeth)

Hepatoma

Due to (or as a consequence of):

Primary Liver Cancer

Due to (or es e consequence of):

Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Physician/Medical

Due to (or es a consequenca of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings aveilable prior to completion of cause of death?

1 Yes 2 No

26. Plece of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Wes case referred to medical 1 Yes 2 No

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year)

28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) HOSpice 28d. Describe how injury occurred

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

281. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier

27. Manner of Death

1 Natural

2 Accident

3 ☐ Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the ceuse(s) and manner stated.

29b. Signeture and title of a

5 Pending investigation

6 Could not be determined

29c. License number

29d. Dete signed (Month, Day, Year) June 10, 1996

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

Boisey Barnes, M.D. 2041 M.L. King, Jr. Ave., S.E. #104 Wash., D.C.

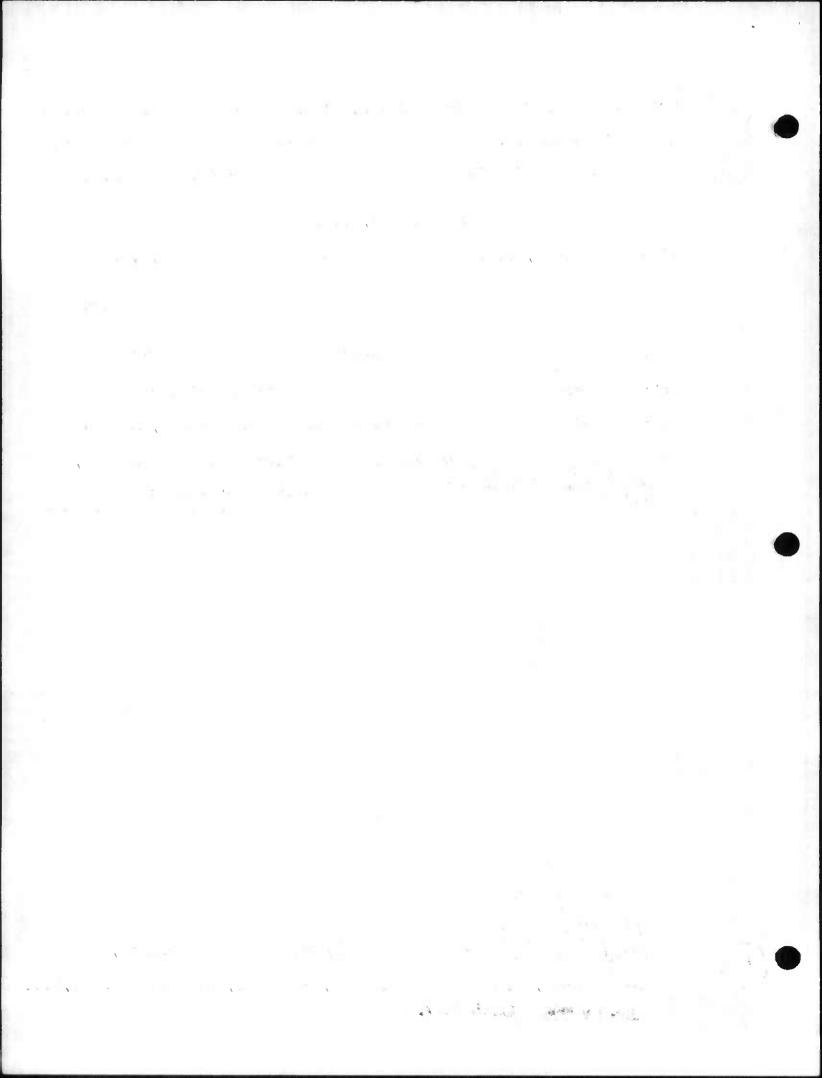
31. Dete filed (Month, Day, Year)

32 Begistur's Signeture

The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, Attending Physician:

deeth. if or Attending after deeth Director: A in by the f To the Hospital o within 24 hours aff To the Funeral Di completely filled in

> State Registrar



Second Security Name (In an institution, give street end number)   10.01 DAYSVILLE ROAD   10.01 DAYSVILLE ROAD   5.50cial Security Number   2.50cial Secur	of Death
HAROLD   HAROLD   HANKLE   WARNER   JUNE   10 1996   10	
S. Social Security Number   C. Sex.   T. Age (In yrs. last birthday)   T. Under 1 Year   Under 24 Mer.   S. Date of Birth (Morth, Day, Yan, Morth, Days   Min.   Ctober 28, 1921   Virginity   Virgi	0.0
Usual Residence of Decedent   10c. City. Town or Location   10d. Inside   10d. State   10d. State   10d. State   10d. Country   10d. City. Town or Location   10d. Inside   10d. State	or Foreig
Elementary/Secondary (0-12) 12 Service Manager  17. Father's Nama (First, Middle, Last) Charlie Adam Warner  19a. Informant's Name/Relationship (Type, Print) Georgia K. Hobbs /Wife  20a. Method of Disposition 1 Burial 2 Cramation 3 Removal from State 4 Donation 5 Xi Other (Specify) Entombment 21. Signature of Funeral Service Licensee #M00690  22. Name and Address of Facility Kimble Funeral Home Franklin, West Virginia 26807  23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, intervel E Onset en Immediata Cause (Final disease or condition resulting in death)  Due to (or as a consequence of):	БВо
Elementary/Secondary (0-12)   Collega (1-4or 5+)   Service Manager   Automotive Repair	City Limits
Service Manager   Service Ma	
Service Manager   Service Service	
15. Decedent's Education   16a. Decedent's Usual Occupation   16b. Kind of Business/Industry   16b. Kind of Working   16b.	
18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Maiden Sumeme)   Martha Ann Hinkle	
18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Maiden Sumeme)   Martha Ann Hinkle	r
19a. Informant's Name/Relationship (Type, Print) Georgia K. Hobbs /Wife  19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 11001 Daysville Road, Frederick, Maryland 21 20a. Method of Disposition 1 Burial 2 Cramation 3 Removal from State 4 Donation 5 Rother (Specify) Entombment 21. Signature of Funeral Service Ucensee #M00690 22. Name and Address of Facility Kimble Funeral Home Franklin, West Virginia 26807  23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Intervel Edisease or condition resulting in death)  Due to (or as a consequence of):	
20a. Method of Disposition    Date   June   14	
4 Donation 5 Mother (Specify) Entombment Cedar Hill Cemetery 1996 Franklin, West V:  21. Signature of Funeral Service Ucensee #M00690  22. Name and Address of Facility Kimble Funeral Home Franklin, West Virginia 26807  23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, intervel E Onset enter the mode of dying in death)  Due to (or as a consequence of):	01
23a. Parl. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, intervel E Onset en Immediata Cause (Final disease or condition resulting in death)  Due to (or as a consequenca of):	rgin
23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,  Approximation intervel interve	0
Immediata Cause (Final disease or condition resulting in death)  a. Cortoct Ctys Let Nound of Head  Due to (or as a consequenca of):	te
ē .	Deam
Cause (Disaasa or Injury that initiated events resulting in death) Last  Due to (or as a consequence of):	
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobecco use contributa to the cause given in Part I.  1 Yes 2 No 3 Probably 4	of death:
Alzleiner's Disease 10 You 30 Probably 4	Unknow
24e. Was an eutopsy performed?  24b. Were autopsy eveilable pric completion of death?	to
	No
25. Was case referred to medical examiner?  1 Days 2 No  26. Plece of Death (Check only ona)  1 Days 2 No  1 inpatient 2 ER/Outpatient 3 DOA  1 inpatient 2 ER/Outpatient 3 DOA	
28a. Date of Injury   Month, Dey Year   28b. Time of Injury at Work?   28c. Injury at Work?   28d. Describe how injury occurred   28d. Des	nber.
	701
1 Certifying Physician: To the best of my knowledga, death occurred at the time, data and place, and dua to the cause(s) and mannar as stated.  2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause and manner steted.	s)
29b. Signature and title of certifier  29c. License number  29d. Dete signed (Month, Dey, Year)  O.C.M.E.  JUNE 11,1996	
30. Name and address of person who complated cause of daath (Item 23a) (Type, Print)	
State 31. Data filed (Month, Day, Year) 32. Registrar's Signature 32. Registrar's Signature	
gistrar JUN 1 4 1996 Julia Munder Ranks	

Registrar DHMH 16 Rev 6/95

Comment and

enter of an entertain

EPPH A I HOLL

		-	-			Mental Hy	giene 9	6 19	084
			Certifi	cate of	Death		Reg. No.		
Decedent's Neme (First, Middle, Last						2. Dete of Dec	eth Dey	Yeer 3. T	ime of Death
RUTH	Delores		110	1100	2 m	Jan		1994	5-11
e. Facility Name (If not institution, give	and the same of the same			A 11	4b. City, Town, or I		4c. County	of Death	
Washington Adver	ntist Hos	pital			Takoma 1		Montg	gomery	
6. Sociel Security Number 6. Se		ge (In yrs. lest birt	DIOO!	Inder 1 Yeer	if Under 24 Hrs. Hours Min.	8. Date of Birt (Month, De	h v Vearl	9. Birthplace (S Country)	Stete or Foreign
100-42-3228	□ M 2 💢 F	48	Yrs.	nuns Doys	Tiodis itimi.	Feb. 1	0, 1948	St. Cr	oix, VI
Usual Residence of Decedent		140 000 -							
Virgin 10b. County		10c. City, Towr	n or Location	n					side City Limits
Islands N/A		Chri	stien	sted				11	Yes ZNO No
10e. Street and Number	John F.	Kennedy	10	f. Zip Code			10g. Citizen of V	Whet Country?	
Bldg. #5 Apt. 40	Housing	Complex		0082	.0		United	States o	of Amer
11. Meritel Stetus	12. Wes Decedent Armed Forces?	Ever in U.S.	13. Wes [	Decedent of I	Hispenic Origin? (Spen. Mexican, Puerto	pecify Yes or No	- 14. Rec	e - American Ind	
1 Never Married 2 Merried	1 ☐ Yes 2 🕅					o mican, etc.)		ck, White, etc.	
3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		104	es 2 🗓 No	Specify:		Specify	Black	
15. Decedent's Edu	ication	16a.		Usuel Occup		kina	16b. Kind of Bi	usiness/industry	
(Specify only highest grad Elementery/Secondery (0-12)	College (1-4or	5+)	life. DO N	ot work done OT use retire	during most of world)	r#1g			
10	Consider (1. April 1		Recor	ds Cle	rk		U.S.	Govern	nent
17. Fether's Neme (First, Middle, Last)					18. Mother's Nen	ne (First, Middle,			
Philpott Williams	3				Alice	Caesar			
19e. Informent's Neme/Rejetionship (T)	ype, Print)	19b	. Meiling Ad	dress (Street	end Number or Ru	ral Route Numbe	er, City or Town,	Stete, Zip Code	)
Cleone Llanos					arm Chri				
20e. Method of Disposition		20b. Pleca of	Disposition	(Neme of		Dete		City or Town, St	
1 DBunel 2 Cremetion 3 DF				or other ple	1				
4 □ Donetion 5 □ Other (Specify)		Kings	· T · · · · · ·	Cemet		5/10/96	Christ	iensted,	VI
21. Signature of Funeral Service Licens	00		J. Nan	ames M	ess of Fecility emorial I	Tuneral	Home		
23a. Pert1. Enter the disease, or compl	lications that couse	d the deeth. Do r	ot enter the	AA Leg	rande Pri	tncess C or respiretory er	hristie:	Appro	oximete
shock, or heert feilure. List only of	ne ceuse (in mach ii	ne.							rel Between It end Deeth
Immediete Cause (Finel		-	hall		0.0			1	
disease or condition resulting in deeth)	0.	Durk (see		2	-V- V	0 ,	torate		lan
		Due to (or es e o	consequenc	0.	lord	Du'	terch	en 1	hz-
				e of):	uds ox	Du'	terch	-	brz-
	b	Distance described			LOS OX	Du'	terch		hz-
Sequentietly list conditions, if eny, leeding to immediate	b	Due to (or es e o	consequence		e de ox	a.	tench		hz-
if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	b		·	a of):	uds ox	Qu'	tench		hz-
f eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events	b	Due to (or es e c	·	a of):	u de ox		tercte		loz-
f eny, leeding to immediate ause. Enter Underlying Ceuse (Disease or Injury het Initiated events	b		·	a of):	w de ox	Qu'	tercte		loz-
f eny, leeding to immediete cause. Enter Underlying Cause (Disease or Injury het Initiated events resulting in death) Lest	b	Due to (or es e c	consequence	a of):		Qu'	tench		loz-
f eny, leeding to immediete cause. Enter Underlying Cause (Disease or Injury het Initiated events resulting in death) Lest	b c d htributing to death b	Due to (or es e c	consequence	a of):			,	entributs to the c	ause of death?
if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest	bdntributing to death b	Due to (or es e c	consequence	a of):			dobacco usa co	entributs to the c	ause of death?
if eny, leeding to immediate cause. Enter Underlying	b	Due to (or es e c	consequence	a of):		12	Yes 2□ No	3 Probably	ause of death?
if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest	b	Due to (or es e c	consequence	a of):		12X	,	3 Probably  24b. Were auteveileble	ause of death' 4 Unknow
if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest	b	Due to (or es e c	consequence	a of):		12X	Yes 2□ No en eutopsy	3 Probably  24b. Were auteveileble	ause of death'  4 Unknow  topsy findings prior to no of cause
f eny, leeding to immediete zause. Enter Underlying Jeuse (Disease or Injluy het Initieted events esulting in death) Lest	b	Due to (or es e c	consequence	a of):		12X	Yes 2 No en eutopsy rmed?	3 Probably  24b. Were au eveileble completie	ause of death'  4 Unknow  topsy findings prior to on of cause
le eny, leeding to immediate sause. Enter Underlying Cause (Disease or Injury het initieted events esulting in death) Lest  ent ti. Other significant conditions cond	b c d ntributing to death b	Due to (or es e c	consequence	a of):		24e. Wes perfo	Yes 2□ No en eutopsy med?  Yes 2□ No	3 Probably  24b. Were auteveileble completion deeth?	ause of death:  4 Unknow  topsy findings prior to on of cause
if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  Pert ti. Other significant conditions c	Hospital:	Due to (or es e c	the underly	a of): e of): ring cause gi	ven in Pert I.  26. Piece of Dee	24e. Wes perfo	Yes 2□ No en eutopsy med?  Yes 2□ No	3 Probably  24b. Were au eveileble completion death?  1 Yes	ause of death?  4 Unknown  topsy findings prior to on of cause
feiny, leeding to immediate ause. Enter Underlying Deuse (Disease or Injury het initiated events esulting in death) Lest  Tent II. Other eignificant conditions condi	Hospitel: 1 ☐ Inpatie	Due to (or es e country of control of the country o	tpatient 30	a of): a of): a of): displaying cause given	ven in Pert I.  26. Plece of Deener: 4 \( \) Nursing H	24e. Wes perfo	Yes 2□ No en eutopsy med?  Yes 2□ No	3 Probably  24b. Were au eveileble completi of deeth?  1 Yes	ause of death:  4 Unknow  topsy findings prior to on of cause
if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Pert ti. Other significant conditions c	Hospitel: 1 □ Inpatie	Due to (or es e country of control of the country o	tpatient 3	a of):  a of):  a of):  DOA Off  28c. Inju Wo	ven in Pert I.  26. Plece of Deener: 4 \( \) Nursing H	24e. Wes perfo	Yes 2 No en eutopsy med?  Yes 2 No one)	3 Probably  24b. Were au eveileble completi of deeth?  1 Yes	ause of death'  4 Unknow  topsy findings prior to on of cause
tern, leeding to immediate sause. Enter Underlying Ceuse (Disease or Injury het initiated events esuiting in death) Lest  ert tl. Other significant conditions condit	Hospitel: 1 ☐ Inpatii 28e. Dete of Inju (Month, De	Due to (or es e control of contro	tpatient 3[	DOA Offi	ven in Pert I.  26. Piece of Dee ner: 4⊡ Nursing H ry et  rt?	24e. Wes perfo	Yes 2 No en eutopsy rmed?  Yes 2 No one) denca 6 Oth now injury occur	3 Probably  24b. Were au eveileble completi of deeth?  1 Yes	ause of death  4 Unknow  topsy findings prior to pn of cause  2 No
if einy, leeding to immediate cause. Enter Underlying Cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest  Pert ti. Other significant conditions condition	Hospitel: 1 ☐ Inpatie  28e. Dete of Inju (Month, De	Due to (or es e country of control of the country o	tpatient 3[	DOA Offi	ven in Pert I.  26. Piece of Dee ner: 4⊡ Nursing H ry et  rt?	24e. Wes perfo	en eutopsyrmed?  /es 2 No  ne)  denca 6 Oth now injury occur  Street and Numb	3 Probably  24b. Were au eveilable complete of deeth? 1 Yes  ner (Specify)	ause of death  4 Unknow  topsy findings prior to pn of cause  2 No
tern, leading to immediate sause. Enter Underlying Ceuse (Disease or Injury het initiated events esuiting in death) Lest  enter ti. Other significant conditions cond	Hospitel: 1 ☐ Inpatie  28e. Dete of Inju (Month, De  28e. Plece of Injuiding, et	Due to (or es e control of contro	tpatient 3[ fine of njury M	a of):  a of):  b of):  DOA Oth  28c. Inju Wo 1 1  actory, offica	26. Piece of Deener: 4 □ Nursing H ry et rk?   Yes 2 □ No	24e. Wes perfo	en eutopsyrmed?  /es 2 No  ne)  denca 6 Oth now injury occur  Street and Numb m, State)	3 Probably  24b. Were au eveileble completi of deeth?  1 Yes  ner (Specify) red	ause of death 4 Unknow topsy findings prior to pn of cause 2 No
eny, leading to immediate ause. Enter Underlying cause (Disease or Injury net initiated events assulting in death) Lest  5. Wes case referred to medical examiner? 1 Yes 2 No 7. Menner of Death 1 Naturel 1 Pending investigation 3 Suicide 4 Homicide 1 Could not be determined  9a. Certifier (Check only 2 Medicat Examiner)  1 Certifying Physical Could not be determined	Hospitel: 1 ☐ Inpatie 28e. Dete of Inju (Month, De 28e. Plece of Inju building, et	Due to (or es e control of my knowledge, feamington)	tpatient 30 mm, street, for	DOA Ott	26. Piece of Deener: 4 Nursing Hry et rk? Yes 2 No	24e. Wes perfo	Yes 2 No en eutopsy med?  Yes 2 No one) denca 6 Oth now injury occur  Street end Numb wn, Stete)	3 Probably  24b. Were authorished expenses of deeth? 1 Yes  her (Specify)  red  ber or Rurel Rourent expenses steted.	ause of death 4 Unknow topsy findings prior to on of cause 2 No
fe ny, leeding to immediate ause. Enter Underlying Deuse (Disease or Injury het initiated events esulting in death) Lest  For til. Other significant conditions condi	Hospitel: 1 Inpatie 28e. Dete of Inju (Month, De 28e. Plece of Inju building, et	Due to (or es e control of my knowledge, feamington)	tpatient 30 mm, street, for	DOA Ott	26. Piece of Dee ner: 4 □ Nursing H ry et rk? Yes 2 □ No me, dete end plece ppinion, deeth occu	24e. Wes perfo	en eutopsyrmed?  Yes 2 No  No  No  No  No  No  No  No  No  No	3 Probably  24b. Were authorished expenses of deeth? 1 Yes  her (Specify)  red  ber or Rurel Rourent expenses steted.	ause of death  4 Unknow  lopsy findings prior to on of cause  2 No

State

Registrar

**Physician** 

/Medical

Examiner

Director

Funeral

by

To Be Completed

**Funeral** 

Director

permit. Peges 1 end 2 should be filed within 72 hours effer death with the Meryland Department of Heelth end Mental Hygiene. Important: If Item 27 is marked other than "naturel", or items 23a or 23a-f show any injury or other treumstic event, the Medical Examiner must be not that end

**Physician** /Medical

Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effect death.

To the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burlar-transit completely filled in by the funeral director, page 2 should be deteched for use as the burlar-transit

Division of Vital Records, P.O. Box 68760,

Completed by Physician/Medical Examiner

Be

Certification: To

Medicai

Baltimore, Maryland 21215-0020

wha 31. Date filed (Month, Dey, Year)

JUN 1 4 1996



30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

19085

_						Cer	tificate of	Death		Reg. No.			
	Physic	ian	1. Decedant's Nama (First, Middla, L.						2. Data of D Month	Day	Yaar	3. Time of	
7	/Medi		Vera I		Whiddo	n			June 6			11:30	OPM
7	Exami	ner	4a. Facility Nama (If not institution, gi						or Location of Dea				
			Randolph Hills  5. Social Security Number 6.		ome a (In yrs. last bi	rth day)	If Undar 1 Yaar	Wheato			gomer	-	Frates
н	Funeral Director			1 M 2 Ž F /. Age	82	Yrs.	Months Days		Min. (Month, C	Pay, Year)	9. Birthp	lace (Stata o	or Foreign
			Usual Rasidence of Decedant		02				Aug.15	,1913	Alaba	ma	
	/and		10a. Stata 10b. County		10c. City, Tow	n or Loc	ation				1	0d. Insida Ci	ity Limits
	Mar	to	Maryland Montgor	nerv	Sil	lver	Spring					1 🗆 Yas	2 KNO
	7.28 P	Director	10e. Street and Number				10f. Zip Coda			10g. Citizen of	What Cour	itry?	
	h wit		1605 Arbor View B	₹oad			20	902		United	Stat	es	
	72 hours after death with the Manyland nature!, or items 23s or 28s-f show local Examiner must be nutified at	Funeral	11. Maritai Status	12. Was Dacedant E Armed Forcas?	Evar in U,S.	13. W	as Decedant of	Hispanic Origin	? (Specify Yas or Nuarto Rican, atc.)	lo- 14. Rac	e - Amaric		
0	or H		1 ☐ Nevar Married 2 ☐ Married	1 ☐ Yas 2 ☒ N If Yas, Giva	lo		☐ Yas 2X No		uano moan, atc.)	15.500	ck, Whita,	atc.	
21215-0020	ours Feel.	d by	3X Widowed 4 □ Divorced	Yaar or Detas:				Specify.		Specif	Wh	ite	
2		Completed	15. Decedent's E (Specify only highast gr	ducation ada complated)	16a	(Giva k	ant's Usual Occu	during most of	working	18b. Kind of B	usiness/Ind	Justry	
7	of filed within of Hygiane. I other than went, the Me	mp	Elamantary/Secondary (0-12)	Coliaga (1-4or 5-	+)		<i>0 NOT usa ratire</i> nemaker	9d)		0.00	Home		
70	Hygie ther int, ti		17. Father's Nema (First, Middle, Las	<i>t</i> )		1101	Hemaker	18 Mother's	Nama (First, Middl			;	
a	ntel od o	Be c	Lee James Ra							11000			
Maryland	d 2 should be ith and Mantel I	To	19a. fnformant's Name/Ralationship		198	Meilin	Address /Stree		e Beatri			Codel	
	the tree		Jerry B. Whiddon										
ē,	s 1 end 2 f Heelth ttam 27 I		20a. Mathod of Disposition	3011	20b. Place of	of Dispos	ition (Nama of	.ew Road	Jo,1996	Spring,		20902 wn. Stata	
Baltimore,	ages ont of t: If if y or		1 Burial 2 Cramation 3 [		Cemata	ry, cram	atory or othar pla	June	10,1996				
	artme ortan Injur		21. Signature of Funaral Sarvice Lice		Parkia		Memorial		Robert A	Rockvil			
ñ	permit. Pages 1 en Department of Heel Important: if itam 2 any Injury or other once.		50.	2/1		Roo	ckville,	Inc.,	300 W. M				nome
-	_		23e Part Fotor the diseases or con		100348	Roo	ckville,	Maryla	nd 2085	0-2805		Approximate	
	Dhualalan		shock, or heart failure. List only	ona causa on each lin	ia.	not brita	i tha moda or dy	ing, addit da dai	olac of raspiratory	a1103(,		Intarval Bet	ween
9	Physician /Medical	Ш	Immediate Cause (Final	23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.									
	Examiner	Н	disaasa or condition rasulting in death)	0.							1	Years	
-		je	Due to (or as a consaquence of):										
	certificata be executed nding physician and use es the burial-transit	Examiner	Sequentially list conditions,  Dua to (or as e consequence of):										
Š	e exe		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury								i		
68/60,	hysic the b	dica	that Initiated evants rasuiting in death) Last	C.	Dua to (or as a	consequ	anca of):						
OX O	ding p	√Medical		d							1		
	e 6												
	0 0 2	Physicia	Part II. Other significant conditions	ontributing to death bu	it not rasulting i	n tha un	darlying causa gi	Ivan in Part I.		tobacco use co	ntribute to	the cause o	of death?
	ed by deta	4	Pneumonia, Cachex	ia, Dehydr	ation 8	Ser	osis		1	Yes 2 No	3 Prol	bably 4 🗆	Unknown
SD	law requires that the as been signed by the 2 should be detache	d by							24a Wa	s an autopsy	24b. W	ara autopsy fi	findings
5	v req beer shou	lete							per	formed?	CO	aliable prior to impletion of c	
T C	0 - 6	Completed							45	Yas 2 No		death?	
O	certificate rector, pag		25. Was casa rafarred to medical	1				00 Di/			11	Yas 20	No
>	Physician: this certific ral director,	To Be	axaminar?	Hospitel:	nt 2 ER/O	doctions	3□ DOA Ot		Death (Check only ng Homa 5 ☐ Ras		nr (Canail	4	
DIVISION OF VITAL RECORDS,	Phys eral d		27. Mannar of Death	28a. Data of Injury	y 28b.	Tima of	28c. Inju			how injury occur		")	
5	th.: Afte	i i	1 ☐Natural 5 ☐ Pending 2 ☐ Accident Invastigation	(Month, Day	Year)	Injury		ork? ]Yas 2∐No					
	or Attending after deeth. Director: After in by the fune	fice	3 Suicida 6 Could not be detarmined	28a. Place of Inju	ry - At homa, fa	arm, stre	at, factory, office			(Street and Numi	ber or Rurs	l Routa Num	nber,
5	s after Direction by	Certification:	4   Homicida	building, atc.	. (Ѕреспу)				City or 1	own, Stata)			
	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certific completaly filled in by the funeral director,		29e. Certifier 1 ☐ Certifying Pl	hyalcian: To the best of	f my knowledge	a, daath	occurred at tha t	ima, data and pl	lace, and dua to the	a causa(s) and m	annar as s	ated.	
	he H in 24 he Fi	edical	one) 2   Medical Exa	miner: On the basis of and mannar stat	axamination an	d/or Inve	astigation, in my	opinion, daath c	occurred at the time	, deta and place,	and dua to	tha cause(s	•)
	With To the	≥	29b. Signatura and titla of certifiar	-	1		29c. Lican	sa number		29d. Data signe	d (Month,	Day, Year)	
	1		Meetine	Mayel	h)		D08	944		June 7	, 199	6	
	Y		30. Nema and address of person who	/ /									
	1		Martin C. Shargel			agut	Avenue	, Kensi	ngton, MI	20895	-2110		
	Sta	_	31. Data filed (Month, Dey, Year)		r's Signature								
D: "	Registr		JUN 1 0	1996 Ju	hia Davids	1	male 12						
OHIL	AH 16 Rav 6/9	5	_								~		

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene 96

- 1	0	0	0	-
- 1	6	11	×	1
- 1	1	U	U	

					Ce	rtificate	of	Death			Reg. No.					
Ohari		Decedent's Neme (First, Middle, Li	ast)							2. Dete of D		Voor				
Physi /Med		Ng Y. Wong								Month		996	5:4	6 PM		
Exam		4e. Fecility Neme (if not institution, gir	ve street and nu	ımber)			4	b. City, Tov	wn, or Lo	cation of Dec	eth 4c. Cou	nty of Deetl	n			
The Adopt		Holy Cross Hospi	tal				2	ilver	Spr	ing	M	ontgo	merv			
Funera	1		Sex	7. Age (In y	vrs. last birthday)	if Under 1		If Under 2 Hours		8. Dete of B				or Foreign		
Directo	-	577-82-9785	1□M 2Å F	71	Yrs.	WOTUTS	Deys	nours	IVIIII.		9,1924					
р ,		Usuai Residence of Decedent														
r 28e-f show	-	10a. Stete 10b. County		10c.	City, Town or Lo	ocation										
Pa-f	cto	Maryland Montgo	mery		Whe	aton							1 🗆 Yes	2 X No		
death with the Marylend ims 23a or 28a-f show it must be notified at	Director	10e. Street end Number				10f. Zip (	Code				10g. Citizen	t Whet Co	untry?			
th wi	<u>@</u>	3304 Randolph Ro	ad				209	02			United	State	es			
dea F	Funeral	11. Meritel Status	12. Wes Dec		n U,S. 13.	Wes Decede	nt of H	ispenic Orig	pin? (Spe	cify Yes or N Rican, etc.)	lo- 14. F					
aftar or its		1 ☐ Never Married 2 Married	1 ☐ Yes If Yes, Gi	2 No		1 Yes 2		Specify:	1 401101	mount, oto.,			1, 010.			
5-0020 72 hours aftar natural, or te	l by	3 Widowed 4 Divorced	Yeer or E	Detes:		10 103 2	_7,10	ороспу.			Spe	ony:	Asian			
72 hours	Completed	15. Decedent's E (Specify only highest gr	ducetion		16a. Dece	dent's Usuel	Occup	etion during most	of worki	na	16b. Kind of	Business/I	ndustry			
2 E E Z	D C	Eiementery/Secondery (0-12)	College (		life.	kind of work DO NOT use	retired	1)	0. 110.11.							
21 ed wit ygjene t, m	ပ်	0			Home	maker							e			
be filed vial Hygical dother want, it	Be	17. Fether's Neme (First, Middle, Lasi	)					18. Mother	r's Neme	(First, Midd	le, Maiden Surr	ame)				
Maryland od 2 should be file lith and Mental Hy 27 Is marked other traumatic avant.	0	Wai L. Leung						Not	Avai	lable		No	9			
Marylo		19e. Intormant's Neme/Reletionship	(Type, Print)		19b. Meili	ng Address	Street	and Numbe	r or Rura	Route Num	ber, City or To	vn, State, 2	lip Code)			
ore, M		Pak Y. Wong/Husb	and		3304	Rando	lph	Road	, Wh	eaton	Maryla	and 2	20902			
of Haalt item 27		20a. Method of Disposition	30		<ul> <li>b. Piece of Disposers</li> <li>cemetery, createry</li> </ul>	sition (Name	of er plac	a).Tune	10	Dete 1996	20c. Locatio	n - City or	Town, Stete			
Pagas nant of nt: If its		1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci			Sate of					1000	Silve	Spr:	ing, Mar	rylar		
Baltimore, permit. Pagas 1 ar Department of Haa Important: if item; any injury or other		21. Signeture of Funerel Service Lica	Pumphrey Funeral H			_										
Depariment any Ir		Min 9	7-11	5								Dey (96 Side of Death  Montgomery  9. Birthplece (State or For Country)  10d. Inside City Lin  1				
_		23e Pert1 Enter the disease or con	nolicetions that		00348 R	OCKV1J	.le,	Mary	Land	2085	0-2805	Ac. County of Deeth  Montgomery  9. Birthplace (State or For Country) 1924   10d. Inside City L 1 Yes 25  10g. Citizen of Whet Country?  nited States  14. Raca - American Indien, Bieck, White, etc.  Specify: Asian  18b. Kind of Business/Industry  Own Home  Maiden Surname)  Ng  City or Town, State, Zip Code)  Maryland 20902  20c. Location - City or Town, State  Silver Spring, Maryl Pumphrey Funeral Hongomery Avenue, -2805  ast, Approximate Intervel Betwee Onset end Deet  Maryland 20902  24b. Were autopsy findievellable prior to completion of caus of deeth?  In eutopsy and Town and T				
Dhaminin		23e. Pert1. Enter the diseese, or com shock, or heert feilure. List only	one ceuse on	ech line.			o. o,	, g, 0 a a i i o a i	0010100	. тооршотогу	on out,	i	Intervel Bel	etween		
Physician /Medica		Immediate Ceuse (Finei		1	, ,	1	7					i				
Examine		diseese or condition resulting in deeth)	θ	Ca	dear 6	cry	1-8	ala				MINUTES				
	-			Due to	o (or as a conse	quence ot):		- 1			1	Citizen of Whet Country?  Led States  14. Raca - American Indien, Bieck, White, etc.  Specify: Asian  Kind of Business/Industry  Own Home  Jen Surmame)  Ng  Ty or Town, State, Zip Code)  Laryland 20902  Location - City or Town, State  Liver Spring, Mary  Imphrey Funeral H.  Gomery Avenue,  1805  Approximate Intervel Between  Conset end Decentary  Completed Jense  Course contribute to the cause of completion of cause of deeth?  24No 3 Probably 4 United States of Completion of Cause of Gentley  Lippsy  24No 1 Yes All No.				
nsit ted	Examiner		b. ———	HQ	ros le	ralic	, C	orde	was	ulm	disea	el	Jeans			
al-tra	хаг	Sequentlatly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to	o (or es e conse	quence of):						i	•			
box 68/60, death certificate be axecuted a strending physician and d for use as the buriat-transit	100	Cause. Enter Underlying Cause (Disease or Injury that initieted events	C									i				
phys the	Medical	resulting in deeth) Lest		Due to	o (or es a consec	uence of):						1				
CA CO n certific anding p usa as			d									1				
BOX of eath certification attending	clar											1				
	Physician	Pert II. Other significant conditions of					use giv	en in Pert I.		23b. Di	d tobacco use	contribute	to the cause	of death		
ords, r.O. requires that the een signed by the hould be detached.		Diabetes m	elletis	hy	perten	sins				10	Y00 212N	3 Pr	obably 4	] Unknow		
Signe Signe De d	by			1 1	1									We see the		
inpe inpe	Completed									24a. Wa	is an eutopsy formed?		evellable prior	to		
as b	pjd			<del></del>								6	deeth?	cause		
yalclan: The lav scartificata has director, pega 2	5									1[	Yes 20 No	1	Yes	No		
Triffice	Be	25. Wes cese reterred to medical						26. Piece	of Death	(Check only	one)			•		
Oi VICA Physician: rithis cartific rral director,	To	examiner? 1 Yes 2 KNo	Hospitei:	Inpatient 2	□ ER/Outpatie	nt & DOA	Oth	or.				Other (Spec	cify)			
Phys aral di		27. Manner of Deeth	28a. Dete	of tnjury	28b. Time o		c. Injun						,			
P After	te	1 2XNeturel 5 ☐ Pending 2 ☐ Accident Investigetto		th, Day Year	njury)	м		k? Yes 2.∐.N	No							
OVISION OF VICAL MECOFICES, for Attending Physician: The law requires the after death.  Director: After this cartificate has been signed in by the funaral director, page 2 should be to the funaral director, page 2.	Certification:	3 ☐ Suicide 8 ☐ Could not b	289. PI906	ot Injury - A	t home, ferm, st	eet, tectory.	office		2	28f. Location	(Street and Nu	mber or Ru	rai Route Nun	nber,		
P sage	e T	4 Homicide	build	ing, etc. (Spe	ecify)					City or T	own, State)					
pours fille		29a. Certifier 1/ Certifying Pt	valcian: To the	best of my i	cnowledge deat	occurred et	the tin	ne date and	I ntece is	nd due to th	e cause(s) and	manner as	stated			
To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di	edical		niner: On the b	asis of exam	inetion end/or in	vestigation, I	n my o	pinion, deet	h occurre	ed et the time	, date end place	e, and due	to the ceuse(	s)		
ithin of the or	2	29b. Signeture end title of certifier				29c.	Licens	e number			29d. Dete slo	4c. County of Deeth  Montgomery  9. Birthplece (Stete or Fore Country) 1924 China  10d. Inside City Lim 1 Yes 2 1 1  10d. Inside City Lim 1 Yes 2 1 1  10d. Inside City Lim 1 Yes 2 1 1  11d. Raca - American Indien, Bleck, White, etc.  Specify: Asian  6b. Kind of Business/Industry  Own Home  1alden Surmame)  Ng  City or Town, State, Zip Code)  Maryland 20902  10c. Location - City or Town, State  Silver Spring, Maryla  Pumphrey Funeral Hom  Intgomery Avenue, 1-2805  14. Raca - American Indien, Bleck, White, etc.  Specify: Asian  6b. Kind of Business/Industry  Own Home  1alden Surmame)  Ng  City or Town, State, Zip Code)  Maryland 20902  10c. Location - City or Town, State  Silver Spring, Maryla  Pumphrey Funeral Hom  Intgomery Avenue, 1-2805  15t, Approximate Intervel Between  Onset end Deeth  Minures  Classical Jean  Onset end Deeth  Minures  Onset end D				
8 4 5 4																
h									-			~ .				
2		30. Name and address of person who	completed caus	se of death (I	tem 23e) (Type,	Print)	1	6 BET	1 m	rsselm	Ar					
0'						09	4									
	ate	31. Dete tiled (Month, Day, Year)		tegistrer's Si	•											
Regis	rar	JUN 1 0 19	196	Julia De	widow R	della										
DHMH 16 Rev 6	95	·	0	/												

DHMH 16 Rev 6/95

- 111 and the same of th

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Time of Deeth **Physician** Month Year June 12, 4b. City, Town, or Location of Death WOLF /Medical 1996 10:33 AM 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death **Examiner** Suburban Hospital Bethesda

If Undar 1 Year | If Undar 24 Hrs. | 8. Dete of Birth
Months | Deys | Hours | Min. | (Month, Day, Year) Montgomery

9. Birthplace (Stata or Foreign Country) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Deys 1 M 200 Director 579-01-3473 81 Aug. 19, 1914 Detroit, Michigan Usual Rasidanca of Dacedent 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 XYas 2 □ No Director Maryland Silver Spring Montgomery 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 3947 Windy Lane 20906 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. 1 Yes 2 XNo If Yes, Give Yaar or Datas: 1 □ Never Merried 2 □ Married 1 ☐ Yas 2 ☐ No Specify: Specify: ð % Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Yrs Sales Lady Retail 17. Father's Neme (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maiden Surneme) Abraham Cohen Ida Brvinsky 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3947 Windy Lane, Silver Spring, Maryland 20906 Marilyn A. Leach, Daughter 20b. Plece of Disposition (Name of cameter, cramator, or other place)
District Of Columbia 20e. Method of Disposition 20c. Location - City or Town, Stata Deta 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramovai from Stata 4 □ Donetion 5 □ Other (Specify) June 14, 1996 Washington, D.C. Lodge Cemetery 21. Signeture of Funarel Service Licensee STETNAMHER REW FADITYMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, N.W. WASHINGTON, D.C. 20012-2095 shock, or heert feilure. List only one cause on eech line. Approximete tnterval Between Onset and Deeth Physician MILIARY TUBERCULOSIS /Medical Immediate Cause (Final Several Mo. disaasa or condition resulting in deeth) Examiner Several Examiner Months Sequentially list conditions, if any, leading to immadiate causa. Entar Underlying Ceuse (Disease or Injury that Initiated events rasuiting in daeth) Last Physician/Medical Dua to (or as a consequance of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? SEPSIS 1 Yes 2 No 3 Probably 4 Unknown Š RESPIRATORY FACLURE 24b. Were autopsy findings available prior to 24e. Wes en eutopsy performed? Completed completion of cause of deeth? 2 0 No 1 ☐ Yes 2 ☐ No 25. Wes casa referred to medical axaminer? Be 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Rasidance 8 Other (Specify) 1 Yas 2 No 28a. Dete of Injury (Month, Day Year) Certification: 27. Mennar of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending 1 Neturei 1 ☐ Yes 2 ☐ No Invastigetion 2 Accident 6 ☐ Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier 🔁 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and mennar es stated. Medical Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and mennar stated. 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier aross 29c. License number BETHESDA 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 7100 DEER CROSSING CT. SAXEMA MO

State Registrar

JUN 1 4 1996

UIRENDRAK 31. Data filed (Month, Day, Year)

32. Registrer's Signeture Telia Davidson

with the Meryland

death

7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Maxical Examiner must be notified at

e filed within 72 hours after of Hygiene.

permit. Peges 1 and 2 should be file Department of Heelth and Mentel Hy Important: If Item 27 Is marked other any Injury or other traumatic event

g physician and es the buriel-transit

950 for

signed by the a

peed

certificate hes b

funeral

Affer

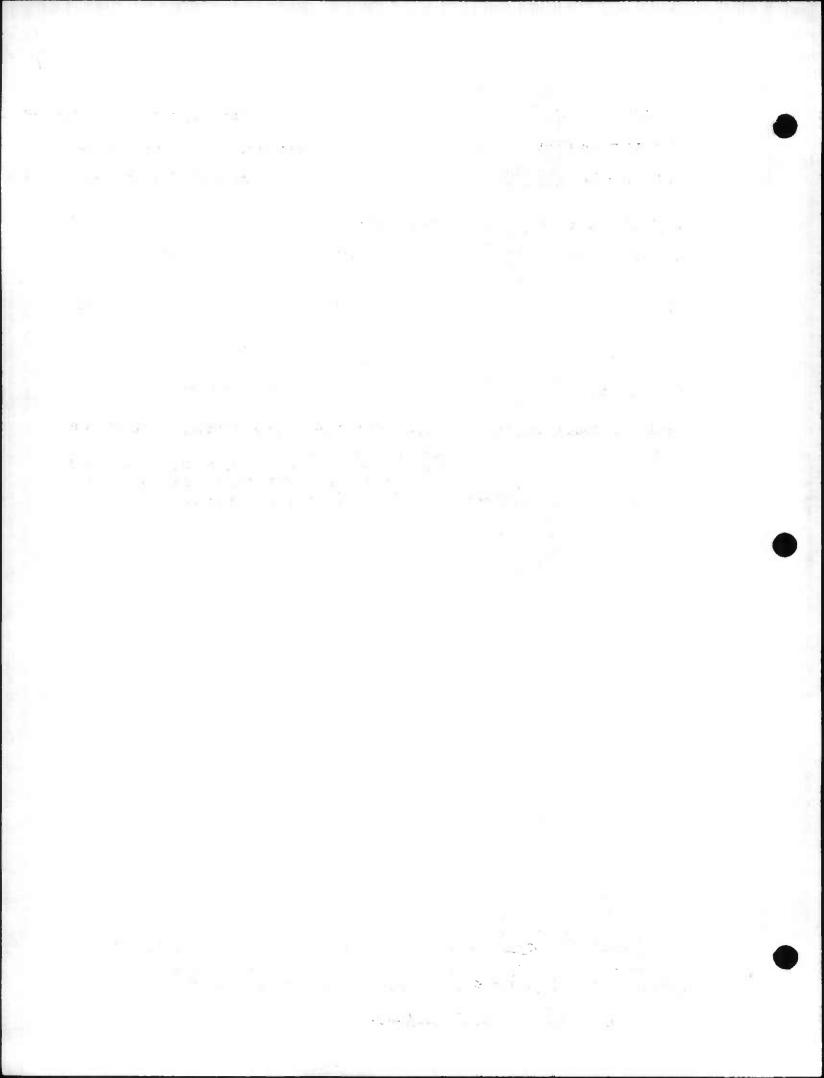
death.

or Attendi efter death Director:

To the Hospital or Atte within 24 hours effer de To the Funeral Directo completely filled in by th

Division of Vital Records, P.O. Box 68760.

Saltimore, Maryland 21215-0020



			State of Maryl		artment of F rtificate of			iene 9	6 19	9088
Physic	ian	1. Decedent's Nema (First, Middle, Last)					2. Data of Deat Month	-	Yaar 3.	. Time of Death
/Med	ical	Mervin	W.	Wi	nston		June			:30 p.
Exam	iner	4a. Facility Name (If not institution, give s	wone co	± = 1			or Location of Deeth	4c. County		TO V
F		Montgomery Gene 5. Social Security Number 6. Sax	The state of the s	rs. last birthdey	If Under 1 Yeer	Olney		MON	NTGOME	
Funera Directo	_		M 2□F 7		Months Deys	Hours M	in. (Month, Day, Feb. 9,	1920	Country)	h. DC
Q		Usuel Rasidance of Decedant					100.57	2020	1145	
how	_	10a. Stata 10b. County	10c.	City, Town or Le	ocation					Inside City Limits
M Series	cto	MD Montgom	ery	Silv	er Sprin	ng				1 ☐ Yas 2 No
Mith th	F	10e. Street and Number			10f. Zip Coda		10	0g. Citizen of V		
230	2	3974 Bel Pre R				20906			.A.	
d 2 should be filed within 72 hours aftar death with the Maryland of 2 should be filed within 72 hours aftar death with the Maryland thand Mental Hyglena.  7 is marked other than "natural", or items 23a or 28a-f ahow traumetic avent, the Medical Examiner must be inclined at	by Funeral Director	11. Maritel Status  1 □ Nevar Merried 2 № Married  3 □ Widowed 4 □ Divorced	I2. Was Decedent Ever in Armed Forcas? NO¥as 2 □ No If Yas, Giva Yeer or Detes: 43		_	an, Maxican, Pu Specify:	(Specify Yes or No- erto Rican, etc.)	Specify	e - Amarican li ck, White, etc. : Bla	
d within 72 hours af glena. r than *natural", or	8	15. Decedant's Educ	cation	16a. Dece	dant's Usuel Occup	pation		16b. Kind of Bu	usiness/Industr	гу
hin 7	Completed	(Spacify only highest grade Elamentary/Secondary (0-12)	Coilega (1-4or 5+)	(Giva	kind of work dona DO NOT usa retired	during most of w d)	vorking			
filed within Hyglena. ther then	Com	Lambinary, Social and (C 12)	1 yr	Su	perviso	r		G.S.F	4.	
be filed tal Hygid d other	Be	17. Fathar's Nama (First, Middia, Last)				18. Mother's N	lame (First, Middle, A	Aaidan Sumam	ne)	
should be and Mental and marked of	2	Monroe Winston				Este	elle Col	е		
d 2 should be flic th and Mental Hy 7 is marked oth traumatic avent		19a. Informant's Name/Raletionship (Ty)					Rural Routa Number,	-		
and faalt m 27		Winifred B. Wi					., Silve:			
emit. Pagas 1 a Department of Hae mportant: If hem iny injury or othe		20a. Mathod of Disposition 1 XBurial 2 ☐ Cramation 3 ☐ R	amoval from Stata		osition (Neme of metory or other plea			20c. Location -		
tmen tant:		4 □ Donation 5 □ Othar (Specify)	- 4				6/20/96	Arlin	igton,	VA
permit. Pagas 1 and Department of Haalth Important: If item 27 any injury or other tr once.		21. Signature of Funaral Sarvice License	9//		2. Nama and Addra SNOWDEN		AL HOME,	P.A.		
40200		Singe N./	promo	elle	ROCKVILI	LE, MD	20850			
Physician /Medical		23a. Pert1. Enter the disease, or compile shock, or heart failure. List only on Immedieta Causa (Final disease or condition	e cause on each line.	aath. Do not an	tar the mode of dylr	ng, such as card	lec or respiretory erre	est,	Inte	proximete arval Between set end Death
Examiner	77.	rasulting In death)	AS Duate	o (or as a conse	quence of)	mei	mary	9	2	-3 wee
eta be axecuted hysician and tha burial-transit	Examiner	Sequantially list conditions,	Due to	o (or as a conse	quance of):			,		
ceta be an chysician a tha burial	<u> </u>	Sequantially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury	Status	1201	- Grav	o hus.	tong of	use		
at a tha	dical	thet initiated avents rasulting in death) Last	Due to	(or es e consec	quance of):	1	0		i	
n certific anding p	/Me		Seve	ne.	Dem	ent	7'9			
atte	Physiclan/Me									
that the de ed by the datached	ysi	Part II. Other significant conditions con		resulting in tha u	indariying causa giv	ren in Pert I.		-1		cause of death?
that ned b		- Par lu	u's on	2 0	11 149	re	_ 1 □ Ye	2 TNo	3 Probabl	y 4 Unknown
Tha law requiras that the ita has been signed by the paga 2 should be datache	Completed by					•	24a. Was ar		availab	autopsy findings ble prior to etion of causa th?
sician: Tha law requires the certificate has been signe irector, page 2 should be considered.	E						1□Ya	s 2D No	1 □ Ya	s 20 No
	Be C	25. Was casa refarred to medical				26. Place of D	Death (Check only on			7(
\$ 00 0	To	axaminar? 1 ☐ Yas 2 No	ospital: 1 Inpatient 2	P☐ ER/Outpatie	nt 3 DOA Oth	ner: 4 🗆 Nursing	Homa 5 ☐ Raside	nce 8 Oth	er (Specify)	
g Phys tar this naral di		27. Manper of Death  Death  S □ Pending	28a. Data of Injury (Month, Day Year	28b. Tima o	f 28c. Injur Wor	y at	28d. Describe ho	w Injury occur	red	
Attanding ir death. ector: Aftai by the fune	atic	2 ☐ Accident invastigation	(11011111111111111111111111111111111111	,,,		Yes 2 □ No				
al or Attanding s aftar death. if Director: Aftar ed in by the fune	Certification:	3 Suicida 6 Could not be datarmined	28a. Place of Injury - A building, atc. (Spe	t homa, farm, st ecify)	raet, factory, offica		28f. Location (St. City or Town		er or Rural Ro	uta Number,
To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th complataly filled in by the funeral	edical	29a. Certifiar (Check only one) Cartifying Physical Examin	ician: To the best of my ler: On the basis of axam end mennar stated.	knowledga, deat ination end/or in	h occurred at the tir vastigation, in my o	ma, deta and pla pinlon, deeth oc	ca, and due to tha ca curred at tha tima, da	usa(s) end ma ata and place,	and due to the	i. causa(s)
To the To the comp	×	29b. Signafura and titla of certifiar	110	2012	29c. Licans	a number	, 29	d. Data signe	d (Month, Day,	Year)
		Mmma	110,	VID	D 2	951	6	Jun	١١,	1776
15		30. Name and addrass of person who co	npleted causa of daath (I	tam 23a (Type,	Printh)		1 -	m n	/	6
17		R.MURAR	CA, M.	D.	1400	KUII	16	111	*	
St Regist	ate rar	31. Data filed (Month, Day, Year)	32. Registrar's Sk	gnature						

DHMH 16 Rev 6/95

Singeri, Santina di Santina

2

		4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (	in yrs. last	birthday)	IF UNDER t	YEAR IF	UNDER 24 HRS.		OF BIRTH		Ta.	
3 should	BY FUNERAL DIRECTOR	577-36-5116		1 🔀 M 2 🗆 F	66 YRS.		YRS.	MONTHS DAYS HO		mile.		Month, Day, Year) 2–27–1930		r	
		Sa. FACILITY NAME (If not inst	street and number)				9b. CITY, 1	OWN OR LO	21-190	9c. COU	NTI				
		Prince George's Hospital Center Cheverly							E			n			
1, 2,		RESIDENCE OF DECE	DENT					-	-	1			Pri		
ades		10a. STATE	10b. COUNT				10c. CIT	Y, TOWN OR	LOCATION						
4		Maryland Prince George's Seat Pleasant													
permit. Pages		10e. STREET AND NUMBER 10f. ZIP CODE								10g. CITIZE					
NU Z 1 Z 1 S-UU Z U hospital or attending physician. ached for use as the burial-transit ce.		5707 Eagle Street 20743								U.	S				
		11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARMEO FORCES? 1 Di Yes 2 No If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 Yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 Yes, specify Cuban, Maxican, Puerto Rican, etc.)								or No—	14				
	8	15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUS													
	<u> </u>	(Specify only highest grade completed)  Elementary/Secondary (0-12) Coffege (1-4 or 5 +)				(Give kind of work done during most of working life. Do NOT use retired.) Engineer					n ! .				
		12th	,	Conege (1-4 of 5	"	Tel	ecor	nmunio	catio	n		Priva	te		
the hospit detached	COMPL	17. FATHER'S NAME (First, Mid	dle, Lest)				-		18.	MOTHER'S N	AME (First.	Middle, Maiden	Sumame)		
E, MARTL by be retained by page 5 should be be notified at	TO BE C	Henry You	ına				Anna					Carrol1			
		19a. INFORMANT'S NAME (Typ.				19b.	MAILING	ADDRESS (	Street and N		al Route Number, City or Town, State, Zip C				
		Denise Rans	some/I	Daughter				0akl				ely, M			
		20a. METHOD OF DISPOSITIO		baagiroer	20h			OFDISPOSIT			R LUGE		CATION —		
		1 X Burial 2 Cremation 4 Donation 5 Other (		noval from Stata	cem	etery cren	atory or o	emori			6/12		ndove		
. Page ral direc		21. SIGNATURE OF FUNERAL		CENSEE	1110	THIOI	Ty I'l			DDRESS OF F	1996	Dai	luove	T	
hours after of in by the or removal.		Nancy A. Percentie J.B. JENKINS FUNERAL HOME 7474 Landover Road, Landover													
		23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, auch as cardisc or reapiratory arrest above, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (or as a consciouence or condition resulting in death)													
	CERTIFICATION														
executed and com o burial, natic ev		Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
4 8 ° 0 E															
ficate be physician ne prior t	2	cause. Enter UNDERLYING CAUSE (Disease or Injury													
certificate ding physi tygiene pri	발	that initiated events regulting in death) LAST		DUE TO	OR AS A	CONSEO	UENCE O	F):							
	H	d													
S a a a a	MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY													
that the sand by any Ir									PERFORMEO?						
signed Health and Wis and	8											1 U YES	NO		
requires een sign of Heal		DID TORACCO US	E CONI	DIRLITE TO CA	VIISE O	E DEAT	rLi Vi	EC   N	0	LINICEDTA	INI 🗆	<b>'</b>			
VIIAL JIAN: The law rifficate has b he State Dept or Item 23	AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
	I I	EXAMINER? OTHER:													
	PHYSICIAN:	t VES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify)													
그 수 왕 등 등		1 Netural 5 Beading (Month, Day, Year) INJURY WORK?							SCRIBE HOW	SCRIBE HOW INJURY OCCU					
MG P Reath	B	2 Accident Investigation 3 Suicide 8 Could get by 288. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (									N (Street and Number or wn, State)				
ENDIN DR: Aft ter dea	8									CATION (Street or Town, State					
L DR ATTENDING P. L DR ATTENDING P. L DIRECTOR: After the hours after death v. Item 28 is mark	L														
AL DR AL DIRECT	립	29a. CERTIFIER (Check only the CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated													
THE HOSPITAL THE FUNERAL filed within 72 h	COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the													
F. F. L. F. T. A. Mith	m o	29b. SIGNATURE AND TITLE	OF CERTIFIE	R	_		_		29	c. LICENSE NI	UMBER		29d. DAT	TE S	
TO THE TO THE be filed	8	1/1	m	10	7	n	1	2		050	72	8	16	0	
FFA					-	- /	-			-		-	1	-/	

96 19089 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR DAVID DUNG 3; 20 PM M JUNE 1996 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday 8. BIRTHPLACE (State or Foreign DAYS HOURS M 2 🗌 F 66 02-27-1930 Washington, DC 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH spital Center Cheverly Prince George's 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY eorge's t TO YES 2 NO Seat Pleasant 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE U.S.A. 20743 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) AS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. PRCES? 1 TYPES 2 NO YES, GIVE WAR OR DATES Specify: Black 1 YES 2 NO Specify: 951 to 8/1953 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Engineer 16b. KIND OF BUSINESS/INDUSTRY ge (1-4 or 5 +) Private Telecommunication 18. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Carroll 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) hter 13166 Oakland Road, Ridgely, Maryland 21660 6/12° 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Harmony Memorial Park Landover, Maryland 1996 22. NAME AND ADDRESS OF FACILITY J.B. JENKINS FUNERAL HOME 20785 7474 Landover Road, Landover, Maryland ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats ily ona cause on aech lina. intarvai Batween **Onset and Death** Tennen DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO TE TO CAUSE OF DEATH YES 🗌 NO 🔃 UNCERTAIN 🗌 26. PLACE OF DEATH (Check only o OTHER: patient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Rasidence 6 - Other (Specify) Sa. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED WORK? м 1 YES 2 NO PLACE OF INJURY — At home, farm, street, factory, office building, alc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d DATE SIGNER (Month

JUN 12 1996

OHMH-16 Rev 1/89

DHMH-16 Rev 1/89

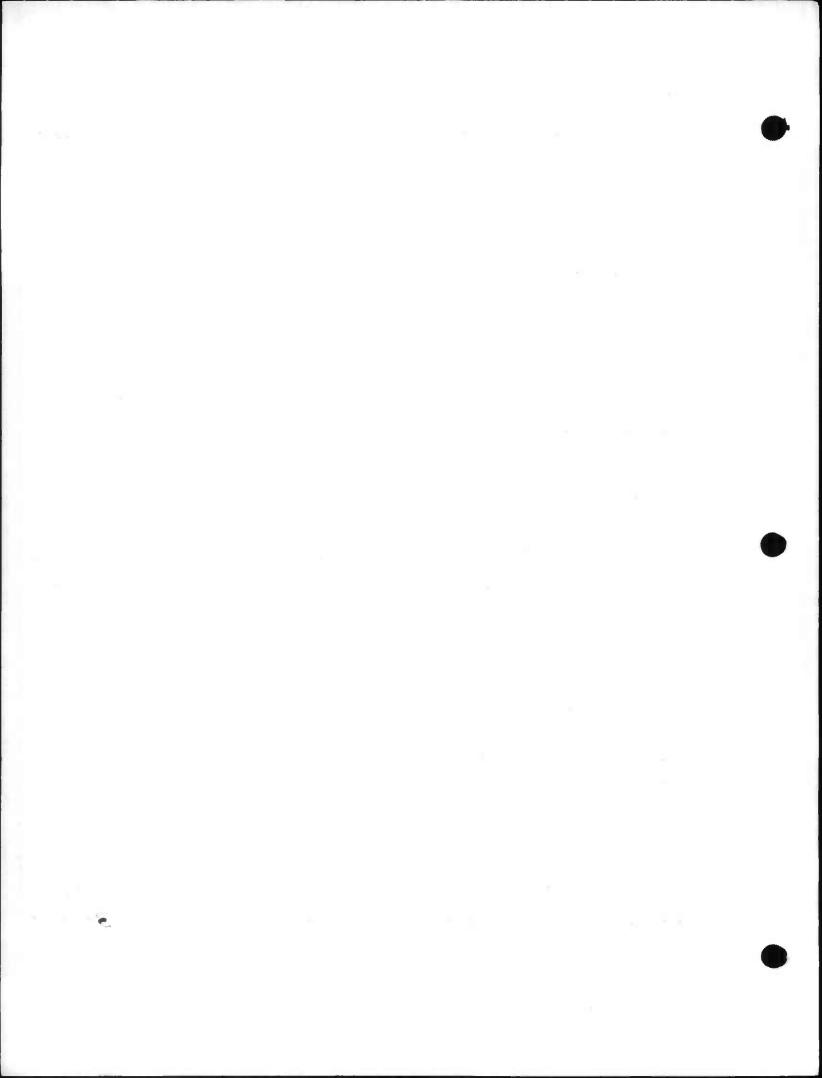
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O.

	#
BAL	A
מ	Mary
	9
	- North
	24
	c
Š	High
~	2
00	to man
<	- 6
5	2
0	ate
	igo
7.	ped
Ľ	£
n	dez
Š	4
AECORD.	that
ζ.	96
ú	Made
2	780
4	AMC
1	å
	Ξ
VIIAL	MAM
Ļ	ě
D NOISING	OR ATTENDING DRIVEICIAL
	C
)	ã
	S.
ź	Ţ
	α
)	0

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
ron	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM FRA	2. DATE OF DEATH		3. TIME OF DEATH	M					
	195-34-6156	1 🔀 M 2 🗌 F	n yrs. lest birthday) 52 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) JULY 3, 1	8. Bi	INTHPLACE (State or Foreign country) ENNSYLVANIA		
	98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  Frederick Memorial Hospital  Frederick Frederick  Frederick Frederick									
	RAL DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS? 1 [X] YES 2 NO	
		104. STREET AND NUMBER 104. ZIP CODE 10g. CITIZEN OF WHAT								
LETED BY FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENDENT OF HISPAN, specify Cuban, Mexicar YES 2 NO Specify	, Puerto Rican, etc.)	ed States  RACE — American Indian, Black, White, etc.  Specify:  White			
	15. DECEDENT'S EDUCA (Specify only highest grade co		life. Do NOT u	work done during	most of working	16b. KIND OF BUS	W .			
nce.	COMPL	17. FATHER'S NAME (First, Middle, Last)		FIHISI	iing ma		ME (First, Middle, Maiden	<u>1</u>	_	
E C		Joseph Fra	nk Yarnell				Melva	Web	b	
	20	19a. INFORMANT'S NAME (Type/Print)  Ivadene R. Yarnell				venue, Roc			20850	
must b	:	20s. METHOD OF DISPOSITION  1 X Buriel 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cametery, crematory or other place)  Parklawn Memorial Park  6/8 Rockville, Maryl								
examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home								
dicai		23. PART . Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such ea cardiec or respiretory arrest, Approximete								
the me		shock, or heart failure. List only one cause on each line.								th
tic event	2	disease or condition resulting in death)  ###################################								5
r other traumatic event, the medical	IFICALIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
injury, or o	E E	resulting in death) LAST								
	4	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?								5
shows any		SMOKER IN PAST								
item 23 s	Y Y	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATH (Check only one)								
or item		1 N YES 2 NO	OSPITAL: Inpatient 2 RER/Outp	Itlent 3 🗆 DOA	OTHER:	Ioma 5 🗆 Residence	8 Other (Specify)			
marked,	- 10	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation  28. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. DE\$CRIBE HOW INJURY OCCURE  1 YES 2 NO						JURY OCCURED		
28 IS	u I	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, term, street, tectory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route City or Town, State)								
IMPORTANT: If item	OMPL	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) end manner as stated.								
IMPORTA	IMPORTA TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		Do 98 67 29d. Date Signed A			NED (Morth, Day, Year)			
		REPRESENTS MD 75018 McKAIG Rd Frederick MH 217013819								
		31. OATE FILEO (MONTH, Day, Year)  JUN 1 1 1996	32. REGISTRAR'S SIGNA		2					
		the same of the sa	U						DHMH-16 Rev 1	700



State of Maryland / Department of Health and Mental Hygiene 96

					•	Cer	tificate	of I	Death		Reg. No.	0	1000	-
	Physici /Medi		1. Decedant's Name (First, Middla,	Last) Young						2. Dete of De Month	eeth Day	Yaar /916	3. Tima of D	eath Aw
	Examir		4a. Fecility Neme (If not institution, Holy Cro	//	ta/			4	Silver -	spring	M	of Death	yay	
	Funerai Director		5. Sociel Security Number 579-12-6352  Usuel Rasidance of Decedant	- CTT	ge (In yrs. k 79	est birthday) Yrs.	If Under 1	Year	If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, D July 1	rth ay, Year) 1,1916	Coun	placa (State or lotry). ginia	Foreign
	a-f show	ctor	10a. Stata 10b. County	gomery	1	Town or Local		rin	g			1	0d. Inside City 1 ☐ Yes 2	
	130 or 28	ai Dire	10e. Street end Number 909 E. Rando	ph Road			10f. Zip (	oda 209	04		10g. Citizan of U.S.A		itry?	
020	72 hours after death with the Marylend natural, or items 23e or 28e-f show picel Example must be notified at	by Funeral Director	11. Marital Status  1 Nevar Marriad 2 Marrie  3 Widowed 4 Divorced	12. Was Decedant Armed Forces?  1 1∑ Yes 2 ☐ If Yas, Giva Yaar or Detes:	Evar in U,S No		Vas Decede i Yas, speci i ☐ Yes 2		ispanic Origin? (S in, Maxican, Puert Specify:	pecify Yes or No o Rican, atc.)	0- 14. Rad Bla Specif	ce - Amaric ick, White, by: B1		
5-0	natur	eted	15. Decedant's (Specify only highast	Education		16a. Daced	iant's Usual	Occupi	ation	kina	16b. Kind of B	lusinass/Ind	dustry	
21215-0020		Completed	Elemantary/Secondary (0-12) 7th	Collaga (1-4or	5+)		<i>ker</i>	retired	during most of wor		Black of Be		House	9
	2 should be filed with end Mental Hygiene. ie marked other than aumatic svent, the second	Be	17. Fathar's Name (First, Middla, La	st)	,				18. Mothar's Nan	na (First, Middle				
Maryland	should the marked umarked	To	Peter S. Your			T." -				ie C.				
Mar	200		19a. Informant's Name/Relationahi			19b. Mailin	g Addrass	Streat	and Number or Ru	ral Routa Numb	per, City or Town	, Stata, Zip	Coda)	04
	1 and Heaith em 27 ither tr		Mary M. Young	(wrie)	20b. Pi	ece of Diapos			olph Rd	Deta	20c. Location		, 110	
Baltimore,	Pege nent o int: If iry or		INDESTRUCTION 3 United Section 3 United Section 5 United Section 5 United Section 3		CE	matary, crem rklawi	natory or oth	er plec			Rockv			
Balt	pemit. Peg Department Important: It any Injury o	4	21. Signature of Funeral Service M	ensee In	nde		SNOWI	EN	ss of Facility FUNERA LE, MD	L HOME 20850	, P.A.			
Į	Physician		23a. Parv. Enter the disease, or o shock, or heart failure. List or	hplications that cause y one cause on each li	d tha daath ina.	. Do not enta	ar tha moda	of dyin	g, such as cardiac	or raspiratory	arrest,		Approximata Interval Batwe Onaat and De	ean eath
7	/Medical Examiner		Immedieta Causa (Final disaasa or condition rasuiting In daath)	. C		Car							5ya	15
L	D =	Iner			Dua to (or	as a conseq	uence of):					i		
,00	tificate be executed ig physician and as the burial-transit	<b>Examiner</b>	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	U	Dua to (or	as a conseq	uance of):		<del>-</del>			i		
68760,	tificate b g physic as the b	Medical	that initiated evants rasuiting In daath) Last	c	Dua to (or	as a consequ	uanca of):					1		
Box	eath cer attendin for use	Physician/N		■ d								i		
0	the at the at	sic	Part II. Other significant conditions							23b. Did	tobacco usa co	ontribute to	the cause of	death?
0	es that the de igned by the be detached		Bowel obstr	venon,	sep	515	ac	ut	e	1 🗆	Yes 2 No	3 Prol	bably 4 🗆 U	nknow
Vital Records,	aw requir as been s 2 should	Completed by	renal failu	ire, a	tricl	F	6411	161	non	24a. Was	an autopsy ormed?	av	ara autopsy fin- aliable prior to mpletion of cau death?	-
a H	The ate									10	Yes 28 No	1 🗆	Yas 200	ю
Vit	ysicien: The is certificate director, pag	Be	25. Was casa rafarred to medical axaminar?	Hospital:				Oth	26. Place of Dea					
of	Physic rathis oral di	: To	1 Mannar of Death	1 ☐ Inpatio		ER/Outpetient 28b. Tima of			4 Li Nursing H		how Injury occur		0	
vision	Attending Ph r death. ector: Atter th by the funeral	tification	1 Natural 5 Panding Investigation	(Month, Da	y Year)	Injury	М	c. Injun Worl	Yas 2 □ No					
Σ	rect rect	=	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homlcida detarmin	d 288. Piece of in	jury - At hor		et, factory,	office		28f. Location (	(Street and Num wn, Stata)	ber or Rura	/ Routa Numbe	er,

Medicai (

29a. Certifian

31. Data filed (Month, Day, Year) Registrar

person who complated causa of death (Itam 23a) (Type, Print)
A. Perlmutter, M.D. 6240 Montrase Road, Rockville MD 20852 32. Ragistrar's Signatura

15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

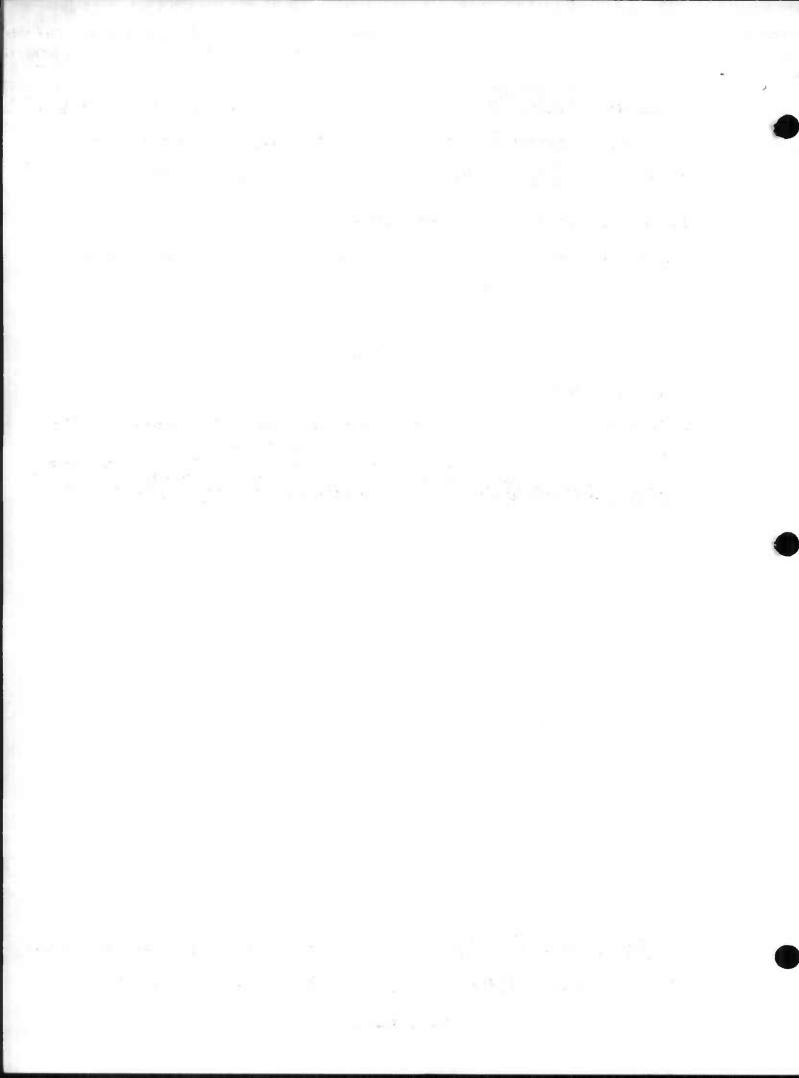
2 Madical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated.

29d. Data signed (Month, Day, Year)

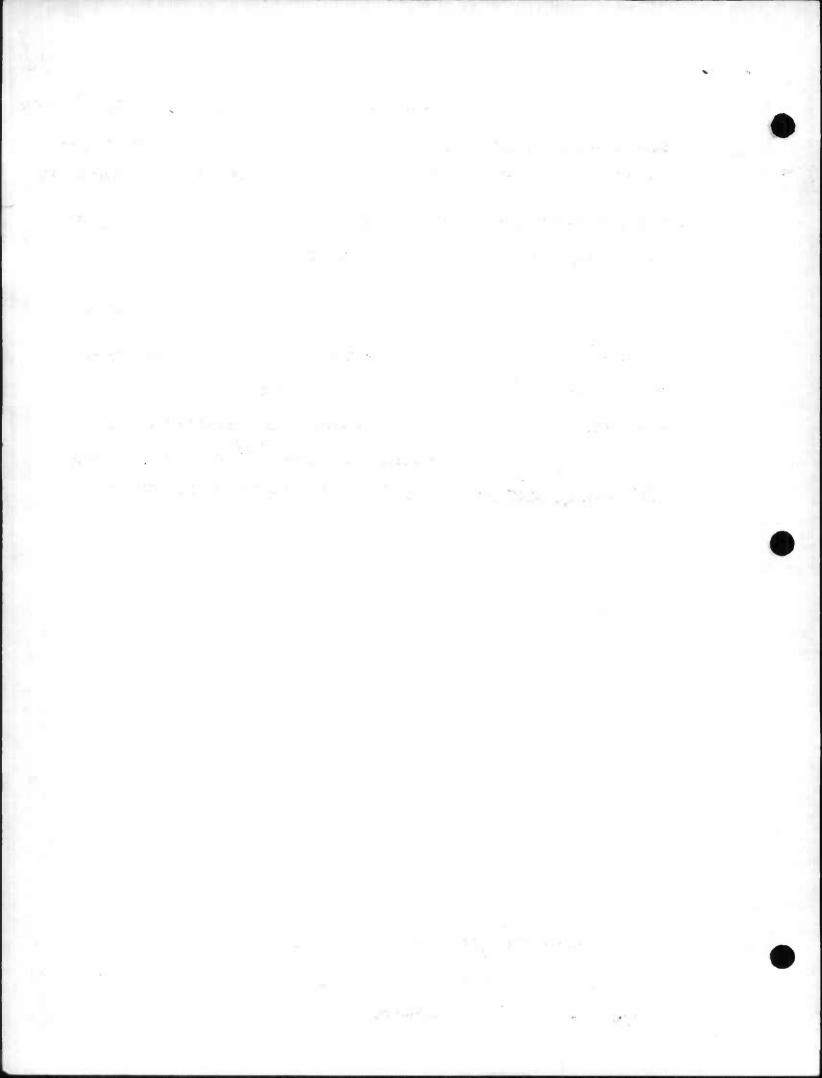
State of Maryland / Department of Health and Mental Hygiene Q 6

Z	Amende	£	#19b, 6/10/96,	MRT, Monto	. Ct	Certificate	of	Death		Reg. N	) (	)	203	26
	٤		1. Decedent's Name (First, Middle, Las						2. Date of D	eath			3. Time of E	Death
Н	Physici		Fengzhi Zha	ng					June	6. 1	996 Y	ear	8:45	5 AM
	/Medic Examir		4a. Facility Name (If not Institution, give					4b. City, Town, o	or Location of Dea	- 1	c. County of	Death	0.43	2322
7	Examin	iei	SHADY GROVE AD	Control Control	SPTT	ΔT.		ROCKVI	LLE		ONTG		V	
┞	Funeral		5. Social Security Number 6. S		yrs. last birti	nday) If Under 1	Year	If Under 24 H	rs. 8. Date of B					Foreign
	Director		220-96-1952 Usual Residence of Decedent	□M 2DXF 98		rs. Months	Days	Hours M	in. (Month, E April	23, 1	898	Country	e (State or Ina	
	y w		10a. State 10b. County	100	. City, Town	or Location						10d	. Inside City	y Limits
	Man	Ö	Maryland Montgom	erv	Gait	hersburg							1 ☐ Yes	2 🗓 No
	128 a	Director	10e. Street and Number			10f. Zip C	ode			10g. C	itizen of Wha	at Country	n	
	3ª o		9933 Lake Landi	ng Road		21	087	9		IIn	ited S	State	2 G	
	death	Funeral	11. Marital Status	12. Was Decedent Ever	in U,S.				(Specify Yes or Nerto Rican, etc.)		14. Raca -	American	Indian,	
0	fler fra	Ē	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 🛣 No					erto Rican, etc.)		Biack,	White, etc	).	
21215-0020	hours after death with the Maryland ural', or itama 23a or 28a-f show at Examiner must be notified at	þ	3 X Widowed 4 □ Divorced	if Yes, Give Year or Dates:		1 ☐ Yes 2	XI No	Specify:			Specify:	A	Asian	
9	natural',	Completed	15. Decedent's Ed		18a.	Decedent's Usual	Occup	pation		16b. l	Kind of Busin	ness/Indus	stry	
21		pie	(Specify only highest gra Elementery/Secondary (0-12)	College (1-4or 5+)		(Give kind of work life. DO NOT use	retire	d) d)	vorking					
21	D 70 5	5	9			Homemak	er				Own 1	Home		
pu	be filed tal Hygid d other	Be (	17. Father's Name (First, Middle, Last)					18. Mother's N	leme (First, Middl	e, Meide	n Sumame)			
Vla		To	Zengsan Zhan	g				S.	Shi					
Maryland	0 0 0 0		19a. Informant's Name/Relationship (	Type, Print)	19b.	Mailing Address (	Street	and Number or	Rural Route Num	ber, City	or Town, Ste	ete, Zip C	ode 08	78
	C = 0 -		Nicholas Nee / so	n	7979	33 Lake	Lan	ding-Ro	ad. Gait	hers	burg,	MD	20879	
Baltimore,	ges 1 en it of Heel if item 2 or other		20a. Method of Disposition 1 XBurial 2 ☐ Cremation 3 ☐	Dameuri from State	b. Piace of cameter	Disposition (Name r, crematory or oth	of er pla	ce) Tune	Date 1 0 0 6	20c. l	ocation - Cit	ty or Town	ı, State	
Ĕ	Pages nent of I int: If ite		4 Donation 5 Other (Specify			awn Memor			1990	Roc	kville	. Ma	rylan	d
alt	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Licen	see an DI	100831	22. Name and	Addre	ss of Facility R	obert A.	Pun	phrey	Fune	eral F	Home/
m	Dep Per		Darbara 10/1/c	Mullen Pawl	ence	Rockvi	lle	, Inc. , Maryl	300 Wes	850-	ntgomo 2805	ery A	venue	<u> </u>
			23a. Part1. Enter the disease, or companies shock, or heart failure. List only	plications that caused the	death. Do n						2005	A	pproximate nterval Betw	
V	Physician	2 1	snock, or neart failure. List only	one ceuse on each line.	11a			0	0 .0			0	nterval Betwonset and De	eath
J	/Medical		Immediate Cause (Final	Ar	ito	2010	1 ~	1 -	10:11	116	0		DAV	10
п	Examiner		disease or condition resulting in death)	e. Due	to for es e o	onsequence of):			rece				ד הוע	2_
		ner		An	0 404	orisequence or).		V				1	VR	C
	cuted	Examiner	Sequentially list conditions	b. Due	to/Or as a c	onsequence of):							7./\	)
ó	certificate be assecuted nding physician end use as the burial-transit	EX	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury	(0	PAN	00	111	cer					VR	2
68760,	ite be nysici	edicai	thet Initiated events resulting in death) Last	c. Due	to (or as a co	onsequenca of):	YU							
	= 0 0	5	Toodking in doddiny East											
Box	eath cer ettendir I for use	Physician/I		d								1		
	death he etter ed for u	sici	Part II. Other eigniftcant conditions of	ontributing to death but no	resulting in	the underlying cau	ıse giv	en in Part I.	23b. Di	d tobacc	o use contri	ibute to th	ns causs of	f death?
P.0	ras that the de signed by the e	Phy							1[	Yss	2□ No 3	☐ Probal	ыу 4 🗷 🗓	Jnknown
	as the	by							_					
Records,	requiras been sign should be	pet							24e. We	s an autoformed?	opsy 2	avaiis	autopsy fir able prior to	
ecc	25 5	pie										of de	pletion of ca ath?	use
	0 - 0	Completed							10	Yes :	2 No	101	Yes 201	No
Vital	ysician: The s certificate director, pag	Be	25. Was cese referred to medical exeminer?					26. Place of D	Death (Check only	one)				
of V	S w D	To	1 Yes 2 No	Hospitel:	2 ER/Out	patient 3 DOA	Oth	ner: 4 Nursing	Home 5□Re	sidenca	6 □Other	(Specify)		
0	ng Ph tar th		27. Manner of Deeth  1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Yea	28b. T	me of 280 jury	c. Injur Wor	ry at rk?	28d. Describe	how inj	ury occurred			
Ö	Attending or death.  actor: Aftar by the fune	atle	2 Accident Investigation	1		М		Yes 2□No						
Division	after de Diracto	Certification:	3 Suicide 6 Could not be determined	28e. Place of injury - building, etc. (Sp	At home, far	m, street, factory,	office		28f. Location City or T			or Rural F	loute Numb	201,
	rs afte	Cer												
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Diractor: After thi completely filled in by the funeral	edical	(Check only 2 Medicat Exam	ysician: To the best of my liner: On the basis of exar	knowledge, nination and	death occurred at	the tir	me, date and pla opinion, deeth o	ce, and due to the	e ceuse(	s) and mann	er as stated due to the	ed. ne cause(s)	
	the the	Med	one)	and manner stated.		200 1	Licens	se number		304 D	ate signed (i	Month Do	Vone!	
L	To To		29b. Signature and the of certifier	100					2.0					cy/
	A		tware	1.01.K	20		レ	537	72	70	NE,	, 6	, 17	16
	1		30. Name and address of person who	completed cause of deeth	(Item 23e) (	Type, Print)	-	7/110	72 NSTO	04)	70	Ro	chi	IIIE
	1		SWATKOUT -1	J. KNO	) >	U,W	1	DINC	IVSTO	IN	DN	10	CV	144
	Sta		31. Date filed (Month, Dey, Year)	32. Registrer's S										
	Registr		JUN 1 0	1996 Julia	Devido	- Bodes								
DH	MH 16 Rev 6/9	5		U										

DHMH 16 Rev 6/95



A	mended	1 #	7, 6/14/96, MRT, State of Maryland/De	epartment of Health and M Certificate of Death	lental Hygie		19093
		10	1. Decedent's Name (First, Middle, Last)		2. Dete of Death	140.	3. Time of Death
	Physici		RUTH ZWIB/	+CK	JUNE TUNE	Dey Ye	96 9:30 PM
À	/Medi Examir		4e. Fecility Neme (If not institution, give street and number)	4b. City, Town, or Lo		4c. County of E	
	Funeral Director		Prince Georges Hospital Center  5. Social Security Number  6. Sex  160-03-8150  7. Age (In yrs. last birtho	Months Days Hours Min	8. Dete of Birth (Month, Day, Ye	9. 9ar)	Georges Birthplece (State or Foreign Country) ennsylvania
ь			Usual Residence of Decedent		OCE. 10,	1714 [	elilisyivaliia
	how		10a. Stete 10b. County 10c. City, Town of	r Location			10d. inside City Limits
	e Ma	cto	Maryland Prince Georges Mitche	llville			1 √ Yes 2 No
	or 28	Directo	10e. Street and Number	10f. Zip Coda	10g.	Citizen of Wha	t Country?
	23a	<u>a</u>	10450 Lottsford Road	20721		U.S.A	•
5-0020	be filed within 72 hours after deeth with the Maryland that hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Merital Stetus  1 □ Never Married 2 □ Merried  3 □ Widowed 4 □ Divorced  12. Was Decedent Ever in U,S.  Armed Forces?  1 □ Yes 2 □ No  If Yes, Give X,  Year or Dates:	13. Was Decedent of Hispenic Origin? (Sp. if Yes, specify Cuban, Mexican, Puerto 1 Yes 2 No Specify:	ecify Yes or No- Ricen, etc.)	Black, V Specify:	American Indian, White, etc.
9	2 hou	P	15. Decedent's Education 16a. Decedent 16a.	ecedent's Usuel Occupation	168	o. Kind of Busin	White ess/Industry
215	- 2	Completed	(Specify only highest grade completed) (C	Rive kind of work done during most of work (e. DO NOT use retired)	ing		,
21	filed within the there than the the the the the the the the the the	E O		ontroller	A	ctor's	Equity
	should be filed withing Mental Hygiene.  marked other than imatic event, the Mental Men	Bec	17. Father's Name (First, Middle, Last)		(First, Middle, Mai		
/lai	Mental Mental arked o	To	Joseph Backer	Sophie	Miller		
Maryland	2 should and Men is marked		19a. Informant'a Neme/Reletionship (Type, Print) 19b. N	lalling Address (Street and Numbar or Run	al Route Number, C	ity or Town, Sta	te, Zip Code)
-	27 a		Robert Tilove 104	50 Lottsford Road,	Mitchellv	ille, M	d. 20721
altimore	00		20a Method of Disposition 20b. Place of D	isposition (Name of crematory or other place) 6/1	Dete 20d		or Town, State
Ĕ				litan Crematory	1996 A1	exandri	a, Virginia
Ball	permit. Peg Department Important: I any Injury o		Correct C. Centre	22. Name and Address of Facility STEIN HEBREW MEMORI. 232 CARROLL STREET,	NT TT TTA	CHTNOMO	
	Physician /Medical Examiner	er		e Heart Foi			interval Between Onset and Deeth
	petr sisua	ᄪ	b	*			10 70%
8760,	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the burlel-transit	ical Examiner	Sequentially list conditions, if any, leeding to immediate ceuse. Entar Underlying Cause (Disease or injury that initiated events				
Вох 68	eath certifica attending ph I for use as th	Physician/Med	resulting in death) Last  d.				
	the a	ysic	Part if. Other significant conditions contributing to death but not resulting in the	e underlying ceuse given in Pert i.	23b. Did toba	cco use contrit	oute to the cause of death?
P.0	res that the de igned by the a be detached (		Adred Februlladian		1 🗆 Yes	2 No 3	Probably 4 Unknown
Records,	been signe should be	eted by	Adred Fibrilladian		24a. Was en a		4b. Were autopsy findings available prior to completion of cause
Rec	The law rate has t page 2 s	Completed			1 ☐ Yes	21 No	of death? 1 ☐ Yes 2 ☐ No
Vital		0	25. Was case referred to medical	29 Place of Deet	(Check only one)	20140	10165 2010
5		To B	examiner? 1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpe	Other:	me 5 Residence	a R DOther /	Pagailt I
of	r this eral di		27. Menner of Death 28a. Date of Injury 28b. Tim		28d. Describe how i		Specify)
Division	of attending Phy effer death. Director: After thi d in by the funeral	Certification:	1 ☐ Natural 5 ☐ Pending (Month, Day Year) fnju 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be determined determined	M 1 Yes 2 No	28f. Location (Stree	t and Number o	er Rural Route Number,
ā	To the Hospital or Atta within 24 hours efter de To the Funeral Directo completely filled in by the		building, etc. (Specify)  29a. Certifiar  1 Certifying Physician: To the best of my knowledge, d	eath occurred at the time, date and place	City or Town, S		ur ac etatod
	he Hoa in 24 h he Fur pletely	edicai	(Check only one)  2 Medicat Examiner: On the basis of examination end/of and manner stated.	r Investigetion, in my opinion, death occurr	ed et the time, date	and plece, and	due to the cause(s)
	With Tot	Σ	29b. Signature and title of certifier  Attendid  Attendid	29c. License number		4/7/1	
	15		30. Nema end addrass of person who completed cause of death (Item 23a) (Ty DoN H・YABLO~ のいてし、MD フィット Ex	pe, Print) E CUTIVE PL. A	roz, jek	BROOK	MO 20705
	Sta Registr		31. Dete filed (Month, Day, Year)  32. Registrer's Signature  31. Dete filed (Month, Day, Year)	delle	-		
DHI	MH 16 Rev 6/9		3011 1 4 1330	\			



Fi	1m G736	i te	m 19b per FH 6-27-96	State of Marylar		artment of I <i>rtificate of</i>			ene g	6 19094
	Physici		Decedent's Nama (First, Middla, Las FRANK	APPLEE	BAUM			2. Data of Death Month JUNE 25	Day Y	3. Tima of Death 2:34 AM
	/Medic Examir		4a. Facility Nama (If not institution, give		21011		4b. City, Town, or Lo		4c. County of	
Ĺ			3 POMONA WEST	APT. 3			PIKESVILL		BALTI	MORE
	Funeral Director		213-10-0330	7. Aga (In yrs. 74	last birthday) Yrs.	If Undar 1 Yaar Months Days		8. Data of Birth (Month, Day, MARCH 1		BALTIMORE, MD
	Mo m		Usual Rasidance of Decedent  10a. Stata 10b. County	10c. Ci	ty, Town or Lo	cation				10d. insida City Limits
	Mery Figh	tor	MD BALTIMON	RE I	PIKESVI	LLE				1 □ Yas XXNo
	or 28	Director	10e. Street and Number			10f. Zip Coda		10	g. Citizan of Wh	at Country?
	eth w	rai	3 POMONA WEST	APT. 3			21208		U.S.A	
21215-0020	within 72 hours after deeth with the Meryland ane. than "natural", or items 23s or 28e-f show its Med cal Exercites must be notified at	by Funeral	11. Marital Status  1 Nevar Married 200 Married  3 Widowed 4 Divorced	12. Was Decedant Evar In U Armed Forcas? 1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Datas: WW		Vas Decedant of I f Yas, specify Cub I □ Yas 2🎇 No	Hispanic Origin? (Spoan, Maxican, Puarto  Specify:	ecify Yas or No- Ricen, atc.)	Black,	Amarican Indian, Whita, atc.
2-0	n 72 hours "natural",	ted	15. Decedant's Ed (Specify only highast grad	ucetion	16a. Deced	lant's Usuai Occu	pation during most of work	ina 1	6b. Kind of Busi	nass/industry
121	/ithin hen "	Completed	Elemantary/Secondary (0-12)	Coilega (1-4or 5+)	lifa. L	DO NOT use retire	ed)			
CA	i Hygiene. other than vent, the M		12th 17. Fathar's Name (First, Middla, Last)		MARKE	TING MAN		a (First, Middla, Mi	PLASTIC:	
Maryland	s 1 and 2 should be filed within 72 h f Heelth and Mental Hyglene. fem 27 is marked other than "natu other traumatic event, the Med Cal	To Be	ELLIS	APPLEBAU	JM		REBECCA			ERMAN
lary	2 should and No.	-	19a. informant's Name/Ralationship (7	ype, Print)	19b. Mailin	g Addrass (Stree	t and Number or Rur	al Routa Number, Pikesville	City or Town, Si	ata, Zip Coda)
	if Heelth iftem 27 I		SHIRLEY APPLEBAU		3 POM	ONA WEST		BALYTIM	ORE, MD	21208
Baltimore,	Peges nent of P int: If ite iry or o'		1XX Buriel 2 Cramet 1 3 1	Removal from State	cematary, cren	natory or othar pla				ity or Town, Stata
altir	그는무증		21. Signature of Fineral Service Land			. Nama and Addra	aitz chain			MORE, MD
Ö	Depariment important in importa		1 /cm///	James	U 89	OO RETST	SC PERSTOWN R			OS., INC. MD 21208
			23a. Part 1. Entar tha dimus of comp shock, or haart failura. List any o	ations that caused the deat						Approximata Intarvai Between
4.	Physician /Medical		immediata Cause (Finel diseasa or condition	a fever	hulla	15 900	of sem	A		Onset and Death
2	Examiner	70	rasulting In death)	Dua to (	or as a conseq	uance of):	61			60515
)	uted d ansit	Examiner	Sequentially list conditions	b. 100 A	or es a conseq	Mous	<b>\</b>			60515
0,	cete be executed physician and the buriel-transit	Exs	Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying	552 10 11	J	darros ory.				
68760,	physic the b	dicai	Cause (Disaasa or injury that initiated evants rasulting in death) Last	Dua to (c	r as a consequ	uance of):				
Box 6	ettending p	9 1		d						
	death certifi e ettending ed for use es	ician	Part ii. Other significant conditions co	ntributing to death but not res	ulting In the ur	ndarlylng causa gi	van in Part I	23b. Did toh	acco use contr	ibute to the cause of death?
P.O	t the	Physician/M	Read m	ACC	and grant and gr	roanying oadda gr	Tall Hill Gare I.	1)270	_	Probably 4 Unknown
S	signed of be def	l by	0 1	11		<u></u>		/	Sertion -	24b. Wara autopsy findings
Record	peen shou	Completed	(Maid my	party				24a. Was an perform		availeble prior to completion of cause of death?
Be	The law ata has b page 2 s	dwo	/	,				1□ Yas	200 No	1 Yas 2 No
	ysician: The sectificata director, par	Be C	25. Was cesa rafarred to madicel axaminar?				26. Place of Deat	h (Check only ona	, (0	
of V	5 00	T <sub>o</sub>	1 ☐ Yas 2 No	, , , , , , , , , , , , , , , , , , , ,	ER/Outpatien	T 3LI DOA	har: 4 Nursing Ho	1	ice 6 □Othar	
_	and the rest	tion:	27. Manner of Death  Natural 5 Panding  Natural Invastigation	28a. Data of injury (Month, Day Year)	28b. Tima of injury	Wo	nryat ork? ]Yas 2 □ No	28d. Destribe hov	v Injury occurred	
Division	or Attending after deeth. Director: Afte I in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not be	28a. Place of Injury - At h	oma, farm, stre		7140 20110	28f. Location (Stra	aat and Number	or Rural Routa Number,
Ö	rs afte al Dir	Cert	4 Homicida	building, atc. (Specif	y) 			City or Town,	Stata)	
2	Hospi 24 hou Funer riely fil	edicai	29a. Certifier   Certifying Phy	sician. To the bast of my kno iner: On the basis of examine	wiedga, daath tion and/or inv	occurred at tha ti	ima, data and place, opinion, deeth occur	and dua to tha cau red at the time, det	use(s) and mann e end place, en	nar as stated. d dua to tha cause(s)
1	To the Hospital or Attendi within 24 hours after deeth. To the Funeral Director: A completely filled in by the fi	Mec	296, Signature and the of certifies	7 Infd mannar stated.	1	29c. kioen	sa number	29	d. Data signed (	Month, Day, Year)
	->-0		1 W 4/1	MJ) N	100)	V	36709	1	Tune	25,1996
	10		30. Name and address of purson wind o	completed cause of death (Iter	23a) (Type,	Print) S	Chalos	st t	£ 216	23/1796 Towson
	Sta Registr		31. Date filed (Month, Cay, Year)	32. Registrer's Signa	atura	D J		- /		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after, death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

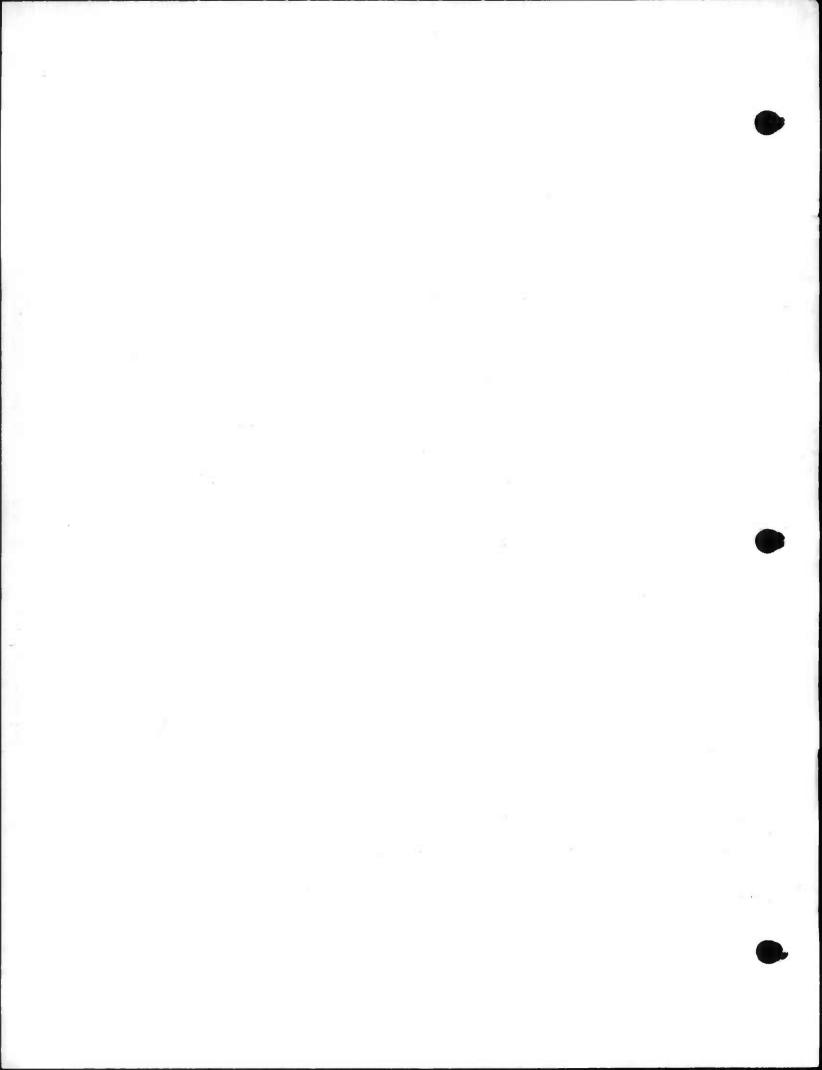
IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF D	DEATH		W-1-	3. TIME OF DEATH
	ROBERT	W.	i	AUCHENBA	ACH					06	26		996	10:35 A.M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. In:	st birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF B	HRITH V. Weer)		8/ BIRTH	PLACE (State or Foreign
	201-05-80	00	1 XM 2   F	7.	5 YRS.	MONTHS	DAYS	HOURS	MIN.	July 8	192	203	Pen	nsylvania
-	9a. FACILITY NAME (If not in:	stitution, give stre	eet and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DEA	ATH		9c. COU	NTY OF D	EATH
S	VA Maryland	Health	Care S	stem		Per	ry F	oint				Ce	cil	
E	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
뜽	Maryland		NA			ltin		.,011						LIMITS?
-	10e. STREET AND NUMBER		147		] Da		_	f. ZIP CODE				10a CIT	IZEN OF W	14∑ YES 2 NO
F.	Marne Aven	ue 6603	3					212				log. of	U.S	
FUNERAL DIRECTOR	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AF	RMED	13.	WAS DEC			C ORIGIN? (S	secify Yes	or No-		- American Indian,
7	1 Never Married 2		FORCES? 1	YES 2 1	NO		If yes, sp			, Puerto Rican			Black Specif	, White, etc.
ВУ	3X Widowed 4 □ Divor	reed 2	2/12/43	- 12/20,	/45			X	ороспу.				эрвсп	"White
COMPLETED	15. DECE (Specify only	EDENT'S EDUCA highest grade co	ATION ompleted)	18a. DE	CEDENT'S live kind of v	USUAL O	CCUPATIO	ON ost of working	a	16b. KIN	D OF BUS	INESS/INC	DUSTRY	
4	Elementary/Secondary (0-	-12)	College (1-4 or 5+	) ///e	. Do NOT us	e retired.)								
N N	10		NA	Hor	ne Im	prov	emer						oyed.	
	17. FATHER'S NAME (First, Mil. Warren	ddle, Lasi)	Au	chenbaci	h			18. МОТН		E (First, Middle	, Maiden	Surname)	Hafe	r
BE	19a, INFORMANT'S NAME (T)	ma/Brint)					- (0)							
2										oute Number, C				
	Jane Reil			20b. PLACE					Bal	timore			nd 2	
	20a, METHOD OF DISPOSITE 1 Duriel 2 Cremation 4 Donation 5 Other		ral from State	cemetery, cre	matory or ot	ther place)		ine or	Tares	1				
	21, SIGNATURE OF FUNERAL		KOEE	Green	iouit		NAME A	ND ADDRES		e 27	Balt	LUIOI	е, м	aryland
	D 11	11/1	11	/	1	W.	Dal	prows	ki /	Chojn	acki	F.H	. P.	A.
	23. PART I. Enter the di	K C	ren	roch		_110	05 I	Dunda	lk A	ve. Ba	lt	Md.	212	24
	snock, or ne	ert fellure. Li	at only one cou	se on each line	ein. Do n	Dt enter	tna mo	de or dyli	ng, such	aa cerdiac	or reapl	ratory an	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Findisease or condition													Onset and Death
	resulting in death)	<b>→</b> a.	Metasta	or as a conse	stric	Can	cer							3 months
_			552 751	ON AS A CONSE	DOENCE OF	7.								i 1
CERTIFICATION	Sequentially list condition if any, leading to immediate	ona,	DUE TO	OR AS A CONSE	DUENCE OF	7:								
S	cause. Enter UNDERLYIF	NG												ļ <b>[</b>
E	that initiated eventa		DUE TO	OR AS A CONSE	DUENCE OF	7:								
ER	resulting in death) LAST	d.												
	PART II. Other algolficar	nt conditions	contributing to	deeth but not r	resulting i	n the ur	derivlno	ceuse a	iven in P	art I. 24a.	WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
MEDICAL											PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										-   10	YES 2	X NO		OF DEATH?
	DID TOBACCO US	SE CONTRI	BLITE TO CAL	ISE OF DEA	TH YE	sПI	NO IV	LINC	EDTAIN					1 YES 2 NO
¥	25. WAS CASE REFERRED TO		DOTE TO CA		E OF DEAT			1 01101	LKIAIIA					
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nur		6	idence 8	Other (Spe	nothe)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	NJURY	26b. TIME	E OF	28c. INJ	URY AT		28d. DESCRIB		JURY OC	CURED	
BY F		Pending nvestigation	(Month, Da	y, rear)	INJ	M		RK7 (ES 2 🗌	NO					
	3 Suicide 8 C	Could not be	28a. PLACE OF	INJURY — At ho	me, farm, s	treet, fact	ory, office			28f. LOCATION	V (Street a	nd Number	or Rural A	oute Number,
	4 Homicide d	letermined								City or Tov	vn, State)			
COMPLETED	29a. CERTIFIER (Check only	FYING PHYSICIA	AN: To the best of s	ny knowledge, de	ath occurre	d at the t	ime, data	and place,	and due to	the cause(a)	and man	ner as stat	ed.	
OM														and manner as stated.
				$\langle \rangle$				29c. LICEI						(Month, Day, Year)
ш н	296. SIGNATURE AND TITLE	OF CENTIFIER		-										
3 BE	Ans	ch	JOX	(90	m			D 30	OEI			00	120	'06
TO BE	30, NAME AND ADDRESS OF	ch	COMPLETED CAUS	OF DEATH (ITE	M 27) (Type,	Print)		D 30	951			06	/26/	96
∞	30, NAME AND ADDRESS OF	PERSON WHO					Car			Perry	7 Po:			
∞	Ans	PERSON WHO	.D., VA	Marylan	d Hea	alth	Car			Perry	7 Po:			21902
۱۱ ۵	30 AME AND ADDRESS OF ANGELO J. LU	PERSON WHO	.D., VA	Marylan	d Hea	alth	Car			Perry	7 Po:			

4+cm



ITEMS: 23 PART I, 27, 28a-f, PER MED FILM G-737 7/12/96 t.t

1. Decedent's Name (First, Middle, Last)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

**Physician** /Medical Examiner

ANDERSON

2. Date of Death JUNE 24 Day

**Funeral** Director

the Maryland show "natural", or items 23a or 28a-f st social Examiner must be notified filed within 72 hours efter

The Medical Pages 1 and 2 should be nent of Health end Mental Department of Health er important: If item 27 is eny injury or other trau 69

21215-0020

altimore. Maryland

**Physician** /Medicai Examiner

The law requires that the death certificate be executed buriel-tran P.O. Box 68760. use es the ò a P 2 Records, should be peen certificate has of Vital Attending Physician: this Affer Division To the Hospital of within 24 hours of To the Funeral D

KENNETH 1996ar DALE 12:40 PM 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death 10441 HERON DR. PRINCESS
If Under 24 Hrs. ANNE Somerset 8. Date of Birth (Month, Day, Year) Dec. 24, 1965 5. Social Security Number If Under 1 Year 7. Age (In vrs. last birthday) Birthplace (State or Foreign Country) 1X M 2□ F Months Deys Hours Yrs. 340-70-6387 30 Maryland Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director Maryland Harford Abinadon 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2417 Old Emmorton Road 21009 USA Funeral Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. ☐ Yes 212 No f Yes, Give 1 Never Married 2 Married 1 ☐ Yes 2X No Specify: Completed by Specify: 3 Widowed Divorced Year or Dates: White 15. Decedent's Education (Specify only highest grede completed) 18a. Decadent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) Automobile Mechanic Automobile Repair 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Harry Edward Anderson Cecilia Maie Johnson 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cecilia M. Sills - Mother 2417 Old Emmorton Rd., Abingdon, Md. 21009 20b. Plece of Disposition (Name of cametery, crematory or other placa) 20e. Method of Disposition 20c. Location - City or Town, State 1 DXBurial 2 Cremation 3 Removal from State St. Mary's Episcopal Cem. 6/28/96 Emmorton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of 22. Name and Address of Fecility Howard K. McComas III Funeral Home, P.A. meral Servica Licansee 1317 Cokesbury Rd., Abingdon, Md. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete interval Betw Onset and Death Immediate Cause (Final ACUTE DRUG INTOXICATION disease or condition resulting in death) Due to (or es e consequence of): Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ð 24b. Were autopsy findings evailable prior to " completion of cause of death? Completed 24e. Was an autopsy Yes 2 🗆 No 2 No Be 25. Wes case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Neturel 1 Yes 20 No UNKNOWN 2 Accident FOUND 6-24-96 UNKNOWN 6)(C) Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

FOUND AT HOME 28f. Location (Street and Number or Rural Route Number, City or Town, State) 10441 HERON DR. 4 Homicide PRINCESS ANNE. MD 29a Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. Medical nature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) JUNE 25, 1996 O.C.M.E. leath (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

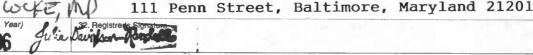
State Registrar 0,0 0,0 5 69 7 14" tit 1 1 1 the many of the 

 96-3437-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 23 PART I, 27, PER MED State of Maryland / Department of Health and Mental Hygiene FILM G-737 7/12/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth Physician Month 1996 JUNE 24 7:51 AM BRITTANY BROWN /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** HARBOR HOSPITAL CENTER

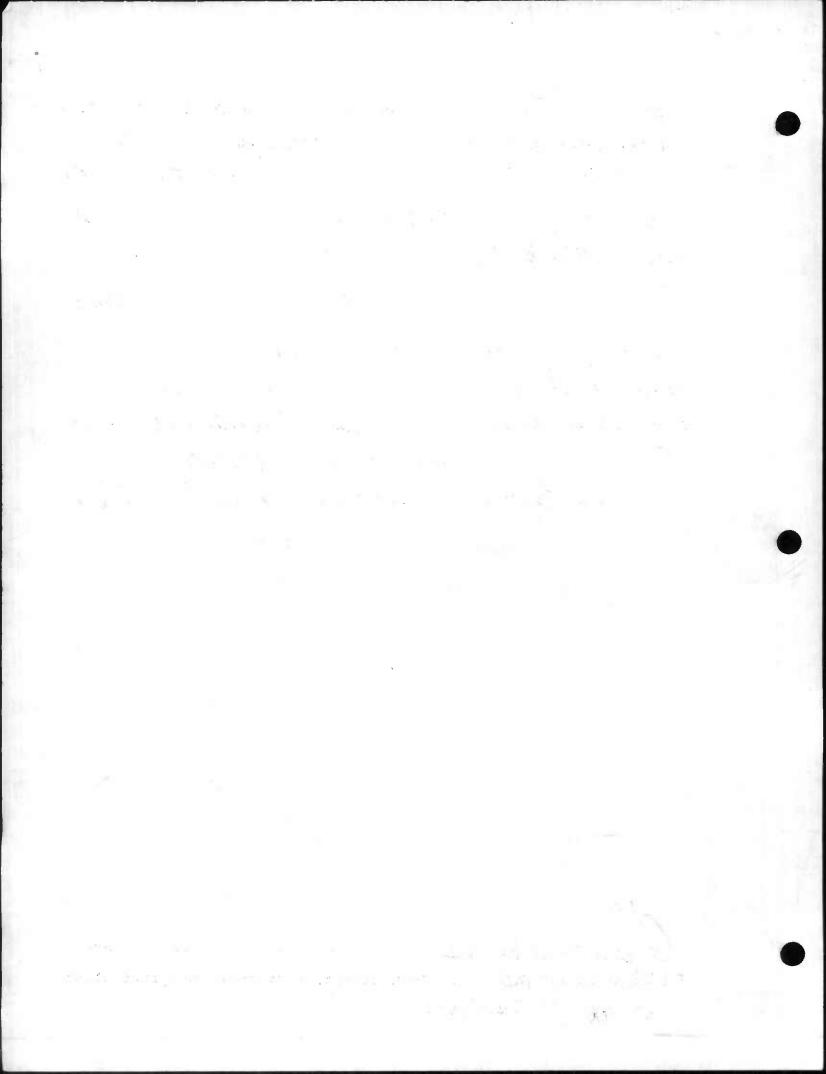
5. Sociel Security Number | 6. Sex | 7. Age // NA BALTIMORE If Under 1 Year If Under 24 Hrs. Dete of Birth (Month, Dey, Year) 6 28 - 8 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) **Funeral** 1□M 25%F Months Deys 216-25-0170 Yrs. Director MD Usuel Residence of Decedent death with the Maryland 10e. Stete show 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23a or 28a-f show. The Medical Examiner must be notified at BALTimore 1 Yes 2 □ No Funeral Director NA 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21225 45 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Race - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene.
int: If Item 27 is marked other than "natural", or ite Never Married 2 Married 2500 0 Baltimore, Maryland 21215-0020 1□ Yes 25 No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced Specify: Black 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) NA 2 NO NA World other traumatic event, 17. Fether's Name (First, Middle, Last) Be 18. Mother's Neme (First, Middle, Meiden Sumeme) ANThony 2 Monica Brown 19e. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Rd. BATTIMENE, MD. Monica Fisher-mother 1314 Shellbanks 21225 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete # 5 F 6 Department of Important: If any injury or other Zion 21. Signature of Funerel Servica Licensee 22. Name end Address of Fecility 638 N. Gilmor St Thicetions that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretor one cause on each line. c or respiretory errest. Approximete Interval Betw Onset end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting in death) /Medical MYOCARDITIS Examiner Due to (or es e consequenca of): Physician/Medical Examiner VARICELLA (CHICKEN POX ) or Attanding Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest bunial-tran Due to (or es e consequence of): P.O. Box 68760, ettending physician the Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, Completed by ils certificate has been signi director, pege 2 should be 24b. Were autopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? efter death. Director: After this certificate has Yes 2 No 2 No Be 25. Wes case referred to medical exeminer? 28. Plece of Deeth (Check only one, Hospitel: 10 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of Injury Certification: 28c. fnjury et Work? 28d. Describe how Injury occurred ending nvestigation KX Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide within 24 hours e To the Funeral D 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and menner es steted.

\*\*Addicaf Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end pleca, and due to the cause(s) end manner steted. Medical 29a. Certifier (Gleck or 29b. Sig 29c. License number 29d. Date signed (Month, Dey, Year) JUNE 25, 1996 O.C.M.E.

State Registrar 31. Dete filed (Month, Dey, Year)



dress of person who completed cause of death (Item 23e) (Type, Print)



10a. Stata

Maryland

10b. County

N/A

with the Marylan

death \

na 23a or 28a-f show

Herns

traumetic event, the Medical Examiner

other t

0 Department of Important: If any Injury or

**Physician** /Medical

Examiner

and the burial-tras

ettending physician for use es the buria

been signed by the e should be detached

this certificate

After

death after death

Hospital To the Hospital within 24 hours a To the Funeral C completely filled

director,

funeral

filled in by the

**189 98** 

Attending Physician: The law requires that the death certificate be executed

P.O. Box 68760,

Division of Vital Records,

Peges 1 and 2 should be filed within 72 hours after of tent of Health and Mental Hygiene. Int: If Itam 271s merked other than "natural; or itea

Maryland 21215-0020

Baltimore,

Director

Funeral

by

Completed

Be

To

Examiner

Physician/Medical

by

Completed

Be

Certification: To

Medical

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State	of	Maryland /	Dep	artme	ent o	f Hea	alth a	nd Ment	al Hygiene
			-						

- 9	Y		Cei	tificate of	Death		Re	g. No.	9
Physician /Medicai	Decadant's Nama (First, Mi  JAMES	ddia, Last) VINCENT	BREWE	R		- 1	Data of Daath Month JUNE 2	Day 5 . 199	Y 6
Examiner	4a. Facility Nama (If not Institution 5928 GREEN)	tion, giva street and m			4b. City, Town			4c. Count	y of
Funerai Director	5. Social Sacurity Number 234-01-6986	6. Sax 1 M 2 □ F	7. Aga (In yrs. last birthday) 80 Yrs.	if Undar 1 Yaar Months Days		Hrs. 8	Data of Birth (Month, Day, 3-3-16	Year)	9
	Usual Rasidance of Dacedant								

N/A Birthplaca (Stata or Foreign Country) West Virginia

4c. County of Death

Yaar

19098

20:40 P

3. Tima of Daath

Approximata Intarval Batw Onsat and Death

10c. City, Town or Location 10d. Insida City Limits Yas 2 No Baltimore

10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 5928 Greenhill Avenue 21206 U.S.A.

12. Was Decedent Evar in U,S. Armad Forces? 1 ☐ Yas 2 Ø No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 Navar Marriad 2 Married 1 Yas 2 No Spacify: Specify: 3 ☐ Widowad 4 ☐ Divorced White

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Welder Bethlehem Steel 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama)

S. Brewer Eugene С. Loca Meyers 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

Lillian Chester Brewer same as #10a - #10f

20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Famoval from Stata 6-29-96 Gardens of Faith Baltimore, Maryland 4 Donation 5 Other (Spe 22. Nama and Addrass of Facility

Leonard J. Ruck, Inc.

5305 Harford Rd., Balto. Md. 21214 to the state of the st Part1. Enter the Meane, to complete thock, or hand failura. List only one

Dua to (or as a consequence of):

Immediata Causa (Final disaasa or condition rasulting in daath) Intra-oral Gunshet Wound

Dua to (or as a consequence of):

Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Wara autopsy findings available prior to complation of ceusa of daath? 24a. Was an autopsy performad? 1 Yas 2 No 1 ☐ Yas 2 ☐ No

25. Was casa rafarrad to medical axaminar? 26. Placa of Death (Check only ona)

Othar: 4 Nursing Homa XXRasidance 6 Othar (Specify) 1 XYas 2 No 1 Inpatiant 2 ER/Outpatiant 3 DOA

27. Mannar of Death 28d. Dascribe how injury occurred 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work? 5 Panding invastigation 1 Natural

1 Yas 2 No 2 Accidant 6-25-96 2039 3 Suicida 6 Could not be datarminad 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida

Subject Was Shot

28f. Location (Street and Number or Rural Routa Number,
City or Town, Stata)
5928 Green hill Ave
Boltimere, AP 21206 Tome

| Contifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

| Contifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

| Contifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29a. Cartifian

(Check only one) 29b. Signature and title of certifier 29c. Licensa numbar 29d. Data signed (Month, Day, Year)

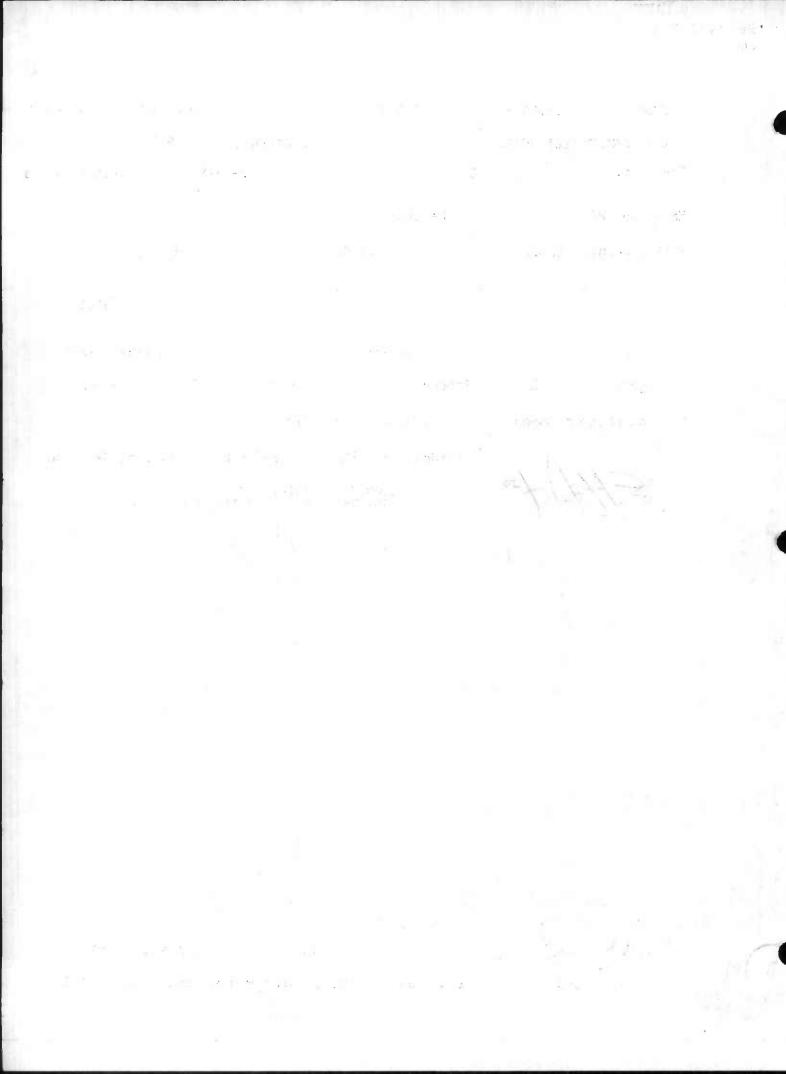
**OCME** JUNE 26,1996

30. Name drass of person who complated ceusa of death (Itam 23a) (Type, Print) 31. Data filed (Month, Day, Year) 111 Penn Street, Baltimore, Maryland 21201

State Registrar

JUN 27 1996

32. Registrar's Signatura whia Davidson



State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	of of	Death			Reg. No.	U	10000
		1. Decedant's Nama	(First, Middla, Le	ist)							2. Data of De	eath	12 H.L	3. Time of Death
Physicia		GLENN		R		BECI	MAN				JUNE 2	Day 24. 1996	Year	3:48 A.M.
/Medic Examin	-	4a. Facility Nama (If r	not institution, giv	a street and number	r)	DECI	UTAIN		4b. City, To	wn, or Lo	ocation of Deal			
LXamiii	61	THE IO	AUC HUDA	INS HOSPI	TAT			B	ALTIM	ODE	CTTV		1	J/A
Euporal		5. Social Security Nu			ige (In yrs. I	ast birthday		1 Yaar	If Undar	24 Hrs.		rth .	_	nplaca (Stata or Foreign
Funeral Director		050-34-9 Usual Residence of D	001	1 <b>⊠</b> M 2□F	54	Yrs.	Months	Days	Hours	Min.	8. Date of Bi (Month, Di JUNE 1	5, 1942	Co.	RGINIA
with the Maryland a or 28a-f show Lee notified at			10b. County		10c. City	, Town or L	ocation							10d. Inside City Limits
a b	6	PA	V	ORK	m	VER								1 SYes 2 □ No
r 28a-f ahow	Director	10e. Street and Numi		Sitt	1 100	VALL	10f. Zip	Code				10g. Citizen of	What Co	untry?
0.8				71 FW			101. 2.10	5555						orney :
ms 23	Funeral	2179 DOR	WOOD DR.	12. Was Decedar	t Ever in II 9	2 12	Was Daged	ont of b	17315		anifu Van ar N		S.A.	rican Indian,
Remain	5	11. Marital Status	d OFF Morried	Armed Forcas	?	3 50 437	if Yes, speci	fy Cub	an, Mexica	n, Puarto	ecify Yas or No Rican, etc.)	Bia	ck, White	
France	þ	1 ☐ Navar Married 3 ☐ Widowed 4	4.4	1 X Yes 2 If Yes, Giva Yeer or Detes			1□ Yas 2	X No	Specify:			Speci	y: WE	HITE
netural', or its	Completed	(Specific	5. Decedent'a E	ducation		16a. Dece	dant's Usua kind of won	Occup	etlon	t of work	ina	16b. Kind of E	Business/I	ndustry
than "r	5	Eiementary/Second		College (1-4o	5+)	life.	DO NOT us	retire	d)	I OF WORK	u ny			
or the state of th	5			4		DESI	GNER					GLASS (	COMPA	MY
± 8 €	Be	17. Father's Name (F	irst, Middle, Last	)					18. Mothe	er's Nam	e (First, Middle	, Maiden Suma	me)	
	10	ELLS	WORTH V	. BECKMA	N, SR				EV	ELYN			BOYE	
7 is marke traumatic		19a. Informant'a Nam	ne/Reiationship	Type, Print)		19b. Mail	ng Address	(Street	and Numb	er or Rur	al Route Numb	er, City or Town	, State, Z	ip Code)
TO THE		BEATRICE	A. BECK	MAN -SPOT	ISE	217	9 DORW		DRTV	E C	OVER	PA 173	15	
Hem 2 other		20a. Mathod of Dispo		444 040	20b. Pi	ace of Disp	osition (Nam matory or ot	a of			Date	20c. Location		Town, Stata
		1 Buriai 2 4 Donation		Removal from Stat	a	NDAGA	matory or of	rar pra	OB)	6	/28/96	ВАТН	NEW	YORK
Departm mportar any fnjur	1	21. Signature of Fund	and the same of the		110		2. Name and	Addre	ss of Facili		, 20, 50	DAIII	TATTA	TORK
Department Important: I any injury o		b //	DO THE	(Marie			a. I vaino and	710010			SOL LE	VINSON 8	BRC	S., INC.
		100	77			8	900 RI	EIS!	PERST	I NWC	ROAD PI	KESVILL	E, M	
		23a. Part1. Enter the shock, or hear	fallure. List only	one cause on each	ine.	. Do not en	ter the mode	of dyli	ng, auch as	cardiec	or respiratory a	irrest,	-	Approximate interval Between Onset and Death
nysician														Onset and Death
Medical xaminer	1	immediata Causa (Fi	inai	, Seps	Sis								1	3 days
		resulting in death)		. Seps	Due to (or	as a conse	quance of):						Ï	
#	ine in			, Acute	my	eloid	· leu	-Ke	mis				1	Four months
siclan and burlai-transit	Examine	Sequentially list cond	litions,	U		as a conse	-							
urial	<u> </u>	if any, leading to imm cause. Enter Underly Cause (Disease or in	ying											
the b	edical	that initiated evants resulting In death) La		G.	Dua io (or	as a conse	quance of):						+	
E 6	≥			d									1	
by the attend steched for us	Completed by Physician/	Part ii. Other signific	ant conditions	ontributing to death	but not resu	itting in the u	ınderivina ca	usa niv	en in Part i		23b. Did	tobacco use c	ontribute	to the cause of death?
by th	hys							aou gii				Yes 2KINo		obably 4 Unknown
pe dat	7	Leukocyt	o clast	C JASU	んだから	5						100 40010	•	
Di q	모	•									24a. Wes	an autopsy	24b. \	Vere autopsy findings
been sig	ete										perf	omed?		evallable prior to completion of cause of death?
page 2	티													
r, pa											1,25	Yes 2□ No		Yes 21 No
	Be	25. Wes case referre examiner?		Hospital:				Loui		of Daat	h (Check only	one)		
9 9	၉	1 Yas 2 XN	0	1 Dikinpa		ER/Outpatie			4 LI NO			idence 8 🗆 O		oify)
After funer	Certification:	27. Manner of Death	5 Panding	28a. Date of In (Month, L	lay Year)	28b. Time of injury		c. inju			28d. Dascribe	how injury occu	bern	
r death. ector: After by the fune	cat	2 Accident 3 Sulcide	investigatio 8 ☐ Could not b				М	10	Yes 2					
aftar d Direct d in by	1	4 ☐ Homicida	datarminad	286. Place of I	njury - At hor	ma, farm, st	reet, factory,	office			28f. Location City or To	(Street and Nurr wn, Stata)	ber or Au	ral Route Number,
E D D														
within 24 hours after To the Funeral Dirticomplately filled in	edical	29a. Certifier 1 (Check only 2 one)	Certifying Pr	ysician: To the bes niner: On the basis and menner:	of axaminati	vledge, daat ion and/or in	h occurrad a	t tha tir in my c	ma, data an opinion, dea	d piaca, th occur	and due to the red at tha tima	cause(s) and n data and piace	anner as , end due	stated. to the ceuse(s)
ithin of the	× E	29b. Signature and tit	te of bentifier				29c.	Licens	se number			29d. Date sign	ed (Monti	h, Day, Year)
5 ⊢ 5		Sandy	enson	31- PHY	SICIA	N	N2	600				JUNE		
05/		0.0	U	0								3-1.10	-T )	
110		30. Name and addras						27	0.0		2.5	. 0.0	1	
	100	SYDNEY MOR					W1450	, C	BAL	TIM	oke, h	MACYLA	20	
Stat	200	31. Data filed (Month,		32 Begis	trars Signat	de 22								
Registra	ır	JUN 27 1	330	(1 to wanta	001-160									

**DHMH 16 Rev 6/95** 

Storonto en tribrita.  - 96-3414-510

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM 6-737 7/5/96 t.t Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

		36 item 1 per FH 6				JI UIIO	ale UI	Death	2. Data of D			3. Tima of Death
hysician Medical	ı	BRIDGETT	NN	AN	N		F	BROOKS	JUNE	22 1	Yaar 996 8	:15P.M.
xaminer	4	a. Facility Nama (If not institution,	giva street and numbar)						r Location of Dea	th 4c. Count	y of Death	:13P.M.
	9	ST.AGNES HOSPI	TAL					BALTI	MORE	N	/A	
neral		. Social Sacurity Number 6		a (In yrs.	last birthda	y) If Un Mont	dar 1 Yaar	If Undar 24 Hr	s. 8. Data of B	irth	9. Birthplac	ca (Stata or Foreig
ector	-	215 86 4821	IUM ZĄF	32	Yrs.			1.00.0	06 16	64		yland
-	1-	Jsual Rasidance of Dacadant  0a. Stata 10b. County		10c. Cit	y, Town or	Location					10d	. Insida City Limits
notified at		Md. N/A			alti		2				100	1 ☐ Yas 2 ☐ No
8 0	1	Oe. Street and Numbar 6208 Plantvi	.ew Way			10f.	Zip Coda 2122	24		10g. Citizan of USA	What Country	7
for mut	1	1. Marital Status	12. Was Decedant Armed Forcas?	Evar In U	,S. 13	. Was Da	cedant of I	Hispanic Origin? ( an, Maxican, Pua	Specify Yas or N	0- 14. Rac	ca - Amarican	
by B		1 X Navar Marriad 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced						Specify:		Specif	Mhit	
etec etec		15. Decedant's (Spacify only highast)	Education Irada complatad)		16a. Dec	edant's U	sual Occup work dona	pation during most of we	orkina	16b. Kind of B	usinass/Indus	stry
it, the Medical		Elamantary/Secondary (0-12)	Collaga (1-4or	5+)			Tusa ratire			At H	Home	
Be C	1	7. Fathar's Nama (First, Middla, La Ronald Brook							ama (First, Middle		na)	
To	-	19a. Informant's Name/Ralationship			10h Ma		(011		re Mel		0	
or frau		Claire Brooks			620	8 P.	Lant	rand Number or F View Wa	y Balto	oer, City or Town, O., Md.	21224	oda)
othe	2	0a. Mathod of Disposition		20b. P	Placa of Dispermatary, cr	position (i	Vama of or other pla	ca)	Data	20c. Location	- City or Town	, Stata
o du		1 ☐ Burlal 2 ☒ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec						remator	y 6-26	-96 Bal	Lto., M	ld.
any Inj	2	21. Signatura of Funaral Sarvice Llo	ansaa h	Jac.				S. Zei				
	:	23a. Part1. Entar tha disaasa, or co shock, or haart failura. List on	mplications that caused	tha daati	h. Do not a	6224	Eas	stern A	ve. Ba.	LTO., MC		pproximata tarval Batwaan
cian		Shock, or heart failure. List on	y ona causa on aach iii	na.							ln O	tarval Batwaan nsat and Death
licai iner	0	mmediata Causa (Final liseasa or condition	NARCOTIO	CINTO	XICATI	ON						
	1	asulting in death)	u.	Dua to (o	r as a cons	equanca	of):					
nsit			b								1	
iel-trensit Examiner	SH	Sequantially list conditions, any, laading to immadiata ausa. Entar UndarlyIng ausa (Disaasa or injury		Dua to (o	r as a cons	equance	of):				1	
	l u	IN IIIIIIMINI BU EVERIIS	C	Due to /o		MILADAA -	A) -					
es the buriel-trensit	r	asulting In daath) Last		PUS (O (OI	as a conse	rquance (	n):					
etached for use			d								- <u>i</u>	
) bed for	P	art II. Other significant conditions	contributing to death b	ut not rasu	ulting in tha	undarlyln	g causa giv	van in Part I.	23b. Did	tobacco use co	ntribute to th	e cause of death
	_								10	Yes 2 No	3 Probab	oly 4 🔯 Unknow
should be o									24a. Was	an autopsy		autopsy findings
page 2 should	-								perf	ormed?	availa comp of das	bla prior to lation of cause ath?
page 2									1 🔯	Yas 2□No		as 2□ No
director, page	2	5. Was casa rafarred to medical axaminar?						28. Place of Da	eth (Check only			
		1 Yas 2 No	Hospital: 1 Inpatia		ER/Outpation	ent 3	DOA Oth	nar: 4 Nursing	Homa 5 🗆 Ras	idance 6 DOth	nar (Specify)	
	2	7. Mannar of Daath 1 □ Natural 5 □ Panding	28a. Data of Injui (Month, Day	Yaar)	28b. Tima FOUNDry		28c. Injur Wor			how injury occur	rad	
the f		2 ☐ Accidant invastigati 3 ☐ Suicida 6 XXCould not	FOUND 6/22	/96	7:30	P M		Yas 21 No	UNKNOWN		-	
npletely filled in by the funera		4 Homicida datarmine	28a. Place of Injubuilding, atd	ury - At ho c. (Spacify	ma, farm, s HOUSE		ory, offica		City or To	Straat and Numb wn, Stata) DERICK AV		outa Number,
letely filled	2	9a. Certifiar 1 Certifying P	hysician: To the best of	of my know	vledga, dea	th occurr	ed at tha tir	ma, data and plac	e, and due to the	causa(s) and ma	annar as state	id.
mpletely fill		Unity	minar: On the basis of and mannar sta	tad.	ion and/or l						and dua to the	a causa(s)
		b Signature and title of certifier						a number		20d Data signs		

axaminar?				28. Place of Death (C	ineck only ona)	
1. Yas 2□ No	Hospital: 1 ☐ Inpatiant	2 DER/Outpatient	3□ DOA	Othar: 4 Nursing Homa	5 Rasidance	6 ☐Othar (Specif)
27. Mannar of Daath	28a. Data of Injury (Month, Day Yas	28b. Tima of	28c. Ir	njury at 28d	l. Dascribe how inj	ury occurrad

29b. Signatura and titla of certifiar

1 Certifying Physician: To tha best of my knowledga, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mannar stated. 29c, Licansa number 29d. Data signed (Month, Day, Year)

Donald & Wright M.O.

O.C.M.E.

JUNE 23,1996

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

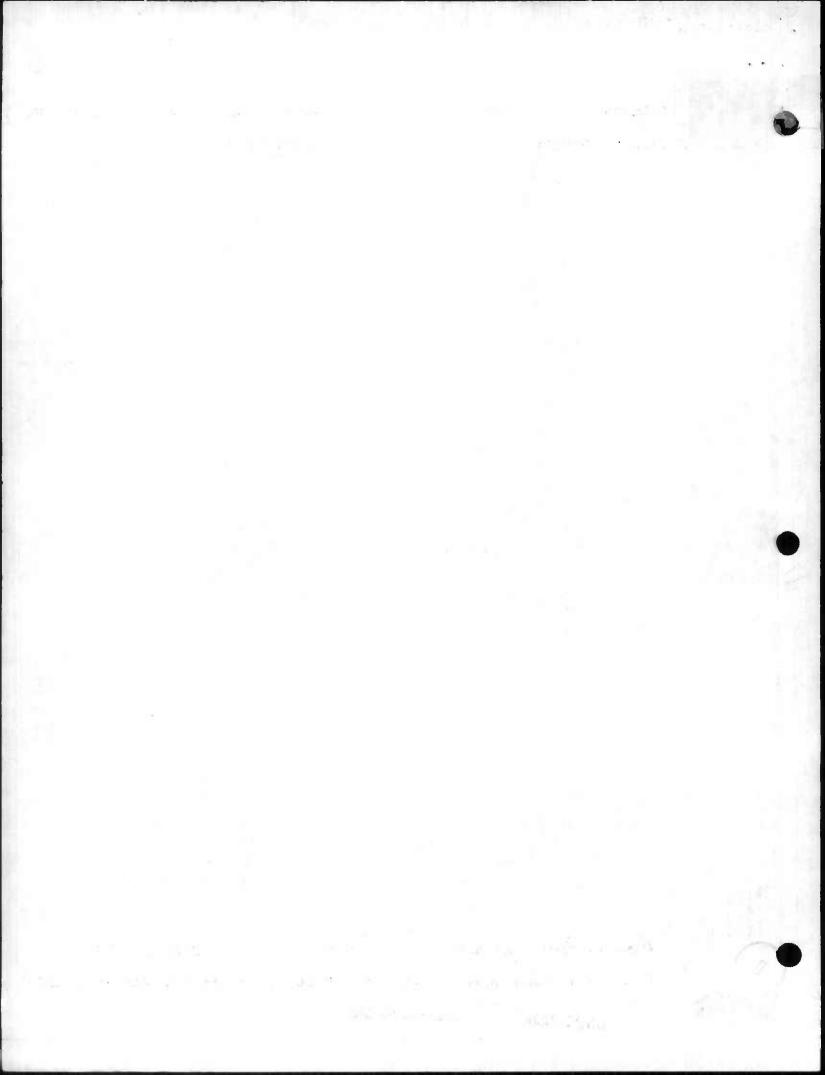
Donald G. WRIGHT M.D

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Data filed (Month, Day, Year)

32. Registrar's Signatura





		em 1,4c per FH 3-27-			Certificate of	Death	2. Date of Dec	Reg. No.		A TOUR LINE
nysicia	-	1. Decedent's Neme (First, Middle, Las	Alice M	Bedford			Month Tune	Dey	Year 996	3. Time of Deeth 2:40 PM
Medic kamin		4a. Fecility Neme (If not institution, give				4b. City, Town, or Loc		4c. County	of Deeth	
		Sinai Hospital		_	M Hadaa t Vaa	Baltimore of #Under 24 Hrs.			timore	,
neral ictor		5. Social Security Number  215-24-1107  Usual Residence of Decedant		(In yrs. lest bir	thdey) If Under 1 Yee Months Days	Hours Min.	8. Dete of Birt (Month, Par Sept. 16	, 1911	9. Birthple Counti Mary	ce (Stete or Foreign Land
offind at	Director	10a. State 10b. County  Maryland Baltimo		10c. City, Tow	or Location  Baltimore	,				d. Inside City Limits 1 ☐ Yes 2 ◯ No
ust be n		10e. Street end Number 3429 Saluda Road	l		10f. Zip Code	21236		10g. Citizen of U.	What Counti	λi
metic event, the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus  1 ☐ Never Married 2 ☐ Married  3 ※ Widowed 4 ☐ Divorced	12. Wes Decedent Ev Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:	ver In U,S.	13. Wes Decedent of If Yes, specify Cu	Hispenic Origin? (Speben, Mexican, Puerto For Specify:	cify Yes or No- lican, etc.)		ce - America ck, White, e y: Wh	
Medical	Completed	15. Decedent's Ed (Specify only highest gra Elementary/Secondery (0-12)	lucation de completed) College (1-4or 5+)			e during most of working ed)	ng .	16b. Kind of B		
nt, the	5	12th grade  17. Fether's Neme (First, Middle, Last)			Homemaker	18. Mother's Neme	(First Adiabate		1 Home	
ic eve	To Be	Job Fosler				Alice	Mile		110)	
ar trauma		19e. tnforment's Neme/Reletionship (1888) Barbara J. Fosle			. Mailing Address (Stree 129 Saluda					Code)
iry or oth		20a. Method of Disposition 1 ⊠ Buriel 2 □ Cremetion 3 □ 4 □ Donetlon 5 □ Other (Specify		cemeter	Disposition (Name of y, cremetory or other pl Ood Cemeter		Dete /25/96	20c. Location Baltin		m, State Maryland
any injury or other traumatic evonce.		21. Signeture of Funerel Service Lique	500		Schimune	ress of Fecility  k Funeral  air Rd., B	Homes,	Inc.	71936	
		23a. Pert1. Enter the disease, or comp shock, or heert feilure. List only	plications thet caused the	ne deeth. Dor	not enter the mode of dy	ying, such es cardiec or	r respiratory ar	rest,		Approximete Interval Between Onset and Deeth
cian lical		Immediete Cause (Final diseese or condition	Seption	Sho	ck				1	
ner	Fe	resulting in deeth)	e Seption Preumo	(	consequence of):					
	Examiner	Sequentially list conditions, if any, leading to immediate	b		consequence of):			<del>-</del>		
	Physician/Medical E	cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	c	ue to (or es a c	consequence of):					
tor use	clan/M		d						i	
	by Physi	Pert II. Other eignificant conditions of Congestive hea	at failur	_		l failure		obacco use co Yes 2□ No	3 Prob	the causs of death?
9	Completed							en autopsy med?	eval	re eutopsy findings lable prior to apletion of cause eeth?
e snould be	54- I						101	res 2000	10	Yes 22 No
2 should	Comp			-··	-70	28. Place of Death				
rector, page 2 should	Be	25. Wes case referred to medical examiner?	Hospitei:	A	tpatient 3 DOA	4 ☐ Nursing Hon	ne 5 ∐ Resid			
2 should	To Be	examiner? 1  Yes 2 No  27. Menper of Deeth	28a. Date of Injury	28b. 7	•	ury et 2	8d. Describe h	TOW HIJERY OCCUR		
rector, page 2 should	To Be	examiner? 1 Yes 25 No	28a. Date of Injury (Month, Day	Year) 28b. 7	irne of 28c. Injury	Yes 2 No		Street and Numi		Route Number,
led in by the funeral director, page 2 should	To Be	examiner?  1 Yes 2 No  27. Menper of Deeth  1 Neturet 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. Certifier  5 Certifying Physics	28a. Date of Injury (Month, Day ) 28a. Plece of Injury building, etc.	y - At home, fe (Specify)	Firme of 28c. Injury W 1	Yes 2 No e 2 time, date and plece, a	28f. Location (5 City or Tow	Street and Number, State)	ber or Rural	ited.

State Registrar



1004 3 12 a and a kartis hara 

CORDS.

the burial-transit

use as

**BALTIMORE. MARYLAND 21215-0020** 

7 notified å must examiner medical the event, traumatic other t 0 injury, any Dept. of Health item

the o

is marked, 重要

28 item

BE

2

OR ATTENDING PHYSICIAL

After

hours after d

FUNERAL O within 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

96 19102 Film G736 item 1 per FH 6-2-96 rja STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Doro thy Bur 4. Social Security NUMBER JUNE ton 11:58 PM Dorothy W. Burton 1996 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN
(Morith, Day, Year)
Oct. 23, 1914 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 217-14-0129 1 - M 2 X F Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Fallston General Hospital Harford Fallston DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N/A Baltimore Maryland 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21213 3502 Brendan Avenue 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puarto Rican, etc.)

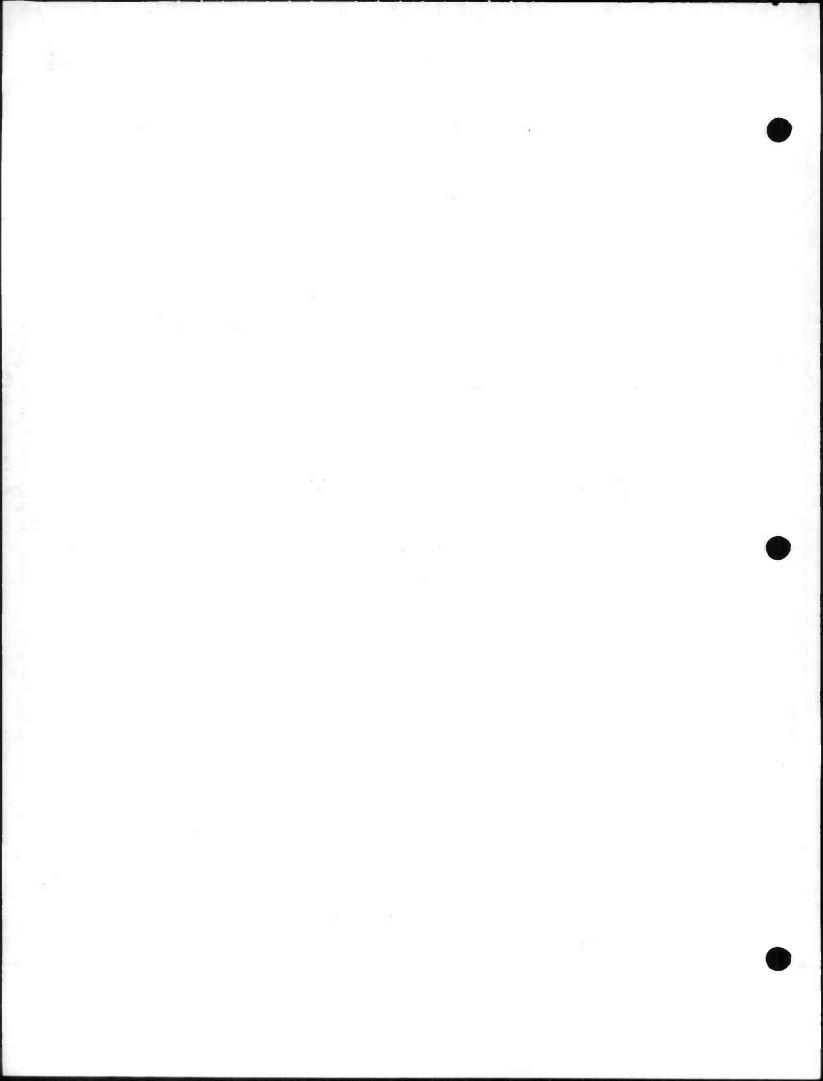
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married Specify White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Department Store Sales Person 8th grade 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Koehler Walter Joseph Katherine 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 200 A Fairwood Road, Bel Air, MD 21014 Lawrence A. Burton (husband) 20s. METHOD OF DISPOSITION
1/A Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Gardens of Faith Cemetery 6/27 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE SERVICE 22, NAME AND ADDRESS OF FACILITY Schimuner Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finei Onset and Death disease or condition ACUTE MYOCARDIAL INFARCTION
DUE TO (OR AS A CONSEQUENCE OF): 24 Hours resulting in death) HYPERTENSION
DUE TO (OR AS A CONSEQUENCE OF): 710 years CERTIFICATION Sequentieily liet conditions, if any, leading to immediate DIABETES cause. Enter UNDERLYING > 10 years CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST >10 years. OBESIT14 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS WAIL ABLE PRIOR TO ACUTE PULMONARY EDEMA COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \boxed{N}\) UNCERTAIN \( \Boxed{1}\) 28. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 X Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 TYES 2 NO 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, tarm, streat, factory, offica building, atc. (Specify) 3 Sulcida 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datarmined COMPLETED 29a. CERTIFIER (Check only one)

A STANDARD PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Dean L. Vanav 1603 DUNE 24, 1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Dr. Dean L. Vassar, BELAIR MD. 21015 104 PLUMTREE 31. DATE FILED (Month, Day, Year)

JUN 2 7 1996 P. REGISTBAR'S SIGNATURE

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

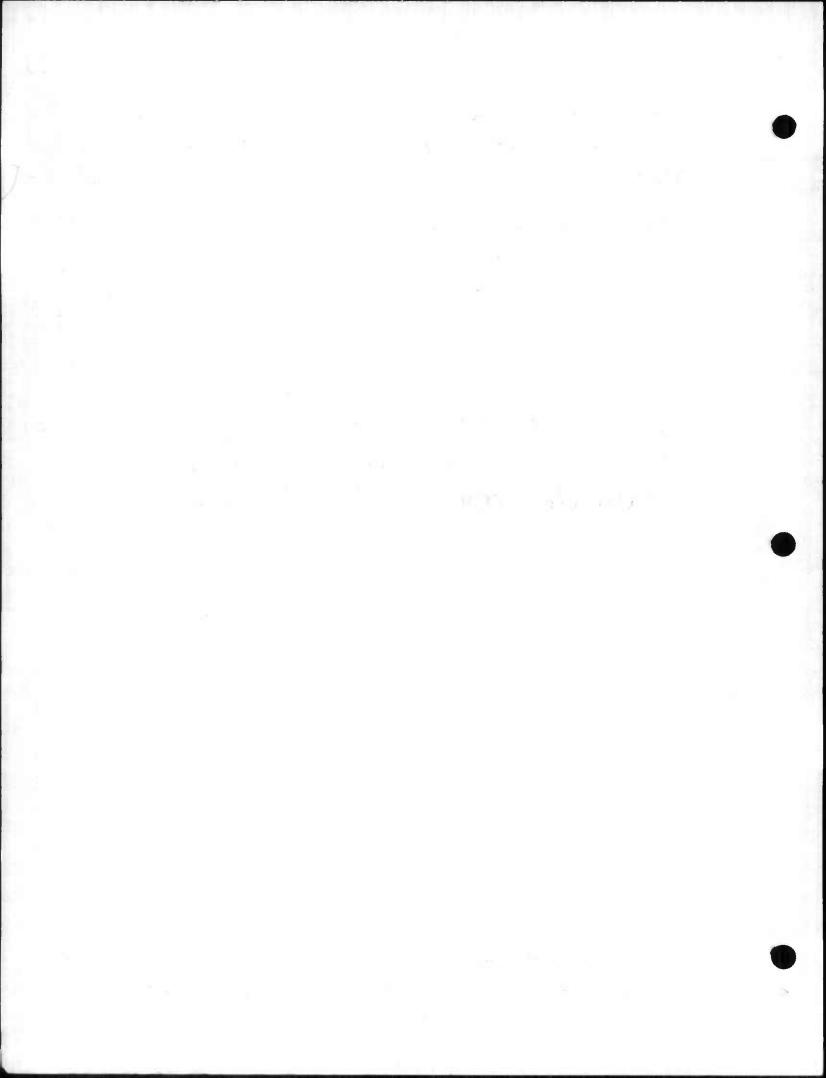


State of Maryland / Department of Health and Mental Hygiene

9		0	-
4	- 1	- 1.8	
-	- 8	V	6

				Certificate o	f Death		Reg. No.		12103		
		1. Decedent'a Nama (First, Middla, Last)				2. Data of Death 3. Time of Death					
Physicia		Candra U.Bag	1 1.0 /1	/		Month	Day	Year	19/00		
/Medica	_	4a. Facility Nama (If not institution, give street and pum	(ber)		4b. City, Town, or L	ocation of Death	4c. County	of Death	11.19		
Examine	\$1	1 - 10	and the same	1		HITON					
		5. Social Security Number 6. Sax	7. Aga (In yrs. las	t hirthday) If Undar 1 Ya				- W	~		
Funeral		219-30-9050 10M 2ØF	. Aga (III yrs. las	Yrs. Months Day		8. Data of Birti (Month, Day	y, Year)	9. Birthpia Count	ace (Stata or Foreign		
Director	-	Usual Residence of Decedant	42			10CT 20	1933		Ma		
P .	-	10a. Stata 10b. County	10c City 7	Town or Location				10	d. Inaida City Limits		
sho sho	5	44 8 4						10	1 ☐ Yas 2 ☐ Ho		
N of Party	S S	Ma Daltimore	1000	odlaun							
with the Marylan a or 28a-f show be notified at	듬	10e. Street and Number	7 1	10f. Zlp Code			10g. Citizen of V	What Count	ry?		
23e	70	6227 Kobinhill Koad 21207					u	,S.	A.		
ed within 72 hours after death with the Maryland ygjene. ner than "naturel", or itema 23e or 28e-f show t, the Medical Examiner must be inotified at	Funeral Director	11. Marital Status 12. Was Deceder Armed Form	dant Evar in U,S.	13. Was Decedant of	f Hispanic Origin? (Sruban, Maxican, Puart	pecify Yas or No-	r No- 14. Race - American Indian, Black, Whita, atc.				
or th	国	1 Nevar Married 2 Married 1 Yas if Yas, Give	2 No	1□ Yas 2☑N		r mouri, ato.,		0.	1.		
Surs Surs	2	3 Widowed 4 Divorcad Yaar or Da	tas:	10 145 200	ю эреспу.	Specify: Black					
"natural",	Completed	15. Decedant's Education	. 1	16a. Decedant's Usuai Occ	cupation		16b. Kind of Bu	usinass/Indi	ustry		
n" n	Be	(Specify only highast grada complated)  Elemantary/Secondary (0-12) Collaga (1-	405 51)	(Giva kind of work dor lifa. DO NOT use ret.	na dunng most of worl ired)	king					
filed within Hygiene. ther than int, the M	E	12th grade 3 years		Beau tician			Salor	7			
章エをこ	0	17. Fathar's Nama (First, Middla, Last)			18. Mothar's Nam	ma (First, Middla, Maldan Sumama)					
D = 0 = 1	Be	Norman R. Unci	les		Rocta	Ben	01				
2 should be and Mental is marked o	ှ	19a. Jaformant's Name/Raiatlonship (Type, Print)		19b. Mailing Addrass (Stre	of and Alimber of Str	ral Cauda Alumba	J City or Town	Chain Tin	Code		
257		1.1	1 0	190. Maining Address (Size	· / *//	) Novia rumbe	r, Chy or Town,	Stata, ZIP	7 17		
の道のド	H		band	(0dd / 100)	117/1/1/	Dad	LIVOd law	in, Md	21207		
a to to		20a. Mathod of Disposition / 1 □ Burial 2 □ Cramation 3 □ Ramoval from S	0.000	pe of Disposition (Nama of latary, crematory or other p	place)	Data	20c. Location -	City or Tov	vn, Stata		
LT LINE		4 □ Donation 5 □ Othar (Specify)	Arbo	utu Hennia	I Prote	7-1-96	Hr but	5 Md			
permit. Pag Department Important: I any injury o		21. Signatura of Funarai Sarvice Licansee	171.00	22, Nama and Add	drass of Facility		C. H. C. Valley	7 7			
Depa impo any i		Damiella Co	ON)	yarch 1	A. West	1	1	B.	11.1.1-		
	-	230 Parti. Enter the disease or governing that are		490	o was	Gran F	wenue	1201	40, 1401 2121		
		23a. Part1. Entar tha disaasa, or complications that ca shock, or haart failura. List only ona causa on aa	ch jina.	Do not antar tha mode of t	lying, such as cardiac	or raspiratory ar	rest,		Approximata Intarval Between Onset and Death		
hysician		The state of the s						į	Oriset and Death		
/Medical Examiner		Immediata Causa (Final disagsa or condition - /// / / / / / / / / / / / / / / / /									
		rasulting in daath) a.	Dua to (or a	s a consequance of):				i			
D 45	<u>=</u>	- CDr	Drayy	02700	diseer.			i			
ing physician and as the buriel-transit	Examiner	Sequentially list conditions,		s a consequence of):	0/3						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa. (Disaasa or injury that initiated evants  Dua to (or as a consequence of):  Dua to (or as a consequence of):									
ysici na bu	Medical	Causa (Disaasa or injury that initiated evants page this page that initiated evants page this page that the consequence of):									
d as t	8	rasulting In death) Last									
		d									
ed by the attending pl detached for use as the	by Physician					1					
the che	N N	Part II. Other significant conditions contributing to dea	23b, Did t	23b. Did tobacco use contribute to the cause of death?							
een signed by the attend hould be datached for us	5	Diobetis.	10	1 Yes 2 No 3 Probably 4 Unknow							
5.8	2		-								
been si	Completed	Stroke.	4mb					24a. Was an autopsy performed? 24b. Wara autopsy available prior			
2 sh	0	SUID REE		completion of death?							
ata hes t	6					1 DX	as 2 No	10	Yas 2 No		
certificata rector, pag	BeC	25. Was casa ratarred to medicai			OO Plans at Das	У.			7143 20110		
director,	ď	axaminar?	28. Place of Daa Othar:								
5 70	0	1 Talinpatiant 2 ER/Outpatient 3 DOA 4 Nursing Homa 5 Rasidance 6 Othar (Specify)									
una	27. Mannar of Death 28a. Data of Injury 28b. Tima of Injury at Work? 28d. Dascribe how injury 4 Work? 28d. Dascribe how injury 4 Work? 1   Yas 2   No										
Attending ir death. ector: Aftai by tha funa	Certification:	2. Accident investigation 3 Suicide 6 Could not be		8f. Location (Street and Number or Rural Routa Number, City or Town, Stata)							
aftar d Direct In by		4 Homicida datarmined 28a. Piace of building	28f. Location (S City or Tox								
S T D	3										
Hospital 24 hours Funeral staly filled	S	29a. Cartifiar (Check only)  1 Certifying Physician: To the b	est ot my knowie	dga, daath occurred at tha	tima, data and place,	and dua to tha	ausa(s) and ma	innar as sta	ated.		
of our neeping or attending in within 24 hours after death.  To the Funeral Director: After th completely filled in by the funeral in the fun	Medical	(Check only one) 2 Medicat Examiner: On the bas and manns	ar stated.	i and/or invastigation, in m	y opinion, daath occur	red at tha tima, (	and place,	and dua to	una Cause(S)		
Nithin No.	Σ	29b. Signatura and titia ot certifiar		29c. Lica	nsa number		29d. Data signe	d (Month, E	Day, Year)		
		21. 1		11	11295	,	_	<b>\</b>	DI		
1, 1	-	10/1ce / work		17	43/14	4	10hr	54	14		
10		30. Nama and addrass of person who complated causa	of daath (Itam 23				11.		1.		
10		Northwest Hope	tal	Renda	-11 ctour	1 prd	· F/5	14/5	Alis		
State	9	31. Data filed (Month, Day, Year)	distrar's Flooring			_			, , , ,		
Registra	r	JUN 27 1996	0								

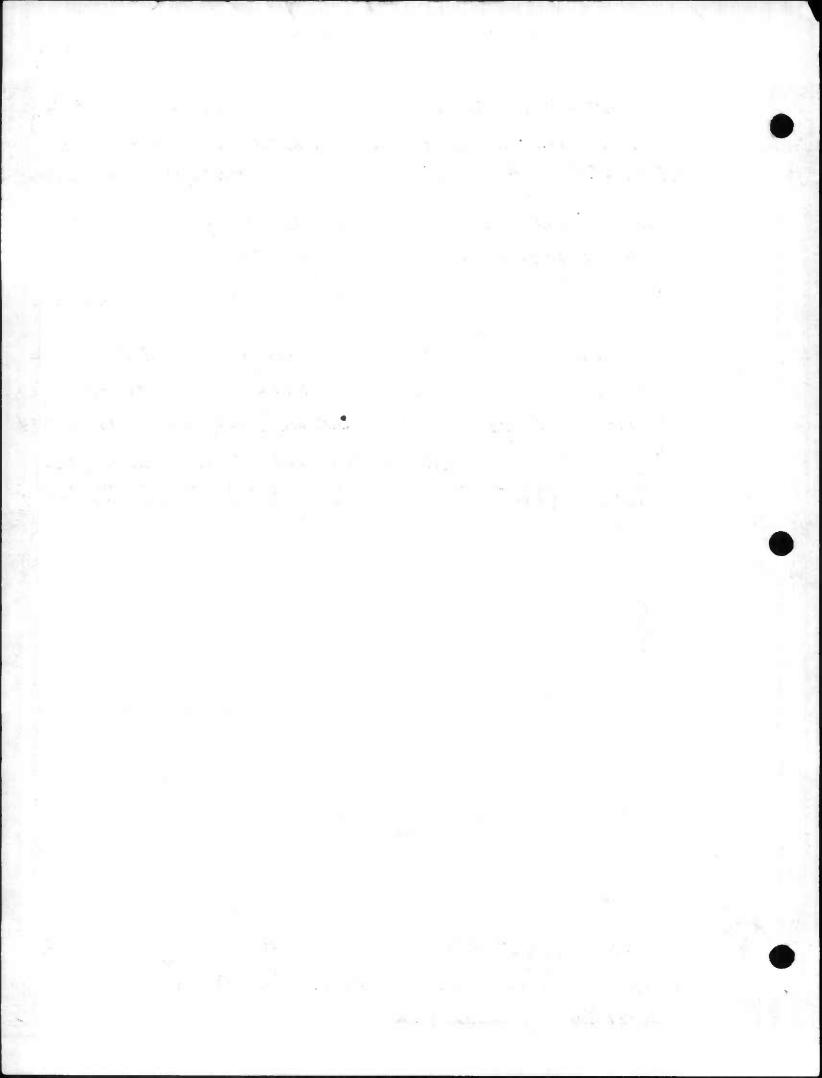
DHMH 16 Rev 6/95



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Maryla		ate of Death		eg. No.	19104		
	Physici	an	1. Decedent's Neme (First, Middle, Las		- 3		2. Date of Deet Month	ħ	3. Time of Deeth		
	/Medi			H BO	D		MUNE	23 199	6 9:54 PM		
	Examir	er	4a. Fecility Name (If not institution, give	1			r Location of Deeth	4c. County of			
_	E	-	GOOD SAMAR 5. Social Security Number 6. Se	ITIAN HO:	SPITAL last birthday) If Unc	BALTII ler 1 Year   If Under 24 Hr	S. 8 Date of Birth	13AL	Richaldes (State of Foreign		
L	Funeral Director		214-64-6233 11 Usuel Residence of Decedent	□M 2)X(F	40 Yrs. Months Days Hours Min.			8. Dete of Birth (Month, Day, Year) 9. Birthplace (State Country) NOV, 27, 1955 MARYLA			
	show		10e. Stete 10b. County	10c. C	ity, Town or Location			10d. fnside City Limits			
	death with the Meryland ms 23s or 28s-f show	ctor		TIMORE	BA	LTIMORE Zip Code	CITY		1 X Yes 2 No		
		Dire	10e. Street and Number						et Country?		
		erai	2015 SARAT	7 GA STRE 12. Was Decedent Ever In U	ET 12 Was Day	2/2		U.5	A. American Indian,		
Te.	hours after duriel, or item	Be Completed by Funeral Director	1. Never Married 2 Married 3 Widowed 4 Divorced	Armed Forcas?  1 Yes 2 No If Yes, Give Year or Detes:		cedent of Hispanic Origin? ( pecify Cuben, Mexican, Pue 2 No Specify:	into Rican, etc.)	Bleck, 1	White, etc.  BLACK		
2-0	2 P P P		15. Decedent's Edu (Specify only highest grad	ucation	16a. Decedent's Us	suel Occupation work done during most of w	orkina	16b. Kind of Busin	ess/Induatry		
21215-0020	E . C .		Elementary/Secondery (0-12)	College (1-4or 5+)	life. DO NOT	use retired)		0			
	77 To be 344		11+HGRADE  17. Fether's Neme (First, Middle, Last)		DENTAL	ASSISTA	NT eme (First, Middle, I		OFFICE		
Maryland	marked	o Be	CHARLES	B	DYD	MARI		JACK	1504		
ary		To	19e. Informent'a Name/Reletionship (T)			ess (Street and Number or	/ Rurel Route Number				
	end 2 : selth er n 27 is er trau		DENISE	BOVD	66080	SLENBARR C	OURT B	ALTIHORE	MD. 2/234 for Town, State		
Baltimore,	ges 1 end t of Heelth If item 27 or other t		20e. Method of Disposition	/ 20b.	Piece of Disposition (A cemetery, cremetery of	leme of r other plece)	Date	20c. Location - Cit	or Town, State		
ti m			4 □ Donetion 5 □ Other (Specify,	M	T. ZION (	EMETERY	6-28-96	BALTI	HORE, MD.		
Bal	parmit. Par Departmen Important: any injury once.		20   Cemetion   3   Removel from State   20   Cemetion   3   Removel from State   4   Donetion   5   Other (Specify)   MT. ZION CEMETER!   6-28-96   BALTIHORE, HD.								
	Physician   /Medical		23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,  Approximate Interval Between								
F			Immediate Cause (Final	e ESOPHAGEAL CANCER 19 days							
	Examiner		disease or condition resulting In deeth)		JCER	19 days					
		ner		Due to (	or es e consequenca o	r():					
	nd nd transi	Examiner	Sequentially list conditions,	b. ————————————————————————————————————							
90,	physician and s the buriel-transit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C							
68760,	riceta be exe g physician a as the buriel-	edical	thet Initieted events resulting in death) Last	Due to (	or as a consequence of						
	nding use as			d					1		
m i	death cert e attendin	icla	Pert II. Other significant conditions co	ntributing to death but not re-	23h. Dfd to	23b. Dfd tobacco uss contribute to the cause o					
P.0	lew requires that the death centi as been signed by the attending 2 should be detached for use a	Completed by Physician/M	•	, dado gran in v arr		Yss 2 No 3 Probably 4 Unknown					
ds,	ald be				_		24a. Wes e	24a. Wes en eutopsy 24b. Were eutopsy findings			
00					perform	performed? evalleble prior to completion of cause of death?					
Re	Ine le						1 □ Ye	s 2 No	1 ☐ Yes 2 ☐ No		
ital	ang rnysician: h. After this certifica funeral director,	Bec	25. Was case referred to medical examiner?			26. Place of De	eath (Check only on	e)			
of V		2	1 ☐ Yes 2 No	Hospital: 1 In Inpatient 2 ER/Outpatlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)  28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury Work?							
		Certification:	27. Manner of Deeth  1 Natural 5 □ Pending	28a. Dete of Injury (Month, Dey Year)	28d. Describe ho	28d. Describe how injury occurred					
risio		fical	2 Accident Investigation 3 Sulcide 6 Could not be determined	28e. Piece of Injury - At home, farm, street, fectory, office			28f. Location (Street end Number or Rural Route Number,				
Ö	s effer	Sert	4 Homicide	building, etc. (Speci	City or Town, Stete)						
	Hospital or Attend 24 hours efter death Funersi Director: staly filled in by the	edical (	29a. Certifier (Check only one) 1 Certifying Phy 2 Madical Exami	sicisn: To the best of my kno	ce, end due to the co	ause(s) and manne ete end plece, and	er es stated. I due to the ceuse(s)				
1	d d	Mec	29b. Signature end title of certifier	end menner steted.	2	9c. License number	2	9d. Dete signed (A	Month, Day, Year)		
1	100)		1 Lena So	weck MD		PO8239		JUNE	23-1996		
	1	-	30. Neme and address of person who co	ompletes cause of death (Item	n 23e) (Type, Print)	20	21	0	23-1996 nove MD 21239		
5	1		Good Samar			Of 1-och Ka	ven Blud-	Baltin	10 x 110 21239		
	Sta Registr		31. Dete filed (Month, Dey, Year)	32. Registrer's Sign							

DHMH 16 Rsv 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Film G736 item 10e per FH 6-27-96 r.ja Certificate of Death 1, Decedant's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month 1996 June /Medical 4a. Facility Name (If not Institution, give street and numbar) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Randallstown orthwest Baltimore Hospital ener 1 Yaar If Under 24 Hrs. Birthpleca (State or Foreign Country) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Months Days Hours Min. 1 M 2 F 219-28-4412 Yrs Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or itema 23a or 28a-f shov traumatic event, the Medical Examiner must be notified at 10 a Ho Woodlawn 1 Yes 2 No Director 10e. Street and Number Third 10f. Zip Coda 10g. Citizen of What Country? 2115 .5 21244 Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiena.
nt: if Itam 27 is marked other than "natural", or terms 23. Funeral Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, Whita, etc. 12. Was Decedant Evar in U,S. Armed Forcas? 11. Meritel Stetus 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: Maryland 21215-0020 1□ Yes 2⊠ No þ 3 Widowed 4 □ Divorced Specify: Black Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) NIA 12th grade unemployed 17. Fether's Neme (First, Middle, Last) 18. Mother's Nema (First, Middla, Malden Surname) MC man 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melting Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) ovella Woodlawn 2115 Md Laughter injury or other Baltimore, 20b. Plece of Disposition (Name of cematary, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta Data 1 ☑ Buriel 2 ☐ Cramation 3 ☐ Ramovel from Steta 6/24/94 permit. Page Department of important: If i eny injury or once. trbutus Menona / PK 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22. Neme end Address of Fecility March F. H. West el. Baltu Md Avenue 4300 wabash 21213 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feiture. List only one ceuse on each lina. Approximata Intervel Between Onset end Death **Physician** /Medical Immediete Cause (Finel disaesa or condition resulting in deeth) acute Examiner Examiner physician and s the buriel-trans Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Box 68760 Physician/Medical Due to (or as a consequence of) attending 980 to ned by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by t 3 Probably 4 Unknown Apertension 1 Yee 2 No à should I 24b. Wara autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed s certificate has b director, page 2 s 1 Yas 2 No 1 ☐ Yas 2 ☐ No I or Attending Physician: after death. Director: After this certifice 25. Was case referred to medical Be 26. Place of Deeth (Check only one) examiner? Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) P 1 ☐ Inpatient 2 XER/Outpatient 3 ☐ DOA funeral c 28e. Dete of Injury (Month, Day Year) 27. Menner of Death 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours a To the Funerel D completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier (Check only one) Medical 29b. Signeture end title of certifier 29c. License number 29d. Deta signed (Month, Day, Year)

State Registrar

31. Date filed (Month, Day, Year)

32. Registrar's Signeture

Tull

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

JUN271996

Kennetz L. Glick mo

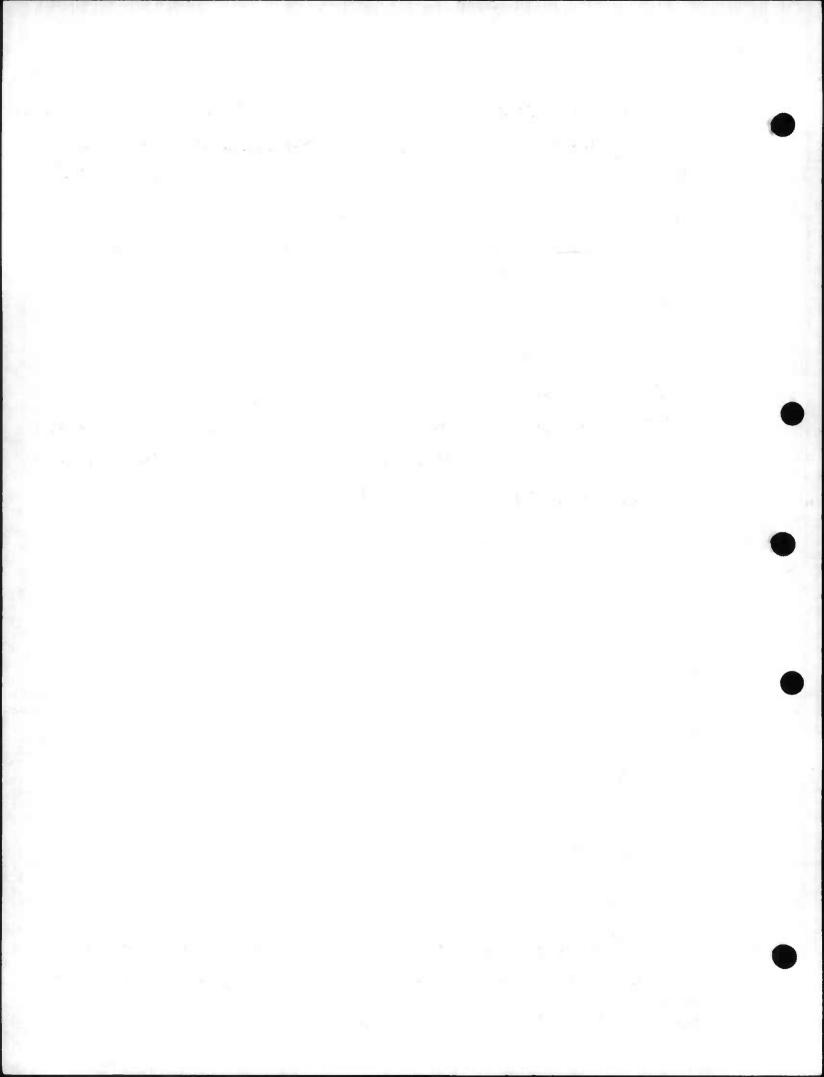
Sicha Davidson-Randale

DZ3679

Zu Crossroids Dr

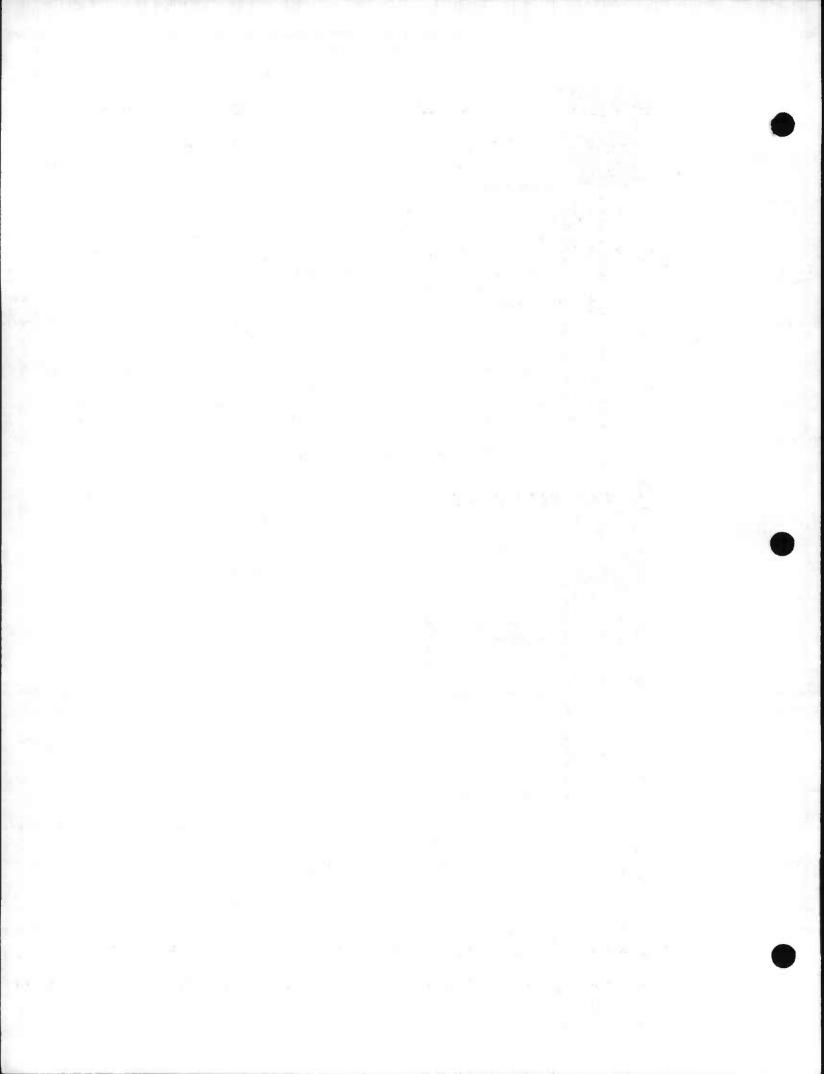
06-24-96

Owing mins moziln



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene  $9\,\%$ 

				$C\epsilon$	ertificate of	Death		Reg. No.			
		1. Decedent's Neme (First, Middle, L					2. Dete of D		14.00	3. Time of Deeth	
Physicia /Medica		DELORES	E. Bro	WN			Month	Dey Z T	1996	1110 PM	
Examine		4e. Facility Neme (If not Institution, gi					or Location of Dea	th 4c. County			
	•	SINAL	HOSPIML			Balti	more, t	10	none		
Funeral		5. Sociel Security Number 6.	Sex 7. Age (In yr.	s. last birthdey		if Under 24 H			9. Birthpl	lece (State or Foreign	
Director		220-64-8151	10M 27F	Yrs.	Months Deys	Hours M	in. (Month, D	of Birth oth, Day, Year)  22, 1954  9. Birthplece (State or Foreign Country)			
P .		Usuel Residence of Decedent  10a. Stete 10b. County	400	No. 7 1							
aryle show	-	10a. Stete 10b. County	160.0	City, Town or L					10	Od. Inside City Limits	
M e M	9cto	Ina Balto Pikesville								1 ☐ Yes 2 ☑ No	
th with the 23s or 2	Funeral Director	10e. Street end Number Start Mill Rd 21208 10g. Citizen of						10g. Citizen of V	Met Count	The state of the s	
99	nei	11. Maritel Status	12. Wes Decedent Ever In Armed Forces?	U,S. 13.	Wes Decedent of	Hispanic Origin?	(Specity Yes or Nerto Rican, etc.)	14. Race - American Indian, Bleck, White, etc.			
urs a	þ	3 ☐ Widowed 4 ☐ Divorced If Yes, Give / Yeer or Detes:						Specify		ick	
2-C	Completed	15. Decedent's E (Specify only highest gi	Education	16e. Dec	edent's Usuel Occu	petion	undrina.	16b. Kind of Br	usinass/Ind	Justry	
Fig. 6	nple	Elementery/Secondary (0-12)	College (1-4or 5+)		e kind of work done DO NOT use ratio			1.1	0		
A policy of the	S .	124	Zyrs	me.	dical K	ecords				rmark	
d 2 should be filed within the and Mental Hydene. T is marked other than traumatic event, tre M	Be	17. Fether's Neme (First, Middle, Las	(t)			10-	ieme (First, Middl		10)		
should be nd Mental marked o	2	Hrthur C.	2rown			Man	-	nsen			
D = 72		19e. Informent's Nemericalationship Mary Brown	(Type, Print)	19b. Mei 332	ling Addrass (Stree	O .		ber, City or Town,	Stete, Zip		
of He of He r othe		20e. Method of Disposition		Place of Disp	osition (Neme of emetory or other pla	aca)	Dete	20c. Location -	City or To	wn, Stete	
emit. Peges 1 er Pepertment of Hee moortant: if tiem : ny injury or other ince.		1 Buriel 2 Cremetion 3   4 Donetion 5 Other (Spec			Memoria	1 PK	6/29/96	Randa	Ilsto	our, md	
pemit. Peg Depertment Important: h any injury o	1	21. Signeture of Funeral Service Lice	ensee	1 2	2 Neme end Addr	ess of Fecility					
permil Depermination Depermination Depermination Depermination		Da made	o Call		maren			1.0			
	$\vdash$	23a. Pert1. Enter the disease, or cor	nplications that caused the de	ath. Do not er			liec or respiretory			Approximete	
Physician		shock, or heart feilure. List only	y one ceuse on each line.		,				i	Interval Between Onset and Deeth	
/Medical		Immedieta Ceusa (Final	CLECTOO	nech	anica	P die	20010	4.011	1	O. 5 hours	
Examiner	1	Immedieta Ceusa (Final disease or condition resulting in death)  ELECTROMEC NONICAL dissociation  Due to (or es e consequence of):									
	Je.					:04	SPASI		14	1.0 hour	
tificate be executed g physician end as the burial-transit	Examiner	Sequentially list conditions,  Due to (or as a consequence of):									
e e e e e e e e e e e e e e e e e e e										weeks	
hysic hysic	edical										
9 # 9 1	ξ∥	d									
thet the deeth	Physician	Part II. Other elgoificent conditions	contributing to death but not re	eulting In the	undorheina agusa a	iven in Port I	22h Di	tobacco use co	newson en	the cause of death?	
by the	hys	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.						Did tobacco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Unknown			
es thet igned t	by P						_   '	1 106 2LFN0	3 - 100	aby 4 Dikilowii	
The lew requires that the death called has been signed by the ettencage 2 should be detached for us	8						24e. We	s en autopsy	24b. We	ere eutopsy findings	
w require been si should	Completed							performed? available prior to completion of ceuse of deeth?			
The lev ate hes page 2	Ĕ							IVan alliga	1		
	ပိ	25. Wes cese referred to medical				00.51 /6		Yes 2 1211No	11.	Yes 2 No	
Attending Physician; r death. sector: After this certific by the funeral director,	Be C	examiner?	Hospital:	7500	0 000	thar:	Deeth (Check only		/O Y		
E E =	TE impatient 2 DENOUtpatient 3 DOA 4 Divising notine 5 Divestigation 6 Dottier (appear)									0	
ding h. After funer	Certification:	28a. Dete of Injury 28b. Time of Injury 4 28c. Injury et Work? 28d. Describe how injury occurre Work? 1 ☐ Nestigation 1									
after deat Birector: Jin by the	lica	3 Suicide 6 Could not be determined 28a. Place of Injury - At home, ferm, street, fectory, office 28f. Location (Street)						(Straet and Numb	and Number or Rural Route Number, etc)		
9 4 4 5	en	4 Homicide	building, etc. (Spec	ify)	,,		City or To	own, Stete)			
		29e. Certifier 1 Certifying P	hyafclan: To the best of my kr	nowledge, dae	th occurred at tha t	ime, date end ple	ece, end due to the	a cause(s) end me	enner as st	reted	
Hos 24 hc Fun etely	Medical	(Check only 2 Madical Exa	miner: On the basis of exemir end menner stated.	netion end/or li	nvestigetion, in my	opinion, daeth oc	courred at the time	, date and piece,	and due to	the ceuse(s)	
2128	Ž	29b. Signeture end title of certifier 29c. License number						29d. Dete signed (Month, Dey, Year)			
0		Benn min	Victor Duler	MM	2 770	1391		files	J. 11	VE 25 100	
( )	-	30. Name end address of person who	completed cause of death (the	am 23a) /Time	Print)	171				03) 1776	
10			VICTOR DUP		1838	Groon	e Troo	Rd P. L	LesJi	NE 25, 1996 11e M92170	
State		31. Dete filed (Month, Dey, Year)	32. Registrar's 30		10 20	UTEET	7311 3	1-0( ) 111		7 2100	
Registra		JUN 27 1996	Wat-No								



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** CAMPBELL LONNIE WESLEY JUNE 23 2:30 P.M. 1996 /Medical 4a. Fecliity Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 519 MOUNT HOLLY STREET BALTIMORE BALTIMORE If Undar 1 Yeer Months Days Under 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) 7. Aga (In yrs. last birthday) if Unde Hours Birthplaca (Stete or Foraign Country) **Funeral XX**M 2□ F Months 75 Yrs. JULY 20, 1920 NORTH CAROLINA Director 249-18-6315 Usual Rasidance of Decedant deeth with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examiner must be notified at Yes 2 No Directo MARYLAND BALTIMORE BALTIMORE CITY 10e. Streat and Number 10f. Zip Code 10g. Citizan of Whet Country? 519 MOUNT HOLLY STREET 21229 USA. Funeral 12. Wes Decedant Ever In U.S. Armed Forcas? 14. Race - American Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) permit. Peges 1 and 2 should be filed within 72 hours after Depertment of Heelih and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ite any injury or other thaumatic event, the Medical Enamies any injury or other thaumatic event, the Medical Enamies. 1 Nevar Married 2 Married 1 ☐ Yas 2 No If Yas, Giva Yaar or Detes: Maryland 21215-0020 1 ☐ Yes 2 ☐ No 3 □ Widowed 4 □ Divorced þ Specify: BLACK Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) STEEL COMPANY LABORER 0 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maiden Surname, Be **ANDREW** W. CAMPBELL MCQUEEN 2 HATTIF 19a. Informant's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) CLEMMIE LEE CAMPBELL 519 MOUNT HOLLY STREET, BALTIMORE, MD. 21229 Baltimore. 20b. Place of Disposition (Nama of cematary, crematory or other place 20a. Mathod of Disposition Date 20c. Location - City or Town, Stata 1 Se Burial 2 □ Crametion 3 □ Ramoval from Stete 4 □ Donation 5 □ Othar (Specify) MD. NATIONAL CEMETERY 6-28-96 LAUREL, MARYLAND 21. Signatu of Funaral Sarvice Licens 22. Nama and Address of Fecility JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.

Approximate shock, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Death **Physician** /Medical Immediate Cause (Final LUNG CANCER (SQUAMOUS CELL TYPE ylan diseese or condition rasulting in daeth) Examine Examiner physician and the buriel-transit Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Causa (Diseasa or Injury that Initiated events resulting in death) Last Dua to (or as e consequence of) Box 68760 that the death certificate be Physician/Medical Dua to (or as a consequance of): attending USB ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.0. 23b. Did tobacco use contribute to the cause of death? signed by t 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No OBSTRUCTIVE LUNG DISEASE Records, þ should I 24b. Wara autopsy findings aveilable prior to completion of cause of death? Completed 24a. Was an eutopsy performed? VASCULAR DISEASE has 1 Yas 2 No certificate 1 ☐ Yas 2 ☐ No Division of Vital Attending Physician: 25. Was casa raferred to medical axaminar?

1 Yas 2 No funeral director, 28. Placa of Death (Check only ona) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Othar: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) this 28e. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? After 1 Natural 5 Panding I or Attending after death. Director: Aft 1 □ Yas 2 □ No 2 Accident Invastigation the 6 Could not be detarmined 3 Suicida 28e. Place of Injury - At home, ferm, streat, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) completely filled in by 4 Homicida To the Hospital or within 24 hours at To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

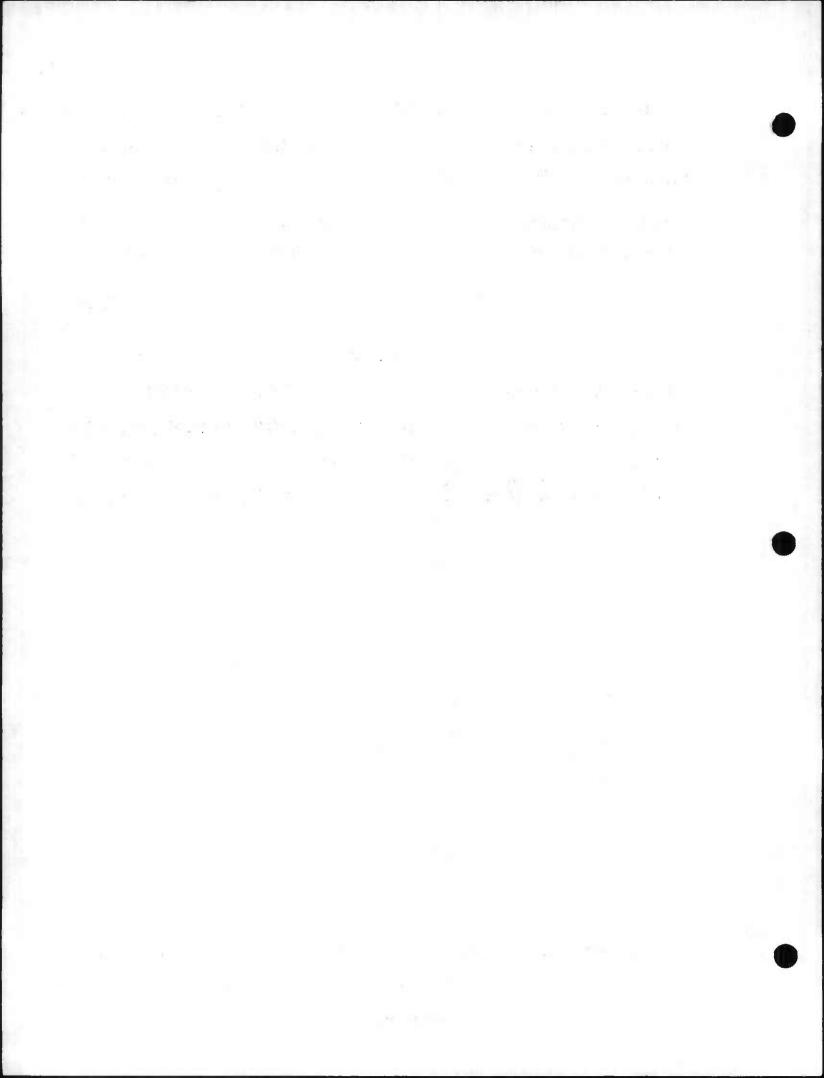
2 Medical Examiner: On the bests of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. Medicai 29e, Certifier (Check only one) 29b. Signetura and titla of certifier 29c. Licansa number 29d. Deta signed (Month, Day, Year) milles 1730272 30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print) THOMAS 700 WASHINGTON BLUD BAZTO MO ZIZZD

State Registrar 31. Data filed (Month, Day, Year) JUN27 1996

32. Registrar's Signature gula Savidson-Randall

5. MILLER

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth COWMAN **Physician** REGINA JUNE 1015Am /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner RALTIMORE HOSPITAL NORTHWEST CENTER RANDALISTONS if Under 24 Hrs. 5. Sociei Security Number if Under 1 Year Months Deys 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** 1□ M 25 F Director 218-28-1110 Sept. 19, 1928 Maryland Usuel Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Modical Examiner must be notified at 1 Ves 2 □ No Baltimore Director Maryland n/a 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death v. Department of Health and Mental Hygiere.

Important: If Nem 27 is marked other than "natura" and 3604 Mohawk Avenue 21207 U.S.A. Funeral 14. Rece - American Indian, Bieck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No white þ Specify: 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) 5th Factory Worker Varied 17. Fether'a Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Anthony Papale unknown 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gail Barinowski/Daughter unknown 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 Donetica 5 ROther (Specify) State rem 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility State Anatomy Board-655 W. Baltimore Street Dir. wade, nuch  $|\textit{Baltimore}|, \textit{Maryland} \quad 21201-1$ 23a. Part T. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Wille Baltimore, Maryland 21201-1550 Approximete Intervel Between Onset end Deeth Physician CARCINOMA immediate Cause (Finel disease or condition resulting in deeth) OF LUNG /Medical Examiner Examiner certificate be executed attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as e consequence of): 188 Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 □ Probably 4 Unknown é 24b. Were autopsy findings eveilable prior to completion of ceuse of death? 24e. Wes an autopsy performed? Completed has 1 Yes 1 Yes 20 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I 25. Wes case referred to medical examiner? 28. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 HNo 10 1 2 Topatient 2 ER/Outpetient 3 DOA 28a. Dete of injury (Month, Day Year) 27. Menner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturei 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner steted. 29e. Certifier Medical (Check only one) 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signeture end title of certifier D37333 JUNE 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) BALTO. MO 21133 RAVIMO, NHC 31. Dete filed (Month, Day, Year)
JUN 2 7 1996 Julia Baufitistre - Romanda State Registrar

DHMH 16 Rev 6/95

### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Dey May Margaret Carioti 16, 1996 3:00 p.m. /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 1315 Busen Way Baltimore If Un r 1 Y if Under 24 Hrs. Hours Min. 5. Sociei Security Number 7. Age (In yrs. last birthdey) 6. Date of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** Deys Months 1□M 2□F Director 215-30-2207 61 Sept. 23, 1934 Maryland Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits show 7 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the Medical Examiner must be notified at Maryland 1X Yes 2 No Director n/a Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1315 Busen Way 21224 U.S.A. Funeral death permit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health and Mental Hygiene. Important If New 77 is marked other than "natural". or Many injury or other traumatic events. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American indian, Bieck, White, etc. 11. Meritel Stetus 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 □ Never Merried 2 □ Married 1 ☐ Yes 2 No Specify: White Specify: à 3 □ Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) 8th Housewife home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) John Joseph Rosenthal Pearl Maysfield 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Betty Forbes/Daughter 1311 Stromeyer Way-Baltimore, Maryland 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☑ Donetion 5 ☐ Other (Specify) Signature of flunerel Service Licensee Ronald 22, Nome and Address of Fecility State Anatomy Board-655 W. Baltimore Street wade, Dir. man Baltimore, Maryland 21201-1559 l 23e Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete tntervel Between Onset and Deeth **Physician** Immediete Cause (Finel diseese or condition resulting in deeth) /Medical Lung Cancer Examiner Due to (or es e consequence of): Examiner physician and the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequença of): P.O. Box 68760 Physician/Medical Due to (or es e consequence of): USB BS been signed by the attending should be datached for use as Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 ☑ Unknown Records, þ 24b. Were autopsy findings available prior to 24e. Wes en eutopsy performed? Completed completion of cause of deeth? has 2 🛭 No carlificata 1 ☐ Yes 2 ☐ No Division of VItal funaral director, 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☑ Residenca 6 ☐ Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: 1 Neturel 5 Pending Hospital or Attanding 24 hours after death.
 Funeral Director: After 1 Tyes 2 No investigetion 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral C completaly filled 1 Certifying Phystcian: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

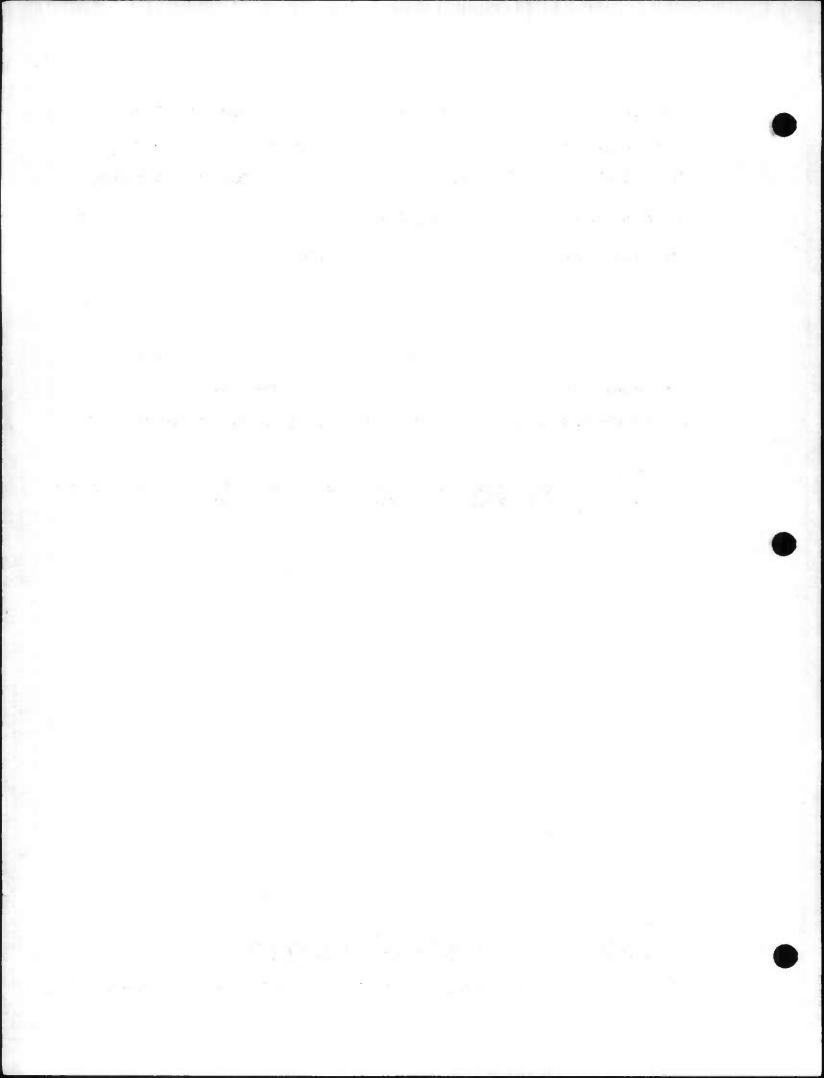
2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier Medical 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 10 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) University of Maryland-29 S. Greene Street-4th Floor-Baltimoer, MD.21201

State Registrar JUN 2 7 1996

32. Registrer's Signeture

JUN 2 7 1996

Julia Juridson-Randase

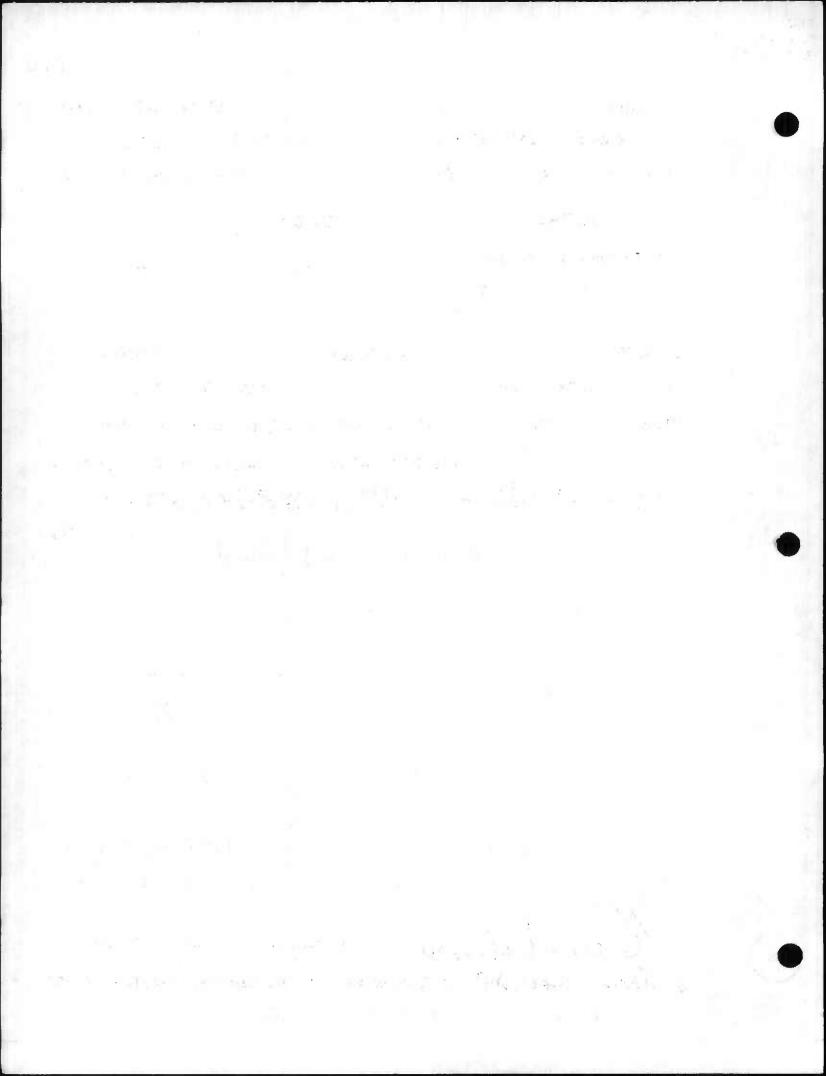


## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19110

Film G736	i	tem 8 per	FH 6-27	-96 rja		Cer	tificate (	of Deat	th		Reg. No.		, , , , , ,
Physician		Decedent's Nam	ne (First, Middl	e, Lest)						2. Dete of D	Davi	- Year	3. Time of Death
/Medical	ı.	TIMOTE		M.		DLES				JUNE	24, 19	9 6 <sup>eer</sup>	11:48 A
caminer	ľ			n, give street end n W. LAFA		AVE.			Town, or L LTIM(	ocation of Dee	-		
eral		5. Social Security N		6. Sex		lest birthday)	If Under 1 Y		der 24 Hrs.			IMORE	
or		213-86-76		10 M 2□ F	28		Months De			(Month, D	nhAugust 23, 1967	Cour	olece (State or Foreign stry) YLAND
		Usuel Residence o								TOOL 1 Z	3, 1907	MAR	ILAND
rai Director	1	10e. State	10b. County		10c. C	ity, Town or Lo	cation					1	0d. Inside City Limits
cto		MARYLAND	BALT	IMORE			BALTIN	10RE C	ITY				1 ☐ Wes 2 ☐ No
Director		10e. Street end Nu	mber				10f. Zip Coo	de			10g. Citizen of	Whet Cour	ntry?
		1111 [ea	adenha1					21230			USA		
Funeral		11. Marital Stetus		Armed F	cedent Ever in U orces?	J,S. 13. V	Ves Decedent Yes, specify (	of Hispenic Cuban, Mexi	Origin? (Sp cen, Puerto	ecify Yes or N Rican, etc.)	o- 14. Rac Ble	e - Americ ck, White,	ean Indien, etc.
by F		1 Never Marr		led 1 Yes If Yes, G Year or	2X No	1	□Yes 2¥□	No Spec	ify:		Specifi	BLAC	V
pa	-	o 🗆 maomoa	15. Deceden		Detes:	16e Deced	ent's Usuei Oc	cupation					
Be Completed	-		cify only highes	st grede completed		(Give I	kind of work do	one durina m	ost of work	ring	16b. Kind of B	usiness/in	dustry
E	1	Bth GRADE	ndery (0-12)	College	(1-4or 5+)	MA	NTENAN	ICE			H03	SPITA	L
Se C	F	17. Fether's Neme	(First, Middle,	Last)					ther's Nem	e (First, Middle	, Malden Sumen	ne)	
To		WILLIE	HER	MAN WHI	TE			P	HYLLI	S MARI	E COLI	ES	
1		19e. Informent's No	eme/Relations	hlp (Type, Print)		19b. Mailin	g Address (Str	reet end Nur	nber or Ru	ral Route Numb	oer, City or Town,	Stete, Zip	Code)
		TONYA		COLES		4431 V	<b>VRENWOO</b>	D AVE	NUE, I	BALTIMO	RE, MD.	2121	2
	1	20e. Method of Disp		3 Removel from	20b. I	Plece of Dispos cemetery, crem	ition (Neme of etory or other	f piece)		Dete	20c. Location -		
		4 Donetion				. ZION	<b>CEMETE</b>	RY	6	-28-96	BALTIMOR	RE. M	ARYL AND
once.	3	21. Signature of Fu	ineral Service	Lipeasee On			Name end Ad		cility				
a				77.6		J(	SEPH H	. BRO	N JR	FUNER	AL HOME, E, MD. 212	P.A.	
	I	23a. Pert 1. Enter ti shock, or hee	he diseese, or	complications thet only one ceuse on	ceused the dee	th. Do not ente	r the mode of	dying, such	es cerdiac	or respiretory	errest,		Approximete Intervel Between
ian	1			,	Α.	. 1	1	4 1					Onset end Death
ical ner		Immediete Ceuse ( diseese or conditio	(Finel		Nul	tiple	Guns	Lost	-IND	unda			
	н	resulting In deeth)	, ,	9	Due to (	or este consequ	uence of):		V			-	
Examine	l		10.	_ b									
хал	1	Sequentially list con	nditions,		Due to (	or es e consequ	ience of):						
		Sequentially list confirmed in the confirmed in the cause. Enter Under Cause (Disease or the tinitiated events)	orlying injury	C									
Medicai		thet initieted events resulting in deeth) l	Lest		Due to (d	or es e consequ	ence of):						
υ/Mec				d								į	
clar	-									4			
ysi	,	en II. Other signif	Icant conditio	ns contributing to c	leath but not res	sulting in the un	derlying ceuse	given In Pe	rt f.	1			the cause of death?
y P	1.									1	Yes 20 No	3 Prol	bebly 4 Unknow
leted by P											an eutopsy	24b. W	ere autopsy findings
Completed by Physicia	-										ormed?	CO	ellable prior to mpletion of cause death?
E C										Jo	, a 🗆		/
To Be Com		25. Wes cese refer	red to medical							1100	Yes 2□No	19	Yes 2□ No
o Be	1	exeminer?		Hospitel:	landing A	lenio i i i		Other		h (Check only			CUDEEN
	2	7. Menner of Deeth		28e. Dete		ER/Outpetient 28b. Time of	3LI DUA	4 🗆	Nursing Ho		how injury occur		) STREET
to		1 Neturel 2 Accident	5 Pending	(Mor	oth, Dev Year)	Injury		njuryet Work? I□Yes 2	₩No	Suhic	et Stof	-bu	Oslice
Medical Certifica		3 ☐ Suicide	6 Could n	ot be	e of Injury - At h	111			_	28f. Location	Street end Numb	er or Rura	Route Number
Certification:		Homicide	determ	build	ling, etc. (Specif	57	PET			City or To	wn, State)	66	allo Ans
a C	1	29a. Certifies	Certifying	g Physician: To the	e best of my kno	wledge, deeth	occurred et the	e time, dete	end piece	end due to the	ceuse(s) end me	onner es si	eted.
edicai		(Check only one)	Madical E	Examiner: On the b	pasis of examine iner steted.	tion end/or inve	estigetion, in m	ny opinion, d	eath occurr	red et the time,	dete end piece,	end due to	the ceuse(s)
Me	-	19b. Signature and	title of certifier		Λ		29c. Lic	ense numbe	er		29d. Dete signe	d (Month,	Dey, Year)
		1/()	11	10	to N	M)	C	.C.M	.E.		JUNE 2	5, 1	996
	3	0. Neme and éddre	ess of person v	who completed cau	se of deeth (Iten	n 23e) (Type P	nint)						
	1	TUARI	NII	xxt 1	IA / 3			eet.	Bal	timore	, Mary	land	21201
State	3	1. Dete filed (Mont		32. F	Registrer's Signe	ture						_	
istrar		JI	UN271	996	ia Davi	dson-Rank	400						



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene OC

	Film G	736	item 1 per FH 6-27-	96 rja	Cer	tificate of		nontar rry	Reg. No.	00	19111
	Physic /Medi		1. Decedent's Neme (First, Middle, La Charles Berna		ζ, Jr.			2. Dete of De Month June 2	ath Dey	Year	3. Time of Death 8:02 PM
	Exami		4a. Fecility Neme (If not Institution, giver Franklin Squar  5. Sociel Security Number 6. S	e Hospital	. lest birthdey)	If Under 1 Yeer	4b. City, Town, or L  Essex  If Under 24 Hrs.	ocation of Deeth	4c. Count Balti	y of Death more	ce (Stete or Foreig
	Funeral Director		213-36-7628 <sup>1</sup> Usuel Residence of Decedent	XM 2 F 58	Yrs.	Months Deys	Hours Min.	8. Dete of Bir (Month, De DEC 15	y, Year) , 1937	Mary	y)
	Se-f show	ctor	Maryland Balti		ity, Town or Lo Dundal					100	d. inside City Limit
	a 23a or 2 must be m	Funeral Director	10e. Street end Number 2938 Cornwall			10f. Zip Code 212		USA	Og. Citizen of What Country? USA		
0020	ours after de ral', or fram Examiner	by	11. Merital Status  1 ☐ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☼Divorced	12. Wes Decedent Ever in t Armed Forces? 1 ☐ Yes ②☐ No If Yes, Give Yeer or Detes:		Ves Decedent of Information of Info	dispanic Origin? (Spen, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		ce - Americar ck, White, et Whi	c.
21215-0020	filed within 72 hours after death with the Manyland hygiene. Idner than "natural", or ferms 23a or 28a-f show ent, the Medical Examinet must be notified at	Completed	15. Decedent's Ec (Specify only highest gra Elementery/Secondary (0-12)	college (1-4or 5+)	(Give I	lent's Usuel Occup kind of work done DO NOT use retire	pation during most of work d)			Government	
ryland	nould be file I Mental Hy mrked othe	To Be C		ernard Cox,	Sr.			ginia N	Melden Surmer	me) Schue	ler_
Baltimore, Maryland	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or ferm 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be nuclised at once.		19e. Informent's Neme/Reletionship (Christopher E. Co 20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify	IRemovel from Stete  Me	1614 Plece of Disposementery, cremetery, cremetery	Templeto sition (Neme of letory or other ple matory,	Inc. 06/2	Cowson, Dete	MD 2120 20c. Location Baltimo	City or Town	n, State
			21. Signature of Funerel Service Licental Communication of Funeral Communi	plications that caused the dea	29	99 Frede:	ss of Fecility Society rick Rd. ng. such es cardiec	Baltimo	re, MD	21228	Approximete nterval Between
	Physician /Medical Examiner		tmmediate Cause (Finel disease or condition resulting In death)	e. Necrotizing	75.77 571					ž.	Onset and Death
	od dansit	Examiner	Sequentially hist conditions	b. Acute Lympho	or es e consequences a consequence a consequence a consequences a consequences a consequences a	Leukem:	<u>ia</u>			We	eks
x 68760,	entificate be executed ding physician and se as the burial-transit	edicai	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	or es e consequ				2.1.2		
<u>о</u>	that the death cented by the attending detached for use	y Physician/M	Pert II. Other significant conditions or		sulting in the un	derlying cause gh	ven in Pert I.				he cause of death
e	aw requires is been sign 2 should be	Completed by						24e. Wes perfo	en eutopsy rmed?	avall	autopsy findings able prior to pletion of causa seth?
	E age	Be Cor	25. Wes case referred to medical				26. Place of Deet		Yes 2□No	183	Yes 2□ No
of Vital	Physician: this certific rai director,	To	exeminer? 1 ☐ Yes 2 ☒ No	Hospital: 1 ☑ Inpatient 2 ☐	ER/Outpatient	3□ DOA Oth				ner (Specify)	
Division	After fune	Certification:	27. Manner of Deeth  1 Neturel 5 Pending 2 Accident investigation 3 Suicide 6 Could not be		28b. Time of Injury	28c. Injur Wor M 1 □	y at k? Yes 2 □ No		now Injury occur		
DIA	pepital or Attending after death uneral Director: sly filled in by the		4 Homicide determined	building, etc. (Speci	fy)			City or Tov			
	To the House Militian & his To the Functional	edical		ysician: To the best of my kno iner: On the basis of examine end menner steted.	etion end/or Inv	occurred at the tir estigetion, in my o	πe, dete end plece, pinion, deeth occuri	end due to the red at the time,	cause(s) and m dete end plece,	anner es stet and due to th	ed. ne cause(s)
0	0 moo	Σ	29b. Signeture end title of certifier	OMERINES		29c. Licens			29d. Dete signe	L 199 L	iy, Year)

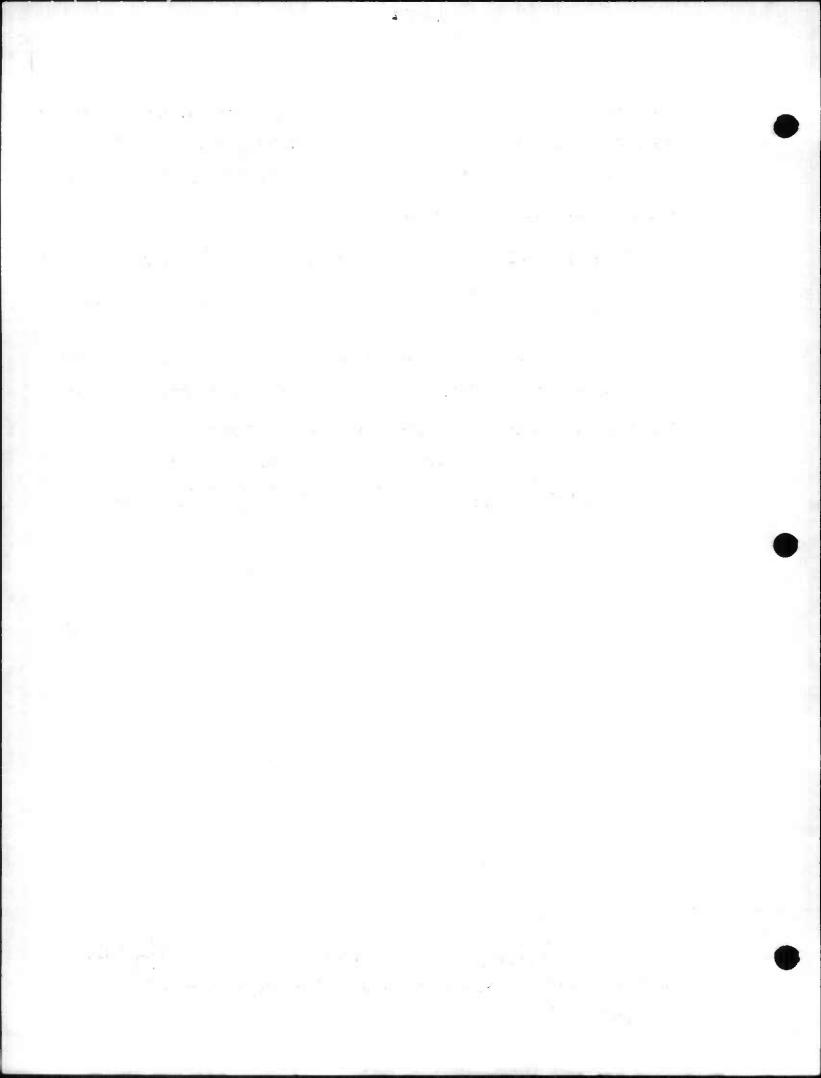
State Registrar

30. Name and address of person who Dr. James Orford

31. Dete filed (Month, Day, Year)
JUN 2 7 1996

9000 Franklin Square Dr. Baltimore, Maryland 21237

impleted cause of deeth (Item 23a) (Type, Print)



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19112

			Certifi	cate o	f Death	В	eg. No.	0 12112
			1. Decedant's Nama (First, Middla, Last)	1.4	4.	2. Data of Deal	th	3. Time of Deeth
	Physici /Medio		rietro j	1101	17	JUN	EDa25	1996 4 PM
	Examir		An Franklin blanca (Mant Institution of a standard of the standard		4b. City, Town, or Lo	ocation of Death	4c. County of	of Death
			Good Samaritan Hospital		Baltimore		N/A	
	Funeral		Mc	Under 1 Yaa		8. Data of Birth (Month, Day) June 29	Year)	Birthplaca (State or Foreign Country)
	Director		220-24-5/83 14 W 20 65 Yrs.			June 29	, 1930	Maryland
	pue *		Usual Rasidance of Decedant  10a. Stata 10b. County 10c. City, Town or Location	n				10d. insida City Limits
	Aeryle P sho	5						1 ☐ Yas 2 🗶 No
	the A	Director	Maryland Baltimore Parkville	Of. Zip Code			0g. Citizan of W	11/1-11
	with po 8			21234			United:	
	eath res 23	Funeral	11. Marital Status 12. Was Decedant Evar In U.S. 13. Was		f Hispanic Origin? (Sp			- Amarican Indian.
	fter d	F	Armed Forcas? If Yas 1 □ Nevar Married 2 🔀 Married 1 🛣 Yas 2 □ No	, specify Cu	uban, Maxican, Puarto	Rican, atc.)		c, White, atc.
070	urs a	þ	3 ☐ Widowed 4 ☐ Divorced If Yas, Giva Yaar or Datas: Korea	ras 2 N	o Specify:		Specify:	White
0-10	n 72 hours after death with the Merylend "natural", or Items 23c or 28=1 show epical Experient must be notified at	Completed	15. Decedant's Education 16a. Decedent's	Usual Occ	eupation		16b. Kind of Bus	sinass/Industry
21	E 1.9	Ple	(Giva kind (Giva kind lifa. DO N	OT usa reti	na during most of work ired)	ing		
21	0 0 5	Con	4 Certified	<b>Public</b>	<b>Accountant</b>		Self-Em	ployed
nd	be filed tal Hygind other event,	Be (	17. Fathar's Nema (First, Middla, Last)		18. Mothar's Nam	a (First, Middla, I	Maidan Sumama	a)
yla	should be and Mental marked or urnatic eve	2	Anthony Culotta		Conce	etta Me	nzella	
Jar	0 4 4 4				et and Number or Run			
e,	P E E					-		re,Md. 21234
Baltimore, Maryland 21215-0020	H to H		20a. Mathod of Disposition  1 🖾 Burial 2 🗆 Cramation 3 🗀 Ramoval from Stata				20c. Location - (	City or Town, Stata
tim	nit. Pa partmen ortant: Injury		4 Donation 5 Other (Specify) Parkwood Ce			/28/96	Baltimo	re, Maryland
Bal	permit. Pages 1 Department of I- Important: If ite any injury or ot soce.			na and Add	J. Ruck,	Inc.		
	40240		Strate 1. Dearlock	05 Ha	rford Road	Balt	timore,	Md. 21214
			23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not antar the shock, or haart failura. List only ona causa on aach lina.	a mode of d	lying, such as cardiac	or raspiratory arr	ast,	Approximata Intarval Batween
	Physician /Medical		Immediate Course (Flori	D- 0 :	1			Onset and Death
	Examiner		Immediate Cause (Final disaasa or condition rasulting in death)		UE>1			rante
		Į.	Due to (or as a consequant	e of):	1000 06	latu.		Chame
	nsit	Examiner	" BULHEMIC CAN	1	MYO PF	Hart		CVCVVVVC
Ć,	eath certificete be executed ettending physician end for use as the buriel-transit	Exa	Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury	e of):				
68760,	sicia bur	edical	Cause (Disease or injury that Initiated avants  Dua to (or as a consequence or injury that Initiated avants  Dua to (or as a consequence or injury that Initiated avants	0				
68	g phy as th	g	resulting in death) Last	9 01).				
Вох	andin use	M/V					-	
	law requires that the death coles been signed by the ettendies been signed by the ettendies 2 should be detached for us	Physician/	Part II. Other significant conditiona contributing to death but not resulting in the undert	ving causa	givan in Part i.	23b. Did to	bacco use con	tribute to the cause of death?
P.O.	by th	hy	Dometer rollibus			1 🗆 Y	2 No	3 Probably 4 Unknown
s,	es the	by i	Diabeles Merities					
of Vital Records,	v require been si should			RR C	e	24a. Was a		24b. Ware autopsy findings available prior to
ecc	aw n 9s be 2 sh	pie	COVOSTOVICE VITS	طرح				completion of cause of death?
<u> </u>	The ate h	Completed				1□ Ya	s 20 No	1 ☐ Yas 2 ☐ No
ita	ystcien: The is s certificate he director, page	Be (	25. Was casa rafarred to medical axaminar?		26. Placa of Deat	h (Check only on	a)	
2	Physician: r this certific and director,	2	Hospital:	□ DOA C	Other: 4 Nursing Ho	ma 5 🗆 Raside	ence 6 Otha	r (Specify)
ם	ding Pi	:uo	27. Mannar of Death 28a. Data of Injury 28b. Tima of Injury 28b. Tima of Injury	28c. In	jury at fork?	28d. Dascribe ho	ow Injury occurre	bd
Division	Attending or death. ector: After by the fune	Certification:	P Accident Invastigation 3 Suicide 6 Could not be Co. Place of later Abbara (and the later)	1 1	☐ Yes 2☐No			
$\leq$	or Attendent effer deat Director:	E	4 Homicide datamined 28a. Place of Injury - At homa, farm, streat, for building, atc. (Specify)	actory, offic		28f. Location (St City or Town		er or Rural Routa Number,
_	ospital hours e uneral E							
	Hos Fun Fun	edical	29e. Cartifliar (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only one) Certifying Physician: To the best of my knowledge, daath occidence (Check only o	arred at tha jation, in my	tima, data and piece, opinion, death occuri	and due to tha ca red at tha tima, d	ause(s) and mer ete and place, a	nner es steted. nd dua to tha cause(s)
	To the Hospital or Attending Phymin 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral	Mec	29b. Spature and title of certifier	29c. Lica	nsa number	2	9d. Data signed	(Month, Day, Year)
	F≯Fő		MM Un Xthurm M	D	7772		Was 1 7	5,1996
Ü	(1)		30. Nama and addrass of person who coefficied (lause of deeth (Item 23e) (Type. Print)	J / C	1111/	7	when .	- 1.11/
*	15		30. Nama and addrass of person who completed clause of deeth (Item 23e) (Type, Print)	56	Ollock	Rav	en B	lyd 21239
			31. Data fillad (Month, Day, Year) 32. Bagistrar's Signatura		- , 0-01	44	1	

Registrar

JUN 27 1996

Julia Savidson-Rondolle

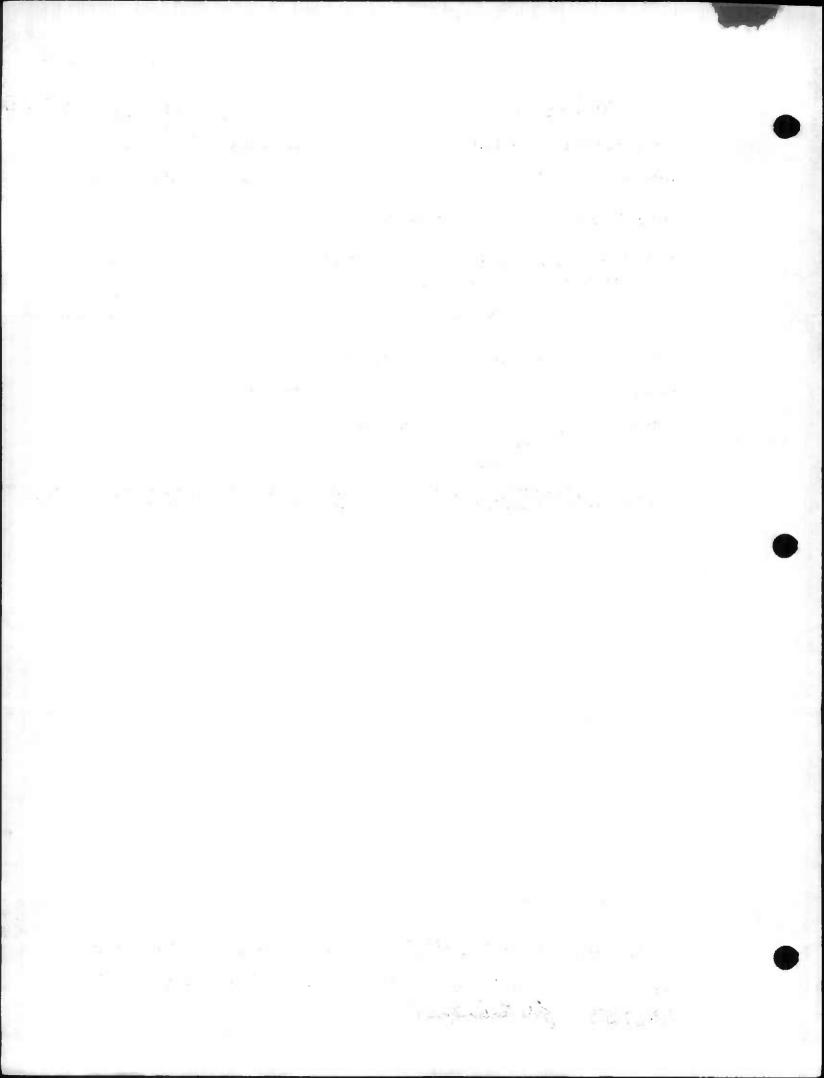
DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 9 3

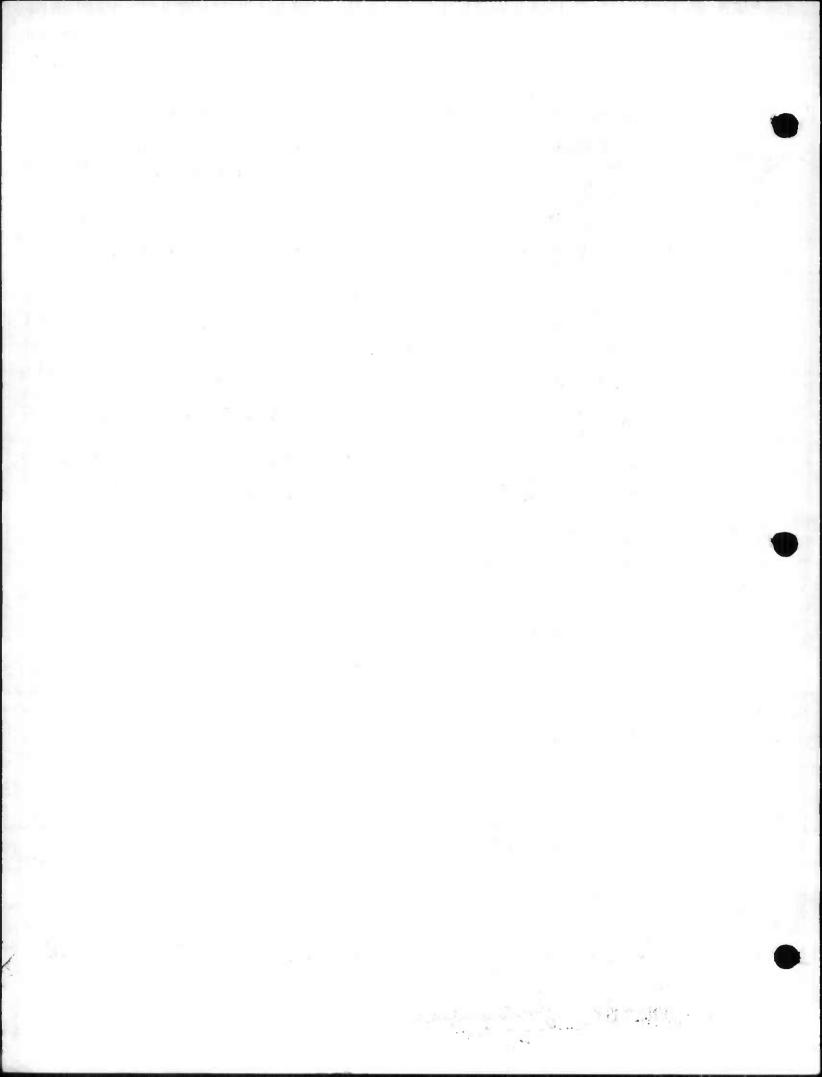
						ertificat				Reg. No.		
П	Physic	ian	1. Decedant's Nama (First, Middla, Last						2. Data of De Month	ath Day	Yaar	3. Tima of Death
	/Medi		Ronniz		5				5	31	96	10 807
7	Examir	ner	4a. Facility Nama (If not Institution, giva	The first of the second of	,				or Location of Deatl		,	
_			416 E. Eager stre 5. Social Security Number 6. Sa		a (In yrs. last birtho	lav) If Undar	1 Yaar	Balt-			a Diebel	(0
	Funeral Director			M 2□F	39 Yrs	Months	Days		Irs. 8. Data of Bir in. (Month, Da Jan. 9,	y, Year) 1957	y. Birthpii Count UNK	aca (Stata or Foreign ry) NOWN
	yend wo		10a. Stata 10b. County		10c. City, Town o						10	d. inside City Limits
	Man	tor	Maryland n/a		Baltimo	re						12 Yas 2 No
	or 28	Funeral Director	10e, Street and Number			10f. Zip	Coda			10g. Citizen of	What Count	ry?
	th wil	ai	416 E. Eager Stree	t - Room	C	21	202			ш	rknowr	ı
020	IOTE, Maryiand 21215-0020 ges 1 and 2 should be filed within 72 hours after death with the Maryland to I Health and Mental Hygiene. If them 27 is marked other than *natural*, or items 23a or 28a-f show or other traumatic event, the Marylan Examination notitied at		11. Maritai Status Un 2 nown 1 □ Navar Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forcas? 1  Yas 2 lit Yas, Giva Yaar or Datasu		3. Was Deced it Yas, spec 1 ☐ Yas			(Specify Yas or No arto Rican, atc.)	14. Rad Bla Specif	ce - Amarica ck, Whita, a v: Bla	itc.
5-0	72 h	eted	15. Decedant's Edu (Specify only highast grad	cation a completed)	16a. Da	cedant's Usua	al Occu	pation during most of s	vorkina	16b. Kind of B	usinass/Indi	ustry
121	ithin	Completed	Elamantary/Secondary (0-12)	College (1-4or s	o+)			during most of a	voinning			
	hor th		UNRNOWN  17. Fathar's Nama (First, Middla, Last)	unknown		unknown	ı	40 Mathada h	tomo /First Baidello	Malda Como		nown
Maryiand	ould be filed with Mental Hygiene. arked other than	Be	unknown					unkn	lama (First, Middle,	Maidan Sumar	na)	
Z	should and Men marke umatic	To	19a. Intormant's Name/Raiationship (7)	ma Print)	19h N	ailing Address	/Stree		Rural Routa Numb	er City or Tours	State 7in	Codel
Ma	and 2 sho saith end n 27 is ma		unknown	ps, 1 mm/		nknown	(01100	and riginiper of	riulai rioula ivuliio	si, Ony or Town	Stata, Zip	5506)
Baltimore,	permit. Peges 1 and 3 Department of Health Important: If Item 27 I any Injury or other tr. 800.9.		20a. Mathod of Disposition  1 Bunial 2 Cramation 3 F	ίη lamovai from Stata	20b. Place of D		na of thar pla	ice)	Data	20c. Location	City or Tov	vn, Stata
Baltir	Demit. Peges permit. Peges bepartment of Firmportant: if its any injury or of since.		4 Donation 5 Other (Specify)  21. Signature of Fuheral Service Licens	Rd C- Wad	le. Dir.	Stato	Ann	ass of Facility tomu Boo	vrd-655 W	. Balti	nore.	Street
			23a/ Part1. Entar tha disaasa, or compi shock, or haart fallura. List only or	Mull		Baltim	ore	, Marylo	ind 2120	1-1559		Approximata interval Between
Na.O	Physician /Medical Examiner	ner	L	. Acqui		rune !						Onset and Death Years
,09289	rificete be executed ng physician and as the burial-transit	Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last	·	Due to (or as a con							
Box	eath cert ettendin for use	Physiclan/M		1							1	
-	he et	sici	Part ii. Other significant conditions cor	tributing to death b	ut not rasulting in th	a undarlying c	ausa gi	ven in Part i.	23b. Did	lobacco use co	ntributs to	the cause of death?
s, P.O.	requires that the death cert seen signed by the ettendin hould be detached for use	by Phy							10	Yes 2 No	3 Prob	ably 4 Unknown
Records,	2 s t	Completed							24a. Was	an autopsy rmad?	ava	ra autopsy findings illable prior to nplation ot cause leath?
R	The ate h	PO P							10	Yas 2 No	1 🗆	Yas 2□ No
/ita	ysician: The levis certificate hes director, page 2	Be	25. Was casa ratarred to medical examinar?						Death (Check only o	ona)		
of Vital	D 00 Z	2	TILI TAS ZEVINO	lospitai:			JA		Homa 5 Rasi		. , , , ,	)
ion	ath. r: After t	atlon:	27. Mannar ot Death  1 Natural 5 Panding 2 Accidant Investigation	28a. Data of Inju (Month, Da	ry 26b, Tim y Year) inju	a of 2	8c. Inju Wo 1 □	ryat ork? ]Yas 2□No	28d. Øescribe	now injury occur	red	
Division	Hospital or Attending 24 hours efter death. Funeral Director: After stely filled in by the fune	Certification:	3 Suicida 6 Could not be dataminad	28a. Placa ot injuding, at	ury - At homa, farm c. (Specify)	straat, tactory	, offica		28f, Location ( City or To	Street and Numi vn, Stata)	ber or Rural	Routa Number,
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a, Cartifiar 1 Certifying Physic (Check only one) 2 Medical Examination	nician: To the best of ner: On the basis of and mannar sta	axamination and/o	eath occurred a rinvastigation,	at tha ti	ma, data and pla opinion, daath o	ice, and dua to tha courred at tha tima,	cause(s) and m data and place,	annar as sta and dua to	ated. tha causa(s)
	vithin 7	Me	29b. Signature and title of cartitiar	- / -1	0	290	. Lican	sa number		29d. Data signe	d (Month, D	Day, Year)
	->-0		Vamasa =	5098	(MA)		D	454:	32	6/76	194	5
			30. Nama and addrass of person who or TAMARA 6 50851	mplated cause of d	aath (Itam 23a) (Ty 301 ST	pe, Print) PAUL	PL	ACE	BALT, L	ND 2	2120	2
	Sta	te	31. Data filed (Month, Day, Year)	e. Sa Gegistri	ir's Signature—		•					
	Registr	- 1	JUN 2 7 1996 8	when Davidon	-Andelle	e1						

Registrar DHMH 16 Rev 6/95



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State of Maryland / Department of Health and Mo Certificate of Death		giene 9 Reg. No.	6 19114
	Physic		1 conound Davic	2. Dete of De Month	Dey	Yeer 96 3:05 Pm
-	/Medi Examir Funeral Director		4e. Fecility Neme (If not institution, give street end number)  4b. City, Town, or Loc  Harbor Hospital Center  Baltin	nation of Deetl	4c. County	
	Aaryland f ahow ed at	or	Usuel Residence of Decedent  10a. Stete 10b. County 10c. City, Town or Location  AAD RAI TAMORE			10d. Inside City Limits
	3s or 28s-	Funeral Director	10e. Street and Number 415 SEAGULL AVENUE		10g. Citizen of W UNITED	/hat Country? STATES
020	be filed within 72 hours after death with the Manyland stell Hygiene.  Ide dyner than "netural", or itema 23a or 28a-f ahow event, the Medical Examination to tootified at	by	3 ☐ Widowed 4 ☐ Divorced If Yes, Give 1 ☐ Yes 12 ☐ No Specify:	cify Yes or No Rican, etc.)	14. Rece Blec Specify	e-American Indian, k, White, etc.
21215-0020	d within 72 ho jene. r than "netur fre Med cal	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondary (0-12)  Oth  16e. Decedent's Usual Occupation (Give kind of work done during most of workin life. DO NOT use retired)  DELIVERY MAN	99	16b. Kind of Bu	URE CO.
Maryland	S d d S	To Be C	17. Fether's Name (First, Middle, Last)  TOM DAVIS  18. Mother's Name DAISY	(First, Middle, BROW	Meiden Sumem	θ)
	ges 1 and 2 should it of Health and Mer if frem 27 is marks or other traumatic		19e. Informent's Neme/Rejetionship (Type, Print)  MARY DAVIS  19b. Mailing Address (Street end Number or Rural 415 St. GULL AVENUE,	SALT YMC	RE", or Movn.	Stere, Zip Gode)
Baltimore,	parmit. Peges 1 Department of He Important: If iten any Injury or oth		20e. Method of Disposition  **MXBurial 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify)  20b. Place of Disposition (Name of cemetary, cremetory or other place)  CEDAR HILL C EMETERY	7-1		City or Town, Stete A RUNDEL CO, MD
Ball	pamit. Pe Departmen Important: any Injury once.		21. Signature of Funerel Service Licenses  WM. C.MARCH FH110	)1 E.	NORTH	AVENUE
20	Physician /Medical Examiner	J.	23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  e. Renat Failure  Due to (or as a consequence of):			Approximeta Interval Between Onset and Death  Gays
ox 68760,	sath certificate be arrested effending phydician and for use as the buckground.	VMedical Examiner	Ceuse (Disease or Injury thet initieted events resulting in death) Last Due to (or es e consequence of):	Cell	Carcinom	a 6 months
Box	d for u	Iciar	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.	23h Did	tobacco use cor	tributa to the cause of death?
s, P.O.	s that the de ned by the e detached	by Physician/M			Yes 2□ No	3 Probably 4 Unknown
Records,	The law requires that the death cerning ate has been signed by the ettending page 2 should be detached for use in	Completed t			en eutopsy ormed?	24b. Were eutopsy findings evalleble prior to completion of cause of death?
				10	Yes 2 No	1 ☐ Yes 2 ☐ No
Vital	Physician: The this cartificate ral director, pag	o Be				or (Engelhi)
Division of	Ing Ph Viter thi uneral	Certification: T	15 inpatient 2 de l'outpetient 3 de l'origination	8d. Describe	how injury occurr	ed
Div	ital or Attendi urs after death. ral Director: A illed in by tha fi			City or To	wn, Stete)	er or Rural Route Number,
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edical		nd due to the	cause(s) and me dete end plece, e	nner as stated. and due to the cause(s)
	To the within 2 To the comple	Σ			29d. Dete signed	(Month, Dey, Year)
			30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	3	June,	25th, 1996
			Changlian Chen, 7888 Americana Circle #101, Glen Burnie	, M:	D 2106	/ 0
	Sta Registi	_	HING 7 TOOK State John J. T.			



0
2
68760,
~
8
Ψ
h 4
$\circ$
BOX
o
0
-
P.O.
S
0
_
œ
0
O
111
Carl Carl
И.
VITAL RECORDS,
-
4
⊢ .
>
OF
-
$\circ$
-
Z
_
<b>-</b>
1.0
SION

31. DATE FILED (Month, Day, Year)

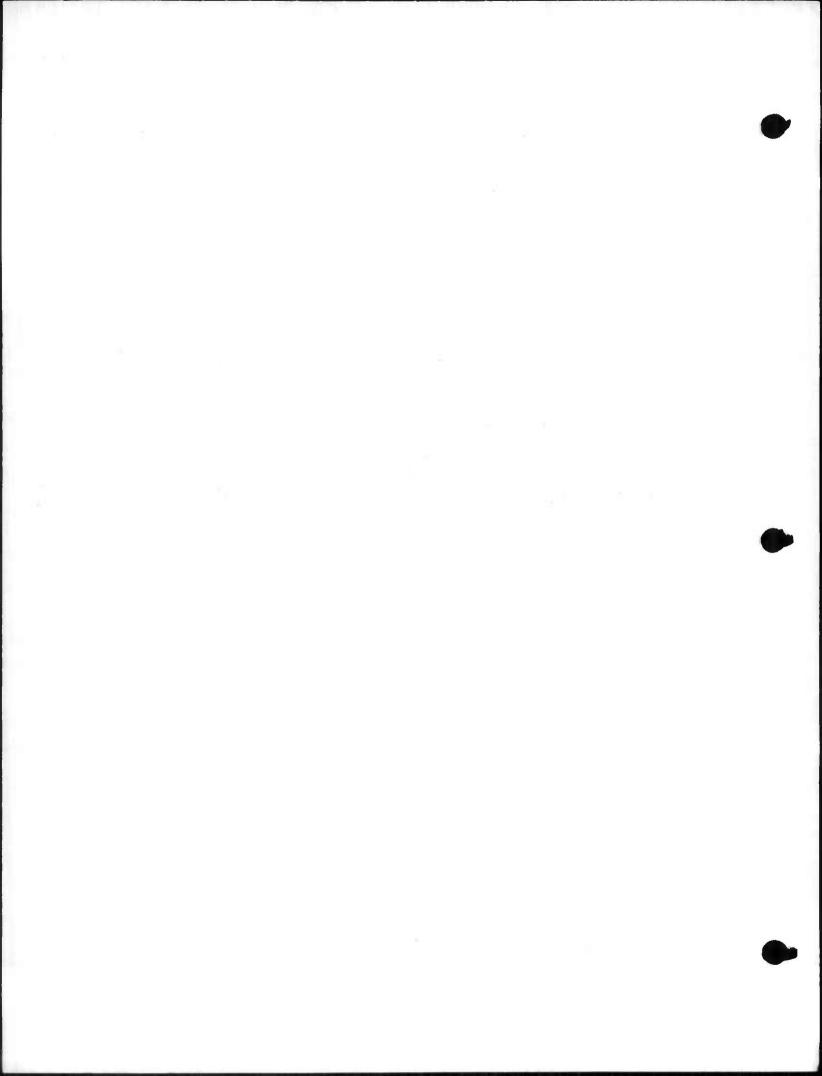
JUN 2 7 1996

32. REGISTRAR'S SIGNATURE COL

use as the burial-transit permit. Pages 1, 2, 3 should Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-trar funeral director, death. filled in by the fi nours after 24 cremation. within . completely executed to burial, and attending physician 2 prior certificate Hygiene Mental signed by the a Health and Men that requires peen 0 has be Dept. ME 23 certificate h 0 this c OR ATTENDING P. DIRECTOR: After the hours after death v 28 |\$ Hem FUNERAL I within 72 h MPORTANT HE HE 2 2 3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 6451 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH 1 YEAR 8. BIRTHPLACE (State or Foreign Day, Year 89 1 M 2 | F 100 YRS. 216-44-3698 NORTH CAROLINE 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN GOOD SAMARITAN NURSING CENTER BALTO. CITY DIRECTOR N/A RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND N/A BALTIMORE CITY 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3820 GREENSPRING AVENUE 21211 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Merried 1 TYES 2 NO Specify:BLACK BY Specify: 3 XWIdowed 4 Divorced WWIT ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) UNITED POSTAL College (1-4 or 5+) COMPL SPECIAL DELIVERY MESSENGER 7th N/A SERVICE 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) FERDINAND DIXON CHERRY ANN CANNON 75 BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3820 Greenspring AVE. BALTO, MD. 2 GERALDINE GARRETT-DAUGHTER 3820 Greenspring AVE. 21211 pe METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION
1X Burisl 2 ☐ Cremetion 3 ☐ Remi 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must cemetary, crematory or of ARBUTUS BALTO, MD. 4 Donation 5 Other (Specify) MEMORIAL PARK July 1992 21. SECRETURE OF FUNERAL SERVICE LICE examiner 22. NAME AND ADDRESS OF FACILITY
CALVIN B. Seru ass Funeral 1412 E. Prestonst medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, Approximate shock, or heert failure. List only one chuse on each line. Interval Bstween IMMEDIATE CAUSE (Finsi Onset and Death the disease or condition deal 10 event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR A A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to deeth but not reaulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any PERFORMED? Illuciu 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem tem OTHER:
4 Viuraing Home 5 Residence 8 Other (Specify) HOSPITAL: 1 VES 2 NO flent 2 ER/Outpatient 3 DOA 27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 6 Could not be determined 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 29s. CERTIFIER 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as ateled. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day,-Mary)

TUNE 26 96 29c. LICENSE NUMBER 8 66 30 9 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF REAL TEM 27) (Type, Print) 70 no



$\sim$	- 6
0	- 5
1	5
5	- 2
$\overline{}$	- 5
N	100
BALTIMORE, MARYLAND 21215-00	death. Page 6 may be retained by the hospital or attending
S	- 70
0	-5
	8
Z	- 8
7	-
4	- 2
	-
$\rightarrow$	E
0	70
-	9
Q.	- 1
5	- te
	-
- 91	- 2
ш	>
m	2
=	
Q	9
5	6
-	ğ
$\equiv$	-
г.	5
=	100
ৰ	-6
00	100
_	=
	10
	23
_	ŏ
	-
	within 24 hours after d
	75
	5
09	~
w	-

_	
10	
~	
2	
68760	
00	
w	
10	
-	
_	
ВОХ	
- 4	
$\sim$	
$\mathbf{G}$	
_	
00	
ш	
$\sim$	
0	
_	
-	
0	
The State of	
95	
4.0	
RECORDS, P	
/	
$\sim$	
_	
~	
-	
-	
$\overline{}$	
$\sim$	
4.5	
()	
$\sim$	
0.00	
ш	
_	
~	
-	
_	
-	
TALF	
_	
_	
_	
-	
5	
OF	
_	
-	
$\cap$	
_	
-	
_	
-	
-	
( )	
$\sim$	
_	
(D)	
-/	
-	
>	
VISION	
>	
2	
2	
2	
<u> </u>	
2	
2	

													9	6	19116
		1 - FOR STATE REGISTRAR		STATE OF N	IARYLA	ND / DEPAI						YGIENE EG. NO.			
		1. DECEDENT'S NAME (First,		FLE	EAG	LE					2. DATE OF D	DEATH DAY	6 1	994	3. TIME OF DEATH 10:45 AM
	- 5	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Day	IRTH		-	PLACE (State or Foreign
2		215-28-4821		1 🖳 🗠 🗆 F	65	YRS.					March	17,	193	Ba1	timore,MD
physician. burial-transit permit. Pages 1, 2, 3 should	OR	90. FACILITY NAME (II not in Union Memo	orial H						imore				9c. COUN	ITY OF DE	EATH
- S	띮	RESIDENCE OF DEC	10b. COUNTY			10c Cl	ry, town (	OR LOCAT	ION					1	10d. INSIDE CITY
nit. Pag	DIRECTOR	MD	Car	roll				Fink	sburg						LIMITS?
nsit per	FUNERAL	1840 Mor	narch M	Neadow Ct				101.	2104				USA		HAT COUNTRY?
ng physician the burial-trai	BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Divo			X YES	YER IN U.S. ARMED YES 2 □ NO OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yee, specify Cuben, Mexican, Puerto Ricen, etc.)  1 □ YES 2▼ NO Specify:						Yee or No.— 14. RACE — American in Black, White, etc.  Specify: White		White, etc.	
the hospital or attending detached for use as the once.	ETED	(Specify only	EDENT'S EDUC	completed)	_	16e. DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATIO	ON st of working	9	16b. KINI	D OF BUSIN	ESS/IND		
spital ned for	IPLE	Elementary/Secondary (0	1-12)	College (1-4 or 5 +	,	Accoun					ut	tilit	ies		
the hospital detached fo	COMPL	17. FATNER'S NAME (First, M.	iddle, Last)						16. MOTN	ER'S NA	ME (First, Middle				
# E &	BE (	William I	Daniel	Fleagle					Mi	ldre	ed Lenc	ra T	eagu	e	
retained 5 should notified	5	Mrs. Ruth N		ala /WIE	E						oute Number Ci Ct. Fir				10/.0
		20e, METHOD OF DISPOSIT	ION			PLACE AND DATE				IOW (	DATE DATE	20c. LOCA		_	
ge 6 mai frector, p		1 Donetion 6 Other	(Specify)			I' Saint				6/2		Reis			
ter death. Page 6 may be the funeral director, page wal.		21. SIGNATURE OF FUNERAL	L SERVICE LICI	ENSEE	Pine				Fune		Hama				stown Rd. MD 21136
filled in by on, or remo		23. PART i. Enter the diaeases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition A A RE VET MYOCAP) A INFARCT												Approximate interval Between Onset and Death	
completely fille ial, cremation,		reaulting in death)		DUE TO (OR AS A CONSEQUENCE OF):								S PAYS.			
e be executed sician and con prior to burial, traumatic er	TION	STUTOS CONOLIANIA ANTERIA CONTIC												YEARS	
fing phy ygiene p	ERTIFICATION	cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events resulting in deeth) LAS	η s	DUE TO	(OR AS A (	CONSEQUENCE C	PF):		_	_					
death c attend ental Hy Iry, or	CE		0												
that the deaned by the arth and Ment, any Injury,	MEDICAL	PART II. Other significs	onditione Co	RONA	death bu	By P	in the un	derlying	cause g	iven in I	100	PERFORMI	ED?	7	WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE
requires heen signe of Healti	MED	ACUTT	e R	RONAL F	Bil	URE					_   ^	169 2	J NO		OF DEATH?
law re as bee Dept. o 23 sh		DID TOBACCO U		IBUTE TO CA					UNC	ERTAIN	1 🗵				
V: The cate has State D	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL.	HOSPITAL:		6. PLACE OF DEA	TH (Check								
certific the S	PHYS	1 YES 2 NO		1 X Inpatient 2   26e. DATE OF		tlent 3 🗆 DOA		26c. INJU		eldence (	8 Other (Spe 26d, DESCRIB	. ,,	LIEW OCC	HIDED	
NG PHYS fter this c eath with marked,	BY PI		Pending Investigation	(Month, Di			JURY M	t 🗌 Y	RK?	NO	200. DESCRIB	L NOW IND	DRT OCC	ONED	
TTENDING CTDR: After after deat	ED	3 Suicide 6	Could not be determined	26e. PLACE Of building,	F INJURY - etc. (Specif	At home, farm,	atreet, fact	ory, affice	•		261. LOCATION City or Tow	(Street end vn, State)	l Number (	or Runal Ro	oute Number,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept, of Health and MIMPORTANT: If Item 28 is marked, or Item 23 shows any Injunity.	COMPLET			IAN: To the beat of											end menner ee stated.
TO THE HOSPI TO THE FUNE TO THE FUNE THE WITHIN	BE CC	296. SIGNATURE AND TITLE		liear	9-1	m.	_		29c. LICE	NSE NUM	BER	1	29d. DATE	SIGNED (	(Month, Day, Year)
263₹	2	30 NAME AND ADDRESS OF	DEBSON MNO	COMPLETED COM		7-67	٠	ļ	V1:	23	54		טעי	NE :	26, 1996

Union Memorial Hosp.

30. NAME AND ADDRESS OF PERSON WNO COMPLETED AUSE OF DEATH (ITEM 27) (Type, Print)

CARUS M. ORBEGOSO U

31. DATE FILED (Month, Day, Year)

JUN 2 7 1996

Baltimore, Md.

96-3429-510

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, PER MEO

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

FILM	G-737	7/18/96	t.t
		1. Decedent's	Name
Phys	sician	TOAN	

Examiner

1. Decedent's Name (First, Middle, Lest) JOAN

1□M 2□F

2. Dete of Deeth Month

8. Date of Birth (Month, Dey, Year)

3. Time of Death 23 1996 8:52P.M. JUNE

4e. Fecility Neme (If not institution, give street and number) 1777 FREEDOMWAY NORTH

FOSTER 4b. City, Town, or Location of Deeth

BALTIMORE

4c. County of Deeth

JUNE 30, 1956 MARYLAND

10g. Citizen of What Country?

**Funeral** Director

a or 28a-f show

"natural", or items 23a

the Medical

than

Hygiena.

Pages 1 and 2 should be fill iment of Haalth and Mental Haalth If Item 27 is marked oth

of Health &

Department of Important: If eny Injury or

**Physician** /Medical

Examiner

pue the buriel-tran

USB BS

ate hes been signed by page 2 should be detac

this certificate

Director: After this in by the funeral

death

To the Hospital of within 24 hours of To the Funeral Completaly filled

6

director,

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Physician/Medical Examiner

Completed by

Be

2

Certification:

Medicai

5 =

Director

Funeral

by

Completed

Be

Marylend

the

death

filed within 72 hours after

21215-0020

Baltimore, Maryland

Usuel Residence of Decedent 10e Stete 10b. County MARYLAND

5. Sociel Security Number

217-60-3303

10c. City, Town or Location

Yrs. 39

7. Age (In yrs. lest birthday)

BALTIMORE CITY

10f. Zip Code

1□ Yes 2□ No

Deys

If Under 1 Yeer | If Under 24 Hrs.

Hours

10d. Inside City Limits 1 1 Yes 2 □ No

Birthpiece (State or Foreign Country)

10e. Street and Number

1777 FREEDOMWAY NORTH 12. Was Decedent Ever in U,S. Armed Forces?

N/A

21213 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bteck, White, etc.

black

1 ☐ Never Married 25 Married 3 ☐ Widowed 4 ☐ Divorced

Elementery/Secondery (0-12)

1 Yes 2 No If Yes, Give Year or Detes: 15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+)

N/A

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

HOUSEWIFE

16b. Kind of Business/Industry

NONE

Specify:

11TH 17. Fether's Neme (First, Middle, Lest)

HUDSON R. FAULKNER

18. Mother's Name (First, Middle, Maiden Sumeme) ETHEL WILLIAMS

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 1777 FREEDOMWAY NORTH BALTO, MD. 21213

20a. Method of Disposition

1 Buriat 2 ☐ Cremetion 3 ☐ Removel from State

23a. Pert1. Enter the disease, or complications that caused the shock, or heart feilure. List only one cause on each line.

FLOYD FOSTER -HUSBAND

20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) BALTIMORE CEMETERY June 28,

20c. Locetion - City or Town, Stete

BALTO. MD. 1996

Donetion 5 ☐ Other (Specify)

21. Signature of Funeral Service Livensee

19e. Informent'e Name/Relationship (Type, Print)

22. Name end Address of Fecility

CALVIN B. SCRUGGS FUNERAL HOME

1412 E. PRESTON ST. BALTO, MD. Do not enter the mode of dying, such es cerdiec or respiretory errest,

21213 Approximete Intervel Between Onsef end Deeth

Immediate Cause (Final disease or condition resulting to death)

CHRONIC NARCOTISM

Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I.

Due to (or es e consequence of):

Due to (or es e consequence of):

Due to (or es e consequence of):

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or trijury that initiated events resulting in deeth) Lest

26. Plece of Deeth (Check only one)

23b. Did tobacco use contribute to the cause of deeth?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings evaltable prior fo completion of cause of deeth?

1 Yes 2 □ No

Yes 2□ No

25. Wes cese referred to medical 1XYes 2□ No

27. Menner of Deeth 5 Pending Investigation

6 Coutd not be determined

28e. Dete of Injury (Month, Dey Year)

28e. Ptece of Injury - At home, ferm, sfreet, factory, office building, etc. (Specify)

Other: 4 ☐ Nursing Home 5 🕱 Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28b. Time of 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

1 X Neturel

2 Accident

4 Homicide

3 ☐ Suictde

1 Certifying Physician: To the best of my knowledge, deeth occurred ef the time, date end plece, end due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete and plece, and due to the ceuse(s) end menner stated.

O.C.M.E.

29b. Signefure end title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year) JUNE 24,1996

30. Name end address of person who completed cause of deeth (ttem 23a) (Type, Print)

avia 31. Dete filed (Month, Dey, Year) Fowler 32 Applications Application

111 Penn Street, Baltimore, Maryland 21201

State Registrar

NAME OF THE REST. La part 1994 on a 200 

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time th Month **Physician** Year Kuth 6 26 m 1996 June 15 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Baltimore lercy Medical Center Baltimore If Under 1 Yeer If Under 24 Hrs. 6. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) 9. Birthpiece (State or Foreign Country) Mary land **Funeral** 1 ☐ M 2 ☑ F Director Yrs. 212-18-3087 unknown Feb. Usual Rasidence of Decedent the Maryland 10a. State Md. 10b. County 10c. City, Town or Location 10d., Inside City Limits 28a-f show other traumatic event, the Medical Examiner must be notified at unknount 2 No N/A Baltimore unknown unknown unknown Director 10e. Street and Number 10f. Zip Code 21201 10g. Citizen of What Country? 6 death with unknown USA unknown unknown 1 West Conway St. Rems 23a Funeral 12. Wes Decedent Ever in U.S.
Armed Forces? Link NOWN
1 Yes, SiN o,
If Yes, Give Link NOWN
Yeer or Dates: 11. Meritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. filed within 72 hours after Hygiene. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 8 1 ☐ Yes 2 ☑ No Specify: White þ 3 Widowed 4 Divorced "natural". Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (Johns Hopkins University) permit. Pages 1 and 2 should be filed within Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than 's ny fujury or other traumatic event, the Magnitus or other traumatic event, the Magnitus Elementary/Secondary (0-12) College (1-4or 5+) Receptionist unknown unknown unknown 17. Father's Name (First, Middle, Last) 16. Mother's Neme (First, Middle, Melden Sumeme) unknown Mary Katherine Wolf William Amos Hawkins unknown 19e. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Peggy Brown/Daughter 214 Edgevale Road-Baltimore, Maryland 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete Metro Crematory, Inc. 7/17/96 Baltimore, Md. 4 □ Donetion 5 □ Other (Specify) State rem. 21. Signature of Funeral Service Licensee H. Lee Stallings Jr. 22. Name and Address of Facility Stallings Funeral Home P.A. Street State Anatomy Board - 535 Funeral Home P.A. Street 21201-1559 3111 Mountain Nu 21122 Malle Baltimore, Maryland enau Hant. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in deeth) 1- uportenzion Examiner Due to (or es e consequenca of): Examiner 1) Facetici Myxxardial physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as e consequence of): Box 68760. The lew requires that the death certificate be Physiclan/Medical that initiated events resulting in death) Last Due to (or es e consequenca of): attending 138 ò Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. tha signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen page 2 has certificate 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital f or Attending Physician: effer death. Director: After this certifica 25. Was case referred to medical examiner? 28. Piaca of Death (Check only one) Be Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28e. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 26d, Describe how injury occurred 5 Pending investigation 1 Netural 1 Yes 2 No 2 ☐ Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) in by 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours off To the Funeral Di complately filled in Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, date end pleca, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. 29e. Certifier Medical 29b. Signature and the of certifier 9 29c. License number 29d. Dete signed (Month, Day, Year) -10 June 15, 1996 mark 09126 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Mercy Wedical Center

State Registrar

JUN 2 7 1396

31. Date filed (Month, Day, Year) 32. Registrar's Signeture

		tem26 g738 8/12/96		C	ertificate of	Death		Reg. No.			
Physic /Medi		1. Decedent's Nama (First, Middla, La		SSING	ER		2. Data of De Month	Day	796 .	3. Time of Death 11:50 a.m	
Exami		4a. Facility Neme (If not institution, giv	a street end number)			4b. City, Town, or					
Funeral Director	ı	5. Social Security Number 6. S 168-14-6116	# 42 1 Sex 7. Age	(In yrs. last birthde	Months Deys		8. Dete of Bir (Month, De	n/( th ay, Year) 19 1914	9. Birthple Count	ace (Stata or Foreign ry) Sylvania	
		Usual Residence of Decedant					Morrise	17, 1719			
ahov Mari	2	10a. Stata 10b. County		10c. City, Town or Baltimo					10	ld. Insida City Limits 11☑ Yas 2□ No	
a or 28a-1 Lbe notfil	Direct	Maryland n/a  100. Street end Number  600 Light Street-	-#421	baccino	10f. Zip Coda	1230			Citizan of What Country?		
Hygiene. Ither than "natural", or items 23a or 28a-f ahow ant, the Medical Examiner must be incitited at	by Funeral Director	11. Maritel Status  1 Nevar Married 2 Married	12. Was Decedent En Armed Forcas? 1  Yes 2 No If Yas, Giva	ver in U,S. 1:	I  Was Decedant of Hispenic Origin? (Specify Yas or if Yas, specify Cuben, Mexican, Puerto Rican, etc.)  I Yas 2 No Specify:				e - Amarica k, White, e		
ural',	d by	3 ☐ Widowed 4 □ Divorced	Year or Datas:	1							
Department of Heelth and Mental Hygiene, important: if Item 27 is marked other than "natural may injury or other traumetic avant, the Medical ADRS.	Completed	15. Decedant's Ed (Specify only highast gra Elamantary/Secondary (0-12)	ducation ide complated) Coilega (1-4or 5+	)	cedant's Usual Occu va kind of work done DO NOT usa retin		orking	Cosmot			
Hygi ant,	Be Co	10th 17. Fathar's Nama (First, Middla, Last)	)	LUS	motologis		ma (First, Middla				
Aental rked tic av	To B	Anthony Puzniak			<i>(uzara</i>	na (First, Middla, Meidan Surnama) UZATA .					
and le		19a. Informant's Name/Ralationship (			eiling Addrass (Stree						
m 27 her tr		Dinnard Prenzo/So	)n		1st Avenu	e-Port Je	00		11777		
Department of Heelth and Mental Hygiene. Important: If Itam 27 Ia marked other than any injury or other traumetic avant, the Ma Sones.		20a. Method of Disposition  1 □ Burial 2 □ Cremetion 3 □  4 ☑ Donation 5 □ Other (Specifications)	y)	cemetery, c	position (Nama of rametory or othar pla	ace)	Data	20c. Location -	City or Tov	vn, Stata	
Depart Import any in		21. Signature of Funetal Service Licer Ronald	S. Wade, Di	r.	22. Name end Addr State Ana Baltimore	ess of Facility Comy Boar , Marylar	rd-655 W rd 2120	. Baltim 1-1559	ore s	street	
iysician Medical kaminer		23a. Pa/1. Enter the disaesa, or composit, or haert lailura. List only  Immediate Causa (Final disaesa or condition rasulting in death)	a. Ocule	Myoc	ARDIAL					Approximata Intarval Between Oneet and Death	
	ner			Oua to (or as a cons					0	20413	
requires that the death certificete be executed een signed by the attending physician and hould be detached for use as the buriel-transit	핕	Sequentially list conditions,	D	ue to (or as a cons	9				1		
ng physician and as the bunel-transi	Medical Examiner	Sequentially list conditions, if ony, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in deeth) Last	D	ua to (or es e cons	equenca of):						
itending physician and for use as the buriel-transi	10	that initiated avants	d	ua to (or es e cons	equenca of):				i i		
by the attending physiached for use as the	Physician/Medical	that initiated avants	d			iven in Part I.					
is been signed by the attending phys 2 should be detached for use as the	by Physician/Medical	resulting in deeth) Last	d			iven in Part I.	1 🗆		3 Prob		
ate has been signed by the attending physpage 2 should be detached for use as the	by Physician/Medical	resulting in deeth) Last	d			iven in Part I.	1 🗆	Yes 2□ No an autopsy ormed?	3 Prob	re eutopsy findings ileble prior to spletion of cause	
ate has been signed by the attending physpage 2 should be detached for use as the	Physician/Medical	resulting in deeth) Last	d		undarlying causa g	26. Place of De	1 🗆 24a. Was perfe	Yes 2 No an autopsy ormed?  Yes 2 No	3 Prob	re eutopsy findings ileble prior to pletion of cause eath?	
this certificate has been signed by the attending physial director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	Part II. Other significant conditions of axaminar?	d	not resulting in the	undarlying causa g	26. Place of De har: 4 □ Nursing I	24a. Was perfe	Yes 2 No  Yes 2 No  Yes 2 No  One)  Idence 6 □Othe	3 Prob	re eutopsy findings lieble prior to pletion of cause eath?  Yes 2 No	
this certificate has been signed by the attending physical director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	Part II. Other significant conditions of axaminar?  25. Was casa ralarrad to medical axaminar?  1 Yas 2 No  27. Manyer of Death 1 Whaturel 5 Panding Invastigation	d	not resulting in the	ient - SE BOA O	26. Place of De thar: 4 □ Nursing l try at trk? □ Yas 2 □ No	24a. Was perfo	Yes 2 No  Yes 2 No  Yes 2 No  One)  Idence 6 Othe  how injury occurr	3 Prob  24b. Wei ava com of d  1   ar (Specify)	ably 4 Unknow re eutopsy findings lieble prior to spletion of cause eath? Yes 2 No	
riter death. Director: After this certificate has been signed by the attending phys in by the funeral director, page 2 should be detached for use as the	Certification: To Be Completed by Physician/Medical	Part II. Other significant conditions of axaminar?  1 Yes 2 No  27. Manyer of Death 1 Naturel 2 Accident 3 Suicide 4 Homicide	d	t 2 ER/Outpat Year) 28b. Time Injury  - At home, Ierm, (Specify)	ient SERBOA OI of 28c. Inju- M 1c street, fectory, office	26. Place of De har: 4 □ Nursing l iry at ork? ] Yas 2 □ No	24a. Was performent of the control o	Yes 2 No  an autopsy prined?  Yes 2 No  ona)  Idence 6 Othe how injury occurr  (Street and Number win, State)	3 Prob  24b. We ava com of d  1   ar (Specify ed	re eutopsy findings lieble prior to spletion of cause eath?  Yes 2 No  Routa Number,	
fter this certificate has been signed by the attending phys meral director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	Part II. Other significant conditions of axaminar?  25. Was case relarred to medical examinar?  1	d	t 2 ER/Outpat Year) 28b. Time Injury - At home, Ierm, (Specify) my knowledge, de xamination and/or	ient - SE DOA OF OF OF OF OF OF OF OF OF OF OF OF OF	26. Place of De har: 4 □ Nursing I iny at hx?  Yas 2 □ No	24a. Was performent of the control o	Yes 2 No an autopsy ormed?  Yes 2 No ona) Idence 6 Othe how injury occurr  (Street and Number win, State)	3 Prob  24b. We ava com of d  1   ar (Specify, ed	lieble prior to pipletion of cause eath?  Yes 2□ No  Routa Number,	

State Registrar 31. Data filed (Month, Dey, Yaer) JUN 2 7 1996



Amended item #23a, g-737, 7/8/96emh Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First Middle Last) 2. Date of Death 3. Tima of Death **Physician** Month 26 1996 Gerda Mathilda Hamstrom June 6:00 AM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Charlestown Care Center Catonsville Baltimore 5. Social Security Number If Undar 1 Year | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year)
June 11, 1914

8. Birthpiaca (State or Foreign Massachusetts 7. Aga (In yrs. last birthday) 1□ M 2 F Hours 005-12-3091 82 Yrs. Usuel Rasidance of Dacedant 10a State 10b. County 10c. City, Town or Location 10d. insida City Limits Maryland Baltimore Catonsville 1 Yes No Director 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of Whet Country? 21228 717 Maiden Choice Lane, StC 205 USA 12. Wes Decedant Ever in U.S. Armed Forces? 1 ☐ Yas 22 No If Yas, Give Yaar or Detes: 13. Wes Dacedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, etc. 1 Naver Married 2 Married 1 □ Yas X No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coilege (1-4or 5+) Secretary USN - Civilian Employee 17. Fathar's Nama (First, Middle, Last) 16. Mothar's Nama (First, Middle, Meiden Sumame) Be August Wilhelm Steen Tekla Sofia Johansdotter 19a. informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 717 Maiden Choice Ln., StC 205 Catonsville, MD21228 Rolf Evald Hamstrom/husband 20b. Piace of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 ☐ Burial 2 X Cramation 3 ☐ Ramovai from Stata Metro Crematory, Inc. 06/27/96 | Baltimore, MD 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signatura of Funarel Sapuce Licens Cremation Society of Maryland, Inc. Dawn F. McDonald 299 Frederick Rd. Baltimore, MD 21228 complications that caused to the daath. Do not antar the mode of dying, such es cardiec or raspiratory errest, Approximete Interval Batween Onset and Death 23a. Pert1. Entar tha disaasa, or complications that caused to shock, or haart failura. List only on a ceusa on each lina immediata Causa (Final diseasa or condition rasulting in death) ancer Alzheimer's Disease Dua to (or as a consequence of) Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated evants resulting in daath) Last Dua to (or as a consequence of) Physician/Medical Due to (or as a consaquance of): Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably AP+tinknown by 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed 1 Yes 2 No 1 ☐ Yas 2 ☐ No. 25. Was casa rafarred to medical axaminar? Be 26. Piaca of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 42 Nursing Home 5 Residence 6 Other (Specify) P 1 Yas 2₽No 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28c. injury at Work? 28d. Dascribe how injury occurred Certification: 1 Naturai 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not ba datarmined 3 ☐ Suicide 26f. Location (Street and Number or Rural Route Number, City or Town, State) 26a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 - Homicida

ician and burial-transit physician sthe burial Box 68760 P.O. Records, Division of Vital ospital or Attending I hours after death. Director:

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examener must be notified at

permit. Pages 1 and 2 should be filled within 72 hours after to Deportment of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or ther any Injury or other traumatic event, the Medical Evantants.

**Physician** /Medical

Examiner

Baltimore, Maryland 21215-0020

29a. Cartifiai (Check only one)

Medical

1/2 Certifying Physician: To tha bast of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29b. Signature end tille of certific

31. Data filed (Month, Day, Year)

JUN 27 1996

30. Nama and addrass of person who complated causa of daath (item 23a) (Type, Print)

Maide Chois

29c. Licensa number

Catonsville

29d. Data signed (Month, Day, Year) J.M 26 1976

State Registrar

32 Registrer's Signatura audson-Handell

Lane

DHMH 16 Ray 6/95

Hospital of 24 hours a
 Funeral D

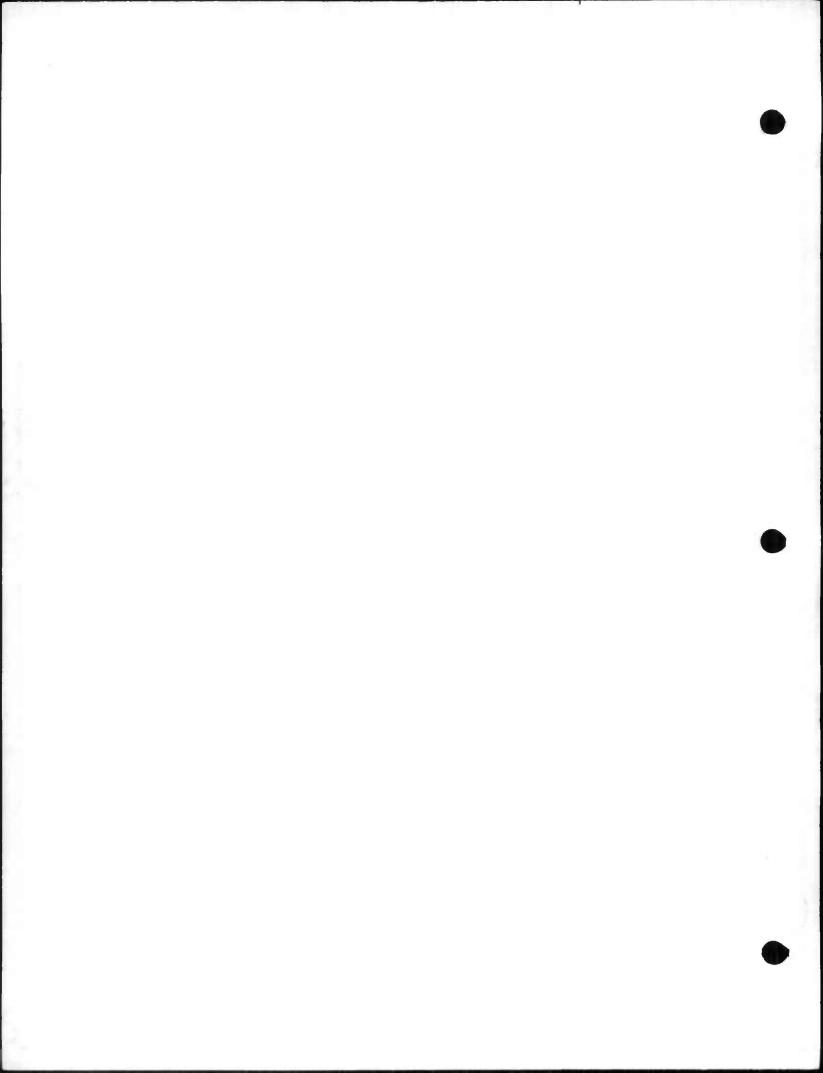
within 2.

Light Performance of the Control of 

DE VITAL RECORDS, P.O. BOX 68760	24 hours after death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be med within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	INPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	ο.					
	1. DECEOENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3.											
	MATILDA HO	PKINS				June 26	1996	YEAR	2:20 a M			
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 - 2 2 (	8. BIRTH	IPLACE (State or Foreign			
	215-18-8423	1 🗆 M 2 🖵 F	88 YAS. M	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug 9,	1007	Countr	y)			
	9a. FACILITY NAME (If not institution, give	street and number)		b. CITY, TOWN	OR LOCATION OF DE			INTY OF D				
E	DIVEDUIST, MID	SINC CEMPTER	TNC	N/A								
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?											
Ճ		timore	N/A	1				- 1	1 YES 2 NO			
AL	10e. STREET AND NUMBER			-10	101. ZIP CODE			10g. CITIZEN OF WHAT COU				
FUNERAL	7428 Holabir	d Ave		i	2122	2	Ţ	JSA				
5	11. MARITAL STATUS	12. WAS DECEOENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	OF HISPANIC ORIGIN? (Specify Yea or No-			- American Indian,			
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO Specify	uban, Maxican, Puarto Rican, etc.) NO Specify:			t, White, aic.			
	White											
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY											
4	Elementary/Secondary (0-12)	College (1-4 or 5+)										
¥	10		Housewi	re		Own H						
S	17. FATHER'S NAME (First, Middle, Last) Frank Lyon				1	ME (First, Middle, Maide	n Surname)					
BE					Ida K							
6	19a. INFORMANT'S NAME (Type/Print)	 					mber, City or Yown, State, Zip Code) Baltimore, Md 21222					
	Henry J. Hopl											
3	20e. METHOD OF OISPOSITION  1 N Burial 2 Cremalion 3 Rai	moval from State C	Ob. PLACE AND DATE OF emetery, cremetory or other	place)			OCATION -	-				
	4   Donaldon 5   Other (Specify)   Oak Lawn Cemetery 6/28   Baltimore, Md											
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk											
	(Inthony	Outhory Colt Connelly Connelly Funeral Home of Dundalk										
	23. PART I. Enter the disease, or complications that caused the dean, Do not enter the mode of dying such as certific or resignatory creat											
	shock, or heart failura. List only one cause on each line.  IMMEDIATE CAUSE (Final											
	disease or condition											
	resulting in death)  a. Nellanous or   Danys											
z												
CERTIFICATION	Sequantially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease of Injury											
1	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):											
H	resulting in deeth) LAST	d										
	PART II. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY FINDINGS											
EDICAL	Desucation.	PERFO	AMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE								
	1 TES 2 NO											
Σ	DID TOPACCO LISE CONT	EDIDLITE TO CALICE	OF DEATH VEC		7	. <del></del>			1 TES 2 NO			
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN TO											
2	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:											
¥	1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Realdence 8   Other (Specify)											
	1 Netural 5 Pending	(Month, Day, Year,	INJUR	Y W	ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OC	CURED				
В	2 Accident Investigation		LOCATION (Street and Number or Rural Route Number,									
	4 Homicide B Could not be	Carry Dunding, atc. (Specify)										
COMPLETE	On Apprint A											
MPI	29a. CERTIFIER (Check only) (Ch											
00	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
BE (	296. SIGNATURE AND TITLE OF CERTIFIER  29d. DATE SIGNED (Month, Day, Year)											
TO B	IV, Desupa	082	082   6/26/									
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	DB. NEETA DESHEANDE FRANKLIN SOUARE HOSPITAL											
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG										
1												



## Please Type or Print in Black Indelible ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth **Physician** Month Bridgid Lynn Hendrix June 1996 5:22 A.M. /Medical 4e. Facility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 4001 Klausmier Road Baltimore Baltimore 5. Social Security Number If Under 1 Yaar | If Under 24 Hrs. 9. Birthplece (Stata or Foreign Country) Maryland 7. Aga (In yrs. last birthdey) **Funeral** 1□M 2☑F Deya 34 214-90-9517 Vrs Director Usual Residence of Decedant or 28a-f ahow 10e Steta 10h County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò traumatic event, the Medical Examiner must be 4001 Klausmier Road Items 23a 21236 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yaer or Detes: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indian, Black, White, etc. es 1 and 2 should be filed within 72 hours after of Heelth and Mentel Hyglene. 1 Never Merried 2 Married ore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specity: White à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) College Student 17. Father's Neme (First Middle Last) 18. Mother's Name (First, Middle, Meiden Surnama) John S. Orzewicz Helen Mellett 19e. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) John S. Orzewicz (father) 4001 Klausmier Road, Baltimore, MD 20b. Plece of Disposition (Nema of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) St. Joseph Cemetery 6/26/96 Baltimore. Maryland 22. Nama and Address of Facility
Schimunek Funeral Homes, Inc. 21. Signeture of Funeral Sarvice Licensee 9705 Belair Rd., Baltimore, MD 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Deeti **Physician** /Medical Immediete Cause (Finel diseasa or condition resulting in death) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immadiete cause. Entar Undarlying Cause (Diseese or injury that initiated events resulting in death) Last and Due to (or as e consequence of) ettending physician a for use as the burial-Box 68760 Physician/Medical the Due to (or es e consequence of): 980 ed by the detached Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed I Be Completed by 24a. Wes an eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 14 1 Yes 1 Yes 2 No certificate Division of Vital Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this certifica stelly filled in by the funeral director; g 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred Certification: 28b. Time of 1 Yes 2 No Netural 5 Pending invastigation NAM 2 Accident 6 Could not ba determined 28f. Location (Street and Number or Rural Route Number, City or, Town, State) 3 Sulcida 28e. Plece of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 4 Homlolde n 24 hours aft Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and dua to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, daeth occurred at the time, date end place, and due to the cause(s) and menner stated. 29a. Certifier Medical To the Within To the 29b. Signature and title of certifier 29c. License number D29307 000 d cause of death (Item 23a) (Type, Print)

5444 BELAIR RD. BALT HD 21206

State Registrar

address of person w

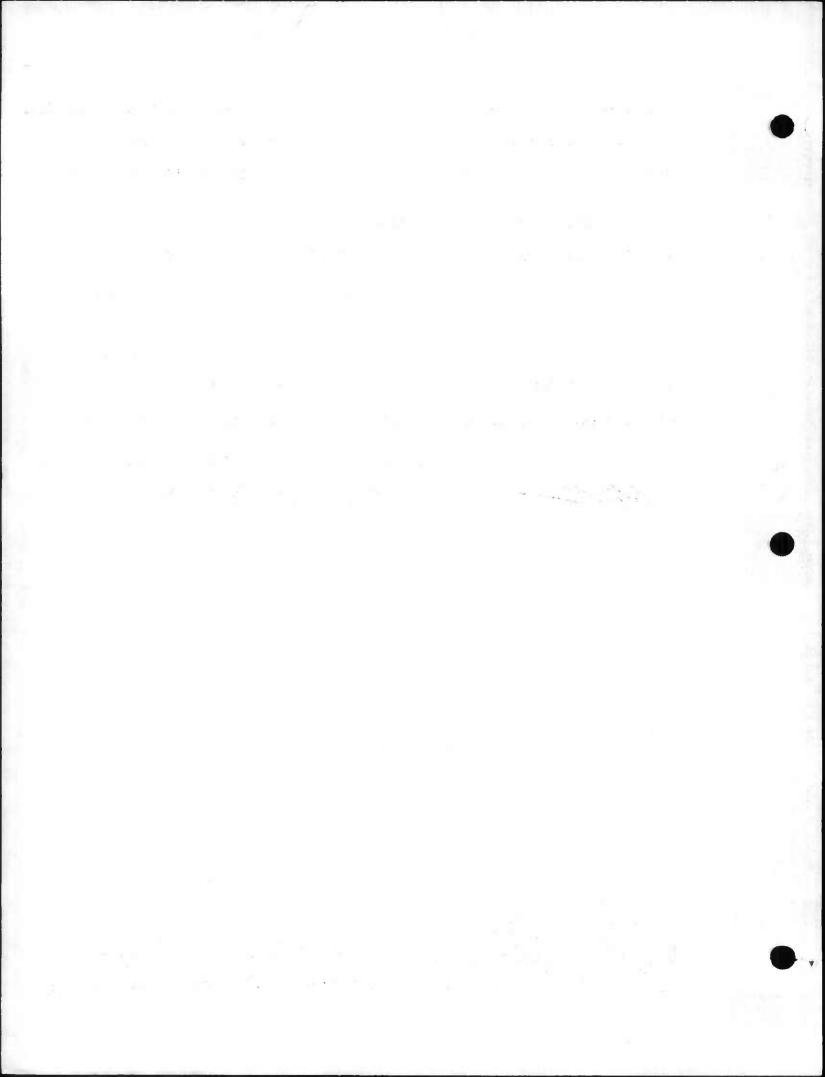
31. Date filed (Month, Day,

JUN 27 1996

OSEMAR

OLIVO FUD

38. Registrar's Monature (2)



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 19123

					Ce	ertificate	of Death	Re	g. No.		, 5160		
		1. Decedent's Nama (First, Mide	fla, Last)					2. Data of Deati	h	MODE	3. Tima of Death		
Physic /Medi		BETTY	HOFFM	AN				JUNE	Day 22	1996	8 35pm		
Exami		4a. Facility Nama (If not Institution					4b. City, Town, or L		4c. County		0 1.1		
		SINAI HOSPIT	AL OF	BAUTIM	DEE		BALTIM	ORE		N	I/A		
Funeral Director		5. Social Sacurity Number 220–68–1721	6. Sex	7. Aga (In yrs		Months D		8. Data of Birth Month, Day, NOV . I	<sup>Y</sup> 1910	9. Birthp	iaca (Stata or Foreign RYLAND		
υ		Usual Rasidence of Dacedant											
ylan		10a. Stata 10b. County 10c. City, Town or Location 10d. Insida											
Mar.	to	MD	N/A	1	BALTIM	ORE					1√ Yas 2 No		
H 28	5	10e. Street and Number				10f. Zip Co	da	10	og. Citizan of	What Coun	itry?		
3a o	0	3813 SEVEN MI	E LANE				21208		U.S.	λ			
death	Funeral Director	11. Maritai Status	12. Was De	12. Was Decedant Evar in U,S. 13. Was Dacedant of Hispanic Origin? (5				pecify Yas or No-		14. Race - Amarican Indian,			
d within 72 hours after death with the Manyland Jiene. I than "natural", or Reme 23e or 28e-1 show the Madical Examiner must be notified at	b	1 ☐ Navar Married 2 ☐ Ma 3 【 Widowed 4 ☐ Divorce	rried 1 Yas	1 ☐ Yas 2127 No							atc.		
72 hours "natural",	P		nt's Education				Decedant's Usual Occupation     (Giva kind of work dona during most of working)			16b. Kind of Business/Industry			
n n	pie	(Specify only high Elementary/Secondary (0-12)	ast grada complata			a kind of work d DO NOT usa re	king						
y the state of	To Be Completed	12	Conega	Collega (1-4or 5+) HOUSI					OWN H				
should be filed withing Mental Hygiene. marked other than matic event, me M		17. Father's Nama (First, Middla	, Last)				18. Mothar's Nam	na (First, Middla, M	laidan Suman				
id be ental ked o		ISRAEL		MILLER			YETTA			1	UNKNOWN		
d 2 should be file th and Mental Hy 7 Is marked othy traumatic event	-	19a, Informant's Name/Relation					reet and Number or Ru		City or Town				
and 2 salth ar n 27 is er trau			. , , , , , , , , , , , , , , , , , , ,	TAT T ALT									
is 1 and 2 should be filed within the lith and Mental Hygiene. If Health and Mental Hygiene. Other traumatic event, the		20a. Mathod of Disposition	- DROITER	ROTHER IN LAW		3406 WOODVALLEY DR Place of Disposition (Nama of		Data 20c. Location - City or To					
Pages nent of I int: If he		1 Burial 2 ☐ Cremation	3 Ramoval from	n Stata		imatory or othai							
the the siury		/		A			NSHE SFARD	6/25/96	ROSED	ALE,	MD		
permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other to once.		21. Signature of eneral Service	Lioenage		2	2. Nama and A	ddrass of Facility	OL LEVIN	SON &	BROS.	, INC.		
0 0 ≥ € Ø		100	120		- 8	3900 RE	ISTERSTOWN						
		23a. Part . Enter the discase, of	r complications that t only ona cause on	t caused tha dea	th. Do not an	ntar tha moda of	dying, such as cardlac	or raspiratory arre	st,		Approximata Interval Between		
Physician /Medical Examiner		Immediate Cause (Final deese or condition a. That danced bleed									Onset and Death		
		position of the county	-	Due to	or as a conse	quence of):		_			100		
D #	e i			toph	M	1lus	FROS	2		1	Yams		
and tran	Examiner	sequantially list conditions,	S 20	Dua to (	or as a conse	quence of):	0						
ficata be ava physician e as the burial													
certificata be axecuted ording physician and use as the burial-transit	Medical	Cause (Disease or Injury that Initiated events rasulting in death) Last  Dua to (or as a consequence of):											
leath certifics attending ph of for use as ti	Mec												
endir r use	by Physician/												
death a atter		Part II. Other significant conditi	ona contributing to	death but not re-	sulting in the	undarlving caus	23b. Did tobacco use contribute to the cause of deeth?						
the chart		Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						_ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
								1 Ye	2 No	3 Prot	abiy 4 Unknown		
requires								24a. Was an autopsy 24b. Ware aut			are autopsy findings		
he law requires that has been signed age 2 should be considered.	ete							performed?		COL	allable prior to mpletion of cause		
8 8 N	d E								1	of e	death?		
E ag	Completed							1 □ Ya	5 2 No	1 🗆	Yas 2□ No		
Physician: The this cardificate rel director, pag	Be	25. Was casa referred to medica axaminer?				ath (Check only ona)							
yelo lis ci	Certification: To	1 ☐ Yas 2 ☐ No	Hospital: 1	Nnpatiant 2	iant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify)								
fa fa		27. Manner of Death  1 Natural 5 □ Pandi	ng (Mo	28a. Data of Injury (Month, Day Year)  28b. Tima of Injury 28c. Injury at Work?  1 1 Yas 2 No									
Attending or death.	cal	3 Sulcida 6 Could	not be						294 Location /Street and Number of Parish				
or Attendiates death.  Olrector: A	ertif	4 ☐ Homicida deterr	nined Zoa. Flat	28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)  28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)									
Sur Sur Sur Sur Sur Sur Sur Sur Sur Sur	4.04	29a. Certifler 12 Certifyl	no Physician: To th	yalclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
2623	29a. Certifler (Check only one)  29a. Certifler (Check only one)									tha cause(s)			
To the Ho Completely	Me	29b. Signature and the of cartif	-24	and stated.		29c Li	cansa number	20	d Data sinne	d (Month	Day Xear)		
F 8	2.50	124	SHA	1		1	1)36719		29d. Data signed (Month, Day, Year)				
1		100/10	7//	)		1	130/0/		0/	00	116		
5		30. Name and address of person	felio colopieted car	se of death (the	т 23а) Пуре	Print)	L 4-11	Tow	100	100			
		MILL ENLY	JMU	67-07	MCV	MUC 7	1 = 2/6	10w	200	7-1	U		
Sta	to	31. Data filed (Month, Day, Year	32.	Registrar's Sign	atura								

Registrar

JUN 27 1996

widson-Randall

State of Maryland / Department of Health and Mental Hygiene Film G736 item 1 per FH 6-27-96 rja Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** . JUSTICE 1:55 AM CLEORGE JUNE Howard 26 1996 /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva streat and number) 4c. County of Death Examiner Church Home Hospital Baltimore H Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) NOV. 4, 1917 If Undar 1 Yaar 7. Aga (In yrs. last birthday) 5. Social Sacurity Number 9. Birthplaca (Stata or Foreign **Funeral** Days 1√2 M 2□ F Maryland 78 Yrs 215-09-1444 Director Usual Rasidance of Decedant permit. Pagas 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If itsm 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumstic avant, the Modical Examiner must be notified at once. with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 □ No Directo Maryland Baltimore N/A10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 5016 East Biddle Street 21205 U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forcas? 14. Race - American Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 N Yas 2 No if Yas, Giva 1945 – Yaar or Datas: 1974 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 □ Yas 2 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant'a Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Induatry entery/Secondary (0-12) Collega (1-4or 5+) 12th grade U.S. Government Sergeant 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Breshears Edward Justice Carrie 19a. Informant's Name/Raiationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Theresa Justice (Wife) 5016 East Biddle Street, Baltimore, Maryland 21205 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - Cify or Town, Stata 1 X Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Other (Specify) Baltimore National Cem. 6-28-96 Baltimore. Maryland 21. Signature of Funaral Sarvice Licanses 22. Nama and Addrass of Facility Schumuner Funeral Home 23a. Part1. Enter the difference, or complications the caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,

Approximately a shock, or heart failure. List only one cause of each line. Approximata Intarval Batween Onset and Death Physician /Medical Immediata Causa (Finai disaasa or condition resulting in daath) mthr. METASTATIC COLON CANCER Examiner Dua to (or as a consequance of) Examiner physician and the burial-transit Sequentially list conditions, if any, leading to Immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequanca of): attending pl signed by the a Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Leedin artro westin à 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to Completed complation of cause of death? 25. Was casa refarred to medical Be 26. Place of Deeth (Check only ona) Hospitai: 1□ Yas 2□ No Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 8 ☐ Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA File 28a. Data of injury (Month, Day Year) 27. Mannar of Deeth 28b. Time of 28d. Daacribe how injury occurred 28c. Injury at Work? Certification: 1 Naturai 2 Accident 5 Pending invastigetion 1 ☐ Yas 2 ☐ No or Attend after death Director: / 6 Could not be datamined 3 Suicida 28a. Piace of injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 29 hours a Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as atted.

| Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as atted.

| Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29a. Certifian Medical 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) WD D 48683 30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print) Church Home and Clarence Strkobee-4500 Mb.

State Registrar

31. Data filed (Month, Day, Year)

JUN 27 1996

100 N Brown 32. Registrar's Signatura The Davidson-Randelle

Horne

MD 21231

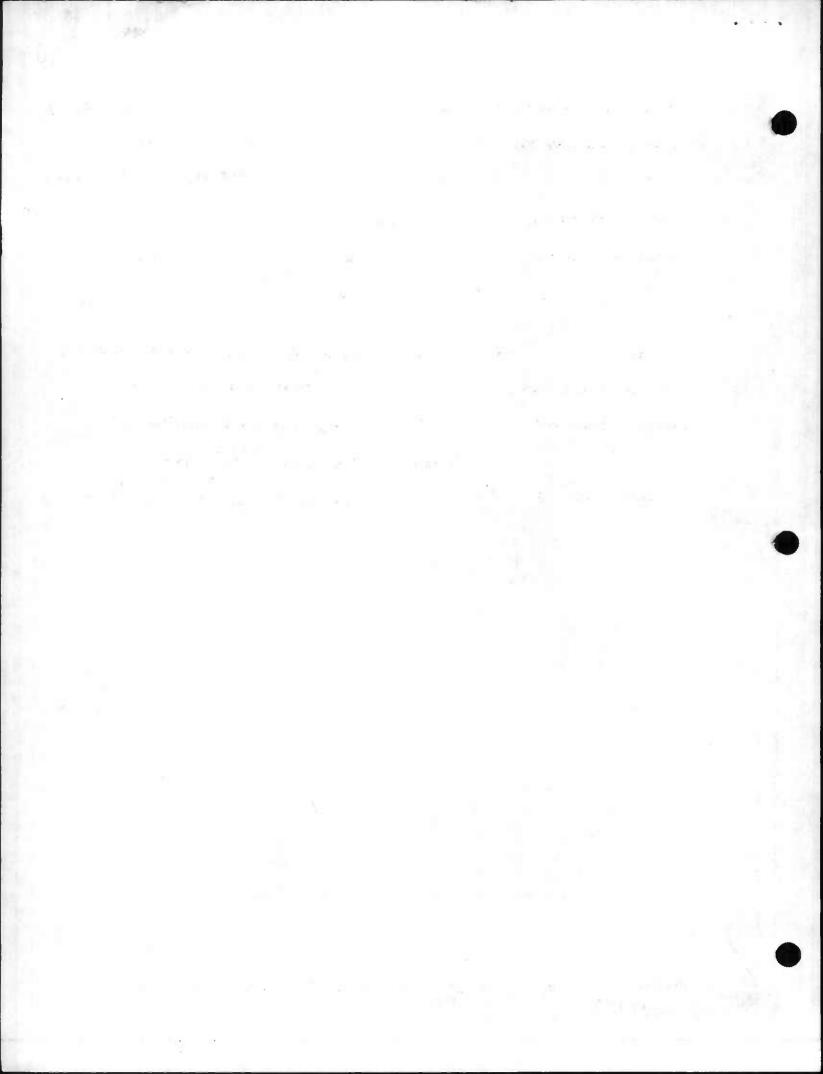
da esta 

DHMH 16 Rev 6/95

7. 

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

-		Decedent's Name (First, Middentification)				tificate of	Death	2. Data of Da	Reg. No.	0 1	3 1 Z O	
Physic	ian							Month	Day	Year	3. Time of Death	
/Medi		MARY ELIZ 4a. Facility Name (If not Institution					th Ch. Taur	June	ne 18, 1996 A		4 AM	
Exami	ner			er)				Location of Deat	10.000			
		5. Social Security Number		A = 0 // = 1/10	for set to institute of a cal	If Undar 1 Year	LUTHE If Under 24 Hr					
Funerai Director	by Funeral Director	5. Social Security Number 6. Sex 1 Months 1 Months 1 Months 1 Months 1 Months 1 Months 1 Months 1 Months 1 Months 1 Months 1 Months 1 Min Min Min Min Min Min Min Min Min Min									ce (State or Foreign YLAND	
dand w		10a. State 10b. County 10c. City, Town or Location								10d. Inside City Limits		
Man		MD. Baltimore LUTHERVILLE									1 ☐ Yes 2 ☐ No	
r 286		10e. Street and Number 10f. Zip Code							10g. Citizan of	What Country	17	
With		1314 BROADWAY	Rd			210	3.2		USA			
daati		11. Marital Status	12. Was Decedent				cadent of Hispanic Origin? (Spi pecify Cuban, Maxican, Puarto				Indian.	
d 21215-0020 Illed within 72 hours after death with the Maryland Hygiene. Thypier than "naturel", or items 23s or 28s-f show only, the Medical Examines must be notified at		1 Never Married 2 Mail 3 Widowed 4 Divorce	If Ves Give	No	No 1 ☐ Yes 2 ☑ No Specify:				arto Rican, atc.)  Black, White, etc.  Specify: WHITE			
5-0 72 ho	ted	15. Decede	nt's Education	ducation 16a. Decadent's			it's Usual Occupation			16b. Kind of Business/Industry		
Z I	To Be Completed	Elementary/Secondary (0-12)	college (1-40)	College (1-4or 5+)			e kind of work done during most of wor DO NOT use retired)					
Manual Ma		12		AMINISTRA		ISTRATI	ATIVE ASSISTANT		T MANUFAC		TURING	
be file tal Hyg d othe		17. Father's Neme (First, Middle	Last)				18. Mother's Na	ime (First, Middle	, Maiden Sumar	ne)		
		MARK IRVIN	& SMITH				MYRT	LE Bell	e FALC	CHER		
Maryle d 2 should th and Men 7 is marke traumatic		19a. informant's Name/Relation	ship (Type, Print)		19b. Mailing	g Address (Stree	t and Number or F	Rural Route Numb	er, City or Town	State, Zip C	ode)	
		STEVEN SALZ	NAN		363 (	Green A	SPEN CT	Millersv	ille, Md.	21108		
Saltimore, bemit. Pages 1 and Bepartment of Haali moortant: if Item 2: ny injury or other		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation	. 50	20b. I	Place of Dispos			Date	20c. Location		n, State	
Pagas nant of I		4 Donation 5 Other (5		8		UNT Cen		1996	Balto.	MJ		
Dallimore, n pemit. Pagas 1 and Department of Haalth Important: If them 27 any injury or other to		21. Signature of Funeral Servica	Licensee A	0,		Nama and Addr				YORKRD.		
Depa Impo		Kroketle	(Levesta		-	CI		141				
S LAW ME		23a. Part1. Enter tha disease, o shock, or heert failure. Lls	complications that cause	ed the deat	th. Do not ente	ANS Cha	apelot Ch			7	pproximata iterval Between	
fidest be executed ing physician and as the burial-transit	Medical Examiner	Ceuse (Disease or injury that initiated events resulting In deeth) Last  C. Due to (or as a consequence of):										
the death cert y the attendin	any	d										
the att	by Physician/N	Part II. Other significant condition	ona contributing to death	but not res	ulting in the und	derlylng cause gi	ven in Part I.	23b. Did	tobacco use co	ntribute to th	e cause of death?	
tar de de de de de de de de de de de de de								10	Yes 2 No	3 Probal	oly 4 Unknow	
aw requir	Completed t							24a. Was perfo	an autopsy rmed?	availa	autopsy findings ible prior to letion of cause ath?	
The is	Ве Соп							10'	Yes 2 No	1 🗆 Y	es 2□ No	
ysicland The		25. Was case referred to medica examiner?					26. Place of De	eth (Check only o	nge)			
- S 00	2	1 ☐ Yes 2 ☑ No	Hospital: 1   Inpatient 2   ER/Outpatient 3   DOA   Other: 4   Nursing					Home 5 Residence 8 Other (Specify)				
ding Ph h. After thi funaral		27. Manner of Deeth 1 ☑ Naturel 5 ☐ Pendir	28e. Date of Inj	ry Year) 28b.	28b. Time of Injury	28c. Inju Wo	y at	28d. Describe how injury occurred				
Attending r death.	atic	2 Accident Investi	gation	N			M 1 Yes 2 No					
	Certification:	3 Suicida 6 Could not be determined 28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify)						28f. Location (Street and Number or Rural Route Number, City or Town, State)				
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical	CONSON ONLY Z MOCICAL	g Physician: To the best Examiner: On the basis of	or examina	wledge, death o	occurred at the the	me, date and plac	e, and due to the urred at the time,	cause(s) and ma	anner as state	id. e ceuse(s)	
thin the mpla	Med	not be a first the second of t										
T 3 T 0		296. Signature and title of certifier 29c. License number 20c. 3						29d. Date signed (Month, Day, Year)				
4	ŧ	30. Name and address of person	who completed cause of	death (Item	3 23a) (Tyne P	rint)			4 7	70		
0		DR. Francis Gru					ST. TO	JEAN .	WD 3	1011		
Sta	te	31. Date filed (Month of Year)	- in Devillan	And Jack	lass	- CHARLES	, (0)	would, I	10. 41			



#### Please Type or Print in Black indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96 19127

						Certi	ficate of	Death		Reg. No.		13161		
	Dhyois		1. Decedant's Nama (First, Middla, Las						2. Data of De		Vaar	3. Tima of Death		
	Physici /Medi		Elizabeth A	ugusta	Kel	SO			June	23 10	796	3:55AM		
	Exami		4a. Facility Nama (If not institution, giva					4b. City, Town, or		,				
	F 311 5		Fallston Genera		- t- A t-1 at		If Under 1 Year	Falls			ford			
	Funeral Director		212 30 1333	7. Aga (In yi			Months Days	Hours Min.	8. Data of Bir (Month, De OCt. 2	th Year) 1, 1906	9. Birthplace Country Maryl	e (Stata or Foreign and		
	and and		Usual Rasidance of Decedant 10a. Stata 10b. County	10c.	City, Town	or Local	tion				10d.	Insida City Limits		
	Mary H she	to	Maryland Harford			Bel	Ain					1 ☐ Yas 2√ No		
	r 28a	rec	10e. Street and Number				10f. Zip Coda			10g. Citizan of V	What Country	7		
	23a c	aiD	512 Greenridge	Road			2101	5		u.s	.A.			
Maryland 21215-0020	n 72 hours after death with the Maryland *natural", or items 23s or 28s-f show edital Examinat must be notified at	by Funeral Director	11. Marital Status  1 Navar Marriad 2 Married  3 Widowed 4 Divorced	12. Was Decedant Evar in Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	U,S.		s Decedant of F as, specify Cub Yas 2 X No	dispante Orlgin? (S an, Maxican, Puarl Specify:	pecify Yas or No o Rican, atc.)		e - Amarican ck, Whita, atc. w: White			
2-0	72 ho	eted	15. Decedant's Edi (Specify only highast grad	ucation da complated)	16a. l	Decedan	nt's Usual Occup	ation during most of wa	rkina	16b. Kind of Bu	usinass/indus	try		
121	within iene. then	Completed by	Elamentary/Secondary (0-12)	Collaga (1-4or 5+)				during most of word)	9	Oura H	am a			
D 2	Hygie ther t	ပ္ပ	9th grade 17. Fathar's Nama (First, Middla, Last)			Home	maker	18 Mother's Ner	na /First Middle	OWN Home (First, Middla, Maidan Sumama)				
an	d be sental	o Be	Herman Siegm	und				Margar		ine	ra,			
ary	Shoul M M mark	L O	19a. Intormant's Name/Relationship (T		19b.	Mailing	Addrass (Street	and Number or Ro			Stata, Zio Co	ode)		
Ž	alth a 27 is 27 is r tra		Charles Kelso	(son)		-		dge Road			21015			
ore,	of He item		20a. Mathod of Disposition	20b	. Place of	Dispositi	ion (Nama of tory or othar pla	ce)	Data	20c. Location -	City or Town	, Stata		
Ĕ	Peg ment ant: H ury o		1 Burial 2 ☐ Cramation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,					Park	6/26/96	Baltim	ore, M	aryland		
Baltimore,	permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, in a Madaga.		21. Signature of Funaral Sarvice Licens	aa		Sc	lama and Addra	Funeral	Homes,	Inc.	102/			
			23a. Part1. Entar tha disaasa, or comp shock, or haart failura. List only o	lications that caused the de	ath. Do no	ot antar 1	tha moda ot dyir	ir Rd.	or raspiratory a	rrest, MD Z	1236	oproximata tarval Between		
	Physiclan		anony of real randra. Electrical	THE SUBSECTION THE							Or	nsat and Death		
	/Medical Examiner		Immediata Causa (Final diseasa or condition rasulting in daath)	Deh	y d	ca	tion					10 hrs		
		7	resulting in death)	Due to	(or as a co	onsequa	nce ot):	racti				101		
	uted J Insit	Examiner		b. 1300	el	C	bst	rulti	Un	-		11 hrs		
o	execution and rial-tra		Sequantially list conditions, if any, leading to immediata cause. Entar Underlying Cause (Diseasa or Injury	Dua to	(or as a co	onsequa	nce ot):							
68760,	rtificate be executed ng physician and sas the burial-transit	Medicai	Cause (Diseasa or Injury that initiated evants rasulting in daath) Last	cDua to	(or as a co	onsequar	nca ot):							
39 )	ing ph										İ			
Вох	eath ce ettendi for use	lan/		d										
0	the e	Physician/	Part II. Other significant conditions co	ntributing to death but not re	asulting In	tha unda	arlying causa giv	an in Part I.	23b. Dld	tobacco use co	ntribute to the	e cause of death?		
, P.O.	thet the	by Ph	Dementia	· C000	nar		Arto	ry	10	Y98 2 No	3 Probab	ly 4□Unknown		
Division of Vital Records,	The law requires thet the death ce ate hes been signed by the ettendi page 2 should be detached for use	Completed b	Dise	218.	An		Arte mi4	/		an autopsy med?	availal	autopsy findings ble prior to letion of cause		
360	hes t	mpi		)	4-4-11						of daa			
ē	ilcian: The lav certificate hes rector, page 2		25 111						10		1 🗆 Ya	as 20 No		
5	Attending Physician: or death. ector: After this certifici by the funeral director.	o Be	25. Was casa ratarred to medical axaminar? 1 ☐ Yas 2 ☑ No	Hospital:			a□ DOA Oth	28. Placa of Dea			447774	1/		
o	Phy or this eral d		27. Mannar of Daath	28a. Data of Injury (Month, Day Year)	☐ ER/Outp 28b. Ti	ma ot	28c. Injur	4LI Nursing H		dence 6 □Oth		77		
0	nding ath. r: Afte	atio	1 Natural 5 ☐ Panding 2 ☐ Accidant Invastigation	(Month, Day Year)	Inj	jury A	M 1	Yas 2 Not	N	14				
<u> </u>	er de recto	Certification:	3 Suicida 6 Could not be datamined	28a. Place of Injury - At building, atc. (Spec	homa, tarr	m, street	, factory, office		28f. Location ( City or To	Street and Numb	er or Rural Ro	outa Number,		
	ital or rai Dir lled in					NA			,	NI	2-			
	To the Hospital or Attanding Physician: The law within 24 bours after death. To the Funeral Director After this certificate hes completely filled in by the funeral director, page 2	edicai	(Check only 2 Medical Exami	sician: To the best of my kr nar: On the basis of examin	nowledga, nation and	daath oo	ccurrad at tha tir	na, data and placa pinion, daath occu	, and dua to tha rred at tha tima,	causa(s) and ma data and place.	nnar as state and dua to the	d. a cause(s)		
	ithin 2	Med	one) 29b. Signatura and titla of certifiar	and mannar statad.			29c. Licens			29d. Data signer				
	6,4€≒		> Z 1 . D	111110		40			12					
2	11		30. Nama and addrass of person who co	mplated cause of death /II	am 23e) (T	Type Dri	nt)	2046	)	June	40	, 1996		
	11		Frederick W. h	Talken 20	05	R	5.k 5	acin. R	1 For	est Hill	IMA	21050		
	Sta	te	31. Data filed (Month, Day, Year)	9 a. 32. Registrar's Sig	natura			113	,	71.1111		_ , _ , _ ,		

DHMH 16 Rav 6/95

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19128

	_				Cer	tificate o	f Death		Reg. No.	20	12140		
Physician		Decedant's Nama (First, Middla,  CERROLLEN)	Last)			TIME		2. Dete of De Month JUNE	Dev	Year_	3. Tima of Daath		
/Medical	ŀ	STEPHEN				LURIE			18,	1996	04:00 AM		
Examiner	ľ	a. Facility Name (If not institution, 98700 PARK H					1	LTIMORE		y of Death BALTI			
Funeral lirector		212-19-0697	Sax 7.	Aga (In yrs. las	t birthday) Yrs.	if Under 1 Yas Months Day		8. Dete of Bi (Mapth Do	10, 198	9. Birth	plece (Stata or Foreig oto) IIO		
f show led at	1	Jsual Residence of Decedent  10a. State 10b. County  MD BALT	IMORE		Town or Loc	cation S MILLS					10d. Insida City Limits		
r 28a-f	1	Oe. Street end Number				10f. Zip Code			10g. Citizan of	What Cou	ntry?		
23a or uni be		136 WIMBLEDON	LANE				21117			USA			
er, or items examiner m by Funer		1. Maritel Status  1. Never Merriad 2 Married  3 Widowed 4 Divorced	12. Was Decede Armad Force 1 Yes 2 1 Yes, Giva Yaar or Date	as? No		Vas Dacedant o Yes, specify Cu □ Yas 2 📉 N	Hispenic Origin? (Suben, Maxican, Puer o Specify:	Spacify Yes or Norto Rican, atc.)	o- 14. Ra Bla Speci	ck, Whita,	can Indian, atc. WHITE		
'natural',		15. Decedant's (Specify only highast)	Education		16e. Daced	ant's Usuai Occ	supetion	nrkina	16b. Kind of E	Business/In	dustry		
d du		Elementary/Secondary (0-12) 8TH	College (1-4	or 5+)		ONOT usa rati	na during most of wo	oning.	S	CHOOL			
ever Be	1	7. Father's Nema (First, Middle, La BRIAN	J.		1	LURIE		ima (First, Middle ANNE	, Meldan Surna		KLING		
27 ls		19a. Informant's Name/Relationship SUZANNE LURIE			19b. Mailin 136 V	g Addrass (Stra VIMBLED	et end Numbar or R ON LANE	OWINGS M	par, City or Town	D 2	Coda)		
Important: If Item 2: any injury or other once.	2	Oa. Mathod of Disposition  XXBuriel 2 Cramation 3 4 Donation 5 Other (Spa		ata cem	e of Dispos atary, crem SINA	ition (Nama of etory or othar p L		Deta 6/20/96	20c. Location OWINGS				
any inj	10	21. Signature of Funeral Service Lic	M. att	Lu			INSON BI			LE, M	1D 21208		
siclan edical mlner	1	23a. Pan1. Entar the disaesa or oc shock, or haart fallura. List on mmediata Causa (Finel disaasa or condition asulting in daeth)	ly ona causa on eec	LTIPLE	INJUR:	IES	ying, ouch 65 cardia	to or respiretory e	inast,		Approximata Intarvai Batween Onset and Death		
an and rial-transit Examiner	1	Dua to (or as a consequence of):											
g physician and as the burial-transit	Sequentially list conditions, if any, leeding to immadiate cause. Enter Undarlying Cause, Disease or injury c.												
E 0 E	1	hat Initiatad evants esulting in daath) Last	d	Due to (or es	e consequ	ance of):							
ad by the attending datached for use a	P	art II. Othar significant conditions	contributing to death	h but not rasultir	ng in tha un	derlying causa (	givan in Part I.				o the cause of death		
be dat	-								Yes 2∭ No	3   Pro	bably 4 ☐ Unknow		
should should	-								an eutopsy ormed?	ev	ara autopsy findings vallebla prior to empletion of cause daath?		
page 2								15	Yes 2□No		Yas 2□ No		
s certificate director, pag	2	5. Was case rafarred to medical axaminer?					26. Placa of De	ath (Check only					
00		1 Yas 2□ No	Hospital: 1 Inpe	atiant 2 ER	/Outpatient	3□ DOA C	Whar	Home 5□ Rasi		har (Specif	SCENE		
After	2	7. Mannar of Deeth  1 □ Natural 5 □ Panding  2X Accident Invastigati	2/ 10/ 3		b. Tima of Injury 0225	28c. Inj W M 1 [	ury at ork? ☐ Yes 2 ☑ No		how injury occu R IN AUT		CIDENT		
		3 ☐ Suicida 6 ☐ Could not 4 ☐ Homicide datamine	d 286. Place of	Injury - At homa atc. (Specify)		at, factory, office	е	City or To	Straat and Number, Stata) IEIGHTS		al Route Number,		
edical	2	9a. Certifier Certifying F	hysician: To the beaminer: On the basis end mannar	of exemination	dge, deeth end/or inve	occurred at the estigetion, in my	time, dete end place opinion, deeth occi	e, and dua to tha urred et the time,	causa(s) and m date and place,	annar as s and due to	tated. tha cause(s)		
¥ OS	2	96. Signature and title of certifier	olege	1		29c. Licar O.C.	.M.E		29d. Data signe				
4   1	30	D. Nimb end addrass of person who	completed causa o	f death (Item 23	la) (Type, P	rint)							

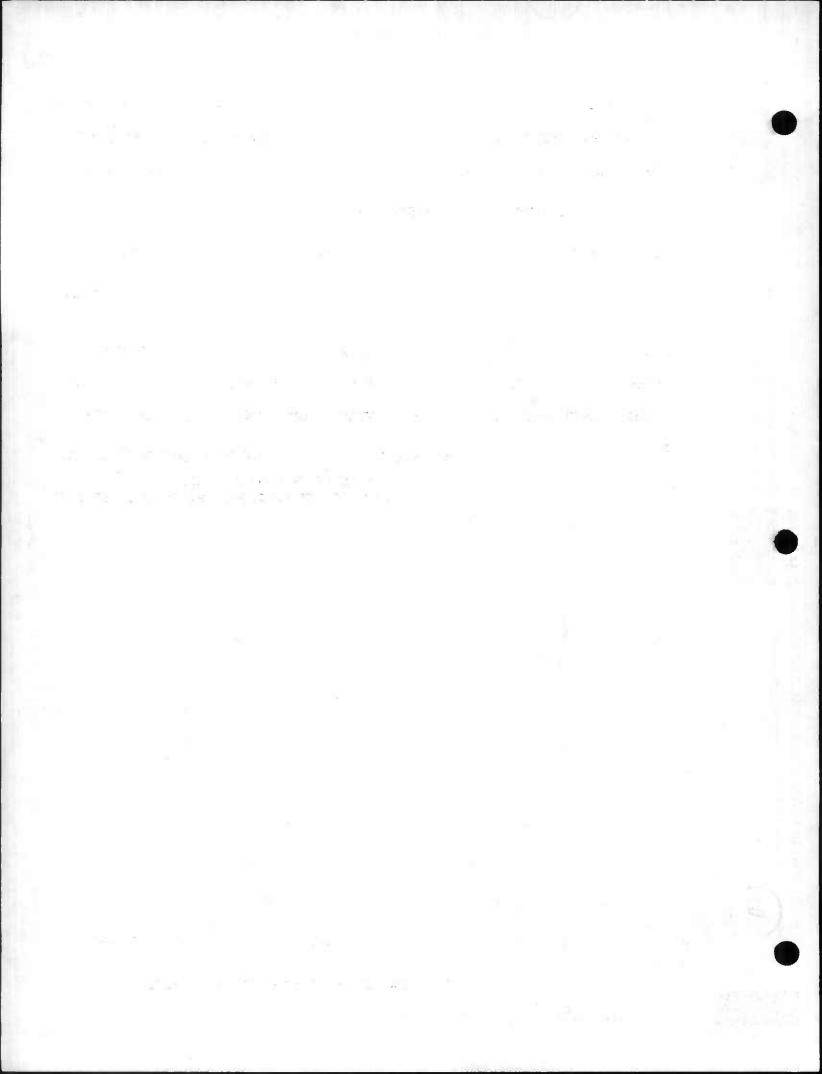
111 PENN STREET BALTIMORE, MD

21201

DHMH 16 Ray 6/95

State Registrar THRON LOCKE, M

31. Date filad (Month, Day, Year)
JUN 27 1996

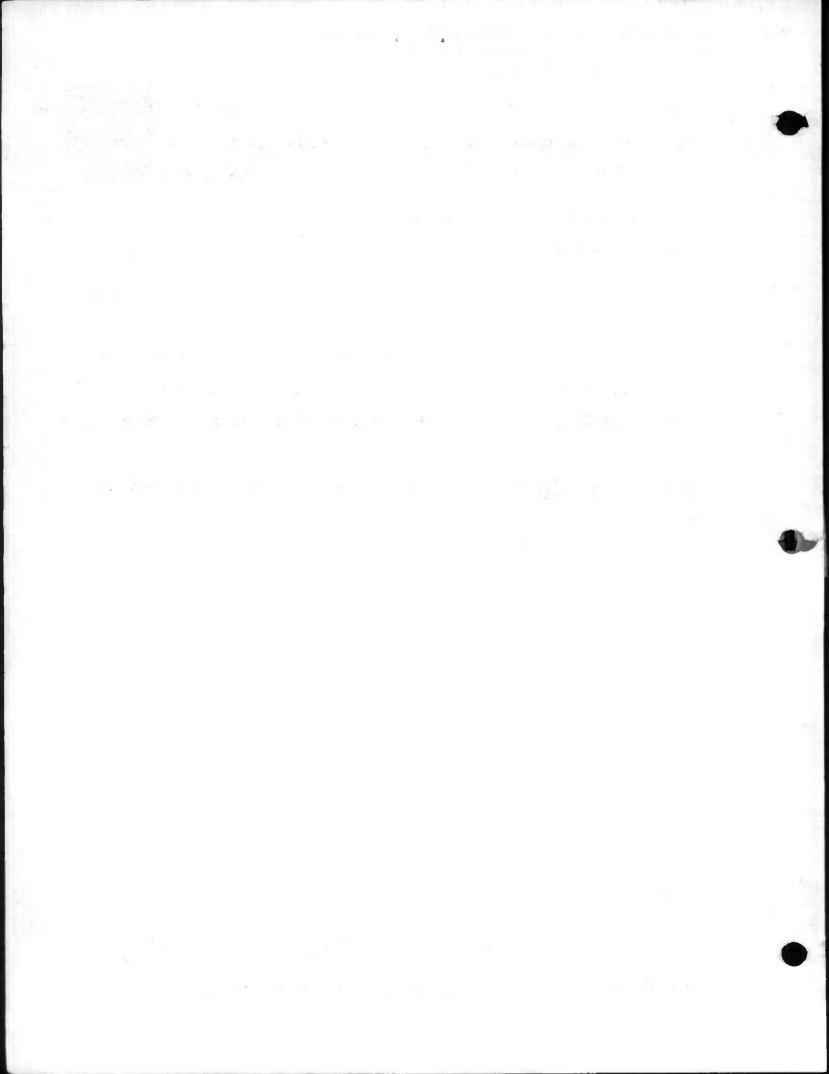


#### Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19129

					1 Jun - 1 - 11	1100110	f Death			Reg. No.		
Sh		Decedant's Nama (First, Middla,							2. Dafa of D Month	Peath Day	Year	3. Time unbeath
hysici/ Medio		MARIE	LEONARI	)					May	29 199		8:45 PM
Examir		4a. Facility Nama (If not institution,	giva street and number)				4b. City, To	wn, or Lo	cation of Dea	ith 4c. Coun	ty of Death	
		Salisbury Center	::Genesis El	lderCa	re		Salis	oury	Md.	Wice	omico	
uneral			6. Sax 7. Ag	a (in yrs. las	t birthday)	f Undar 1 Yas	ar If Undar		8. Data of 8 (Month, L	lirth Vanal	9. Birth	piaca (Stata or Forai
rector		212-16-6107	1□M 2♥F	91	Yrs.	fonths Day	s Hours	Min.	May 1	, 1905	Mora	
		Usuai Rasidence of Decedant										
how #		10a. Stafa 10b. County			Town or Locati							10d. Insida City Limit
1	tor	Maryland Wicomio	co	Sal	lisbury	7						1 ☐ Yas 2 🗓 N
5 20	Director	10e. Streef and Number				10f. Zip Code				10g. Citizan o		nfry?
8 H	<u>=</u>	200 Civic Avenu	Le			218	01			u	S.A.	
al', or items 23a or 28a-f show Examiner must be notified at	Funeral	11. Maritai Status	12. Was Decedent		13. Was	s Decedent o	f Hispanic Ori	gin? (Spe	cify Yas or N	lo- 14. R	ace - Amari	
문음		1 Navar Married 2 Married					ıban, Maxican	i, Puarto i	Hican, atc.)		ack, Whita,	
E E	þ	3 ☐ Widowed 4 ☐ Divorced	if Yas, Giva Yaar or Dafas:		1⊔	Yas 200 N	o Specify:			Spec	ity: Wh	ice
ratural, Exp	Completed	15. Decedant's	Education	1	6a. Decedant	t's Usuai Occ	upation			16b. Kind of	Businass/In	dustry
Med	ple	(Specify only highast Eiamanfary/Secondary (0-12)	grada complated) College (1-4or 5	5.1	lifa. DO	d of work dor NOT usa reti	na during mos red)	t of workir	ng			
4	Eo	12	5+	J+)	Aerono	autica	l Engir	reer		Glen L	. Mart	tin
ent	Bec	17. Father's Nama (First, Middla, La	ust)						(First, Middl	a, Maiden Sumi		
9	To B	Vincenc Vodacek	2				Johan	a Ma	rie Ha	nakova		
ž.	-	19a. informant's Name/Relationship			19b. Malilno A	Addrass (Stre				ber, City or Tow	n. Stata. Zir	Code)
r Iran		Ilia Fehrer/dau								ill, Ma		
i i		20a. Mathod of Disposition	3		e of Disposition				Data	20c. Location		
ò		1 ☐ Buriai 2 ☐ Cramation 3			atary, cremate		lace)	1		200: 2000110:	,	orana
injury 8		4 Donation 5 Other (Spa										
ny in		21. Signature of Funeral Service Lk	d & Dade.	Dir.	Sta	ama and Ado	loss of Facilit Comu Bi	bard-	-655 W	. Baltin	nore s	Street
	1	savani/	alue.							11-1559		
		23a. Part1. Enter the diseasa, or co	omplications that caused	fha daafh. I	Do not antar ti	ha moda of d	ying, such as	cardiac o	r raspiratory	arrasf,		Approximate Interval Between
ician		/	my ona badda on boon m									CONTRACT STREET, STREE
	100										100	Onset and Death
	1	Immadiata Causa (Fine)	Con			Sec.	D		-1			Onset and Death
		Immadiata Causa (Finel disaasa or condition resulting in daeth)	· Con	Due to logar	a.	Ferg	Di	Rip	~			Onset and Death
iner	ner	disaasa or condition	· Cord	Due to (gran	s a consequer	Fers	Di	æu	-		7	Onset and Death
iner	ıminer	disease or condition resulting in daeth)	· Con				D	au	w.		9	Onset and Death
ner	Examiner	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate	· Core		a consequer		Du	RIP	zu.		9	Onset and Death
iner	cai Examiner	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury	c	Due to (or as	a consequer	nce of):	Di	RIB			1	Onset and Death
iner-transit	edicai Examiner	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate	c	Due to (or as		nce of):	D.	au			9	Onset and Death
as the bunal-transit	/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	Due to (or as	a consequer	nce of):	Di	RU			,	Onset and Death
as the bunal-transit	/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or as	a consequen	nce of):					9	Onset and Death
as the bunal-transit	/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	Due to (or as	a consequen	nce of):				d tobacco use c	contribute t	o the cause of death
detached for usa as the burial-transit  and the second sec	Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or as	a consequen	nce of):			23b. Die	d tobacco use o		o the cause of deat
be detached for use as the bunal-transit	by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or as	a consequen	nce of):			23b. Did	Yes 2□ No	3 Pro	o the causa of deat bably 4 Unkno
be detached for use as the burial-transit	by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or as	a consequen	nce of):			23b. Did 1 [		3 Pro	o the cause of deat bably 4 Unkno
2 should be detached for usa as the bunal-transit	by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or as	a consequen	nce of):			23b. Did 1 [	Yes 2 No	3 Pro	o the cause of deat
ge 2 should be detached for usa as the burial-transit	by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or as	a consequen	nce of):			23b. Did 1 [ 24a. Wa per	Yes 2 No	3 Pro	o the cause of deat bably 4 Unkno
page 2 should be detached for use as the bunal-transit	Completed by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part ii. Other significant conditions	c	Due to (or as	a consequen	nce of):	givan in Part f		23b. Did 1 [ 24a. Wa per	S an autopsy formed?	3 Pro	o the cause of deat bably 4 Unkno fara autopsy findings aliabla prior to implation of causa death?
dractor, page 2 should be detached for use as the bunket-transit	o Be Completed by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadiete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Part ii. Other significant conditions	d death be	Due to (or as	s a consequent	nce of):	givan in Part f	of Daeth	23b. Did 1 [ 24a. Wa per	S an autopsy formed?  Yas 2√No	3 Pro	o the cause of deat bably 4 Unkno era autopsy findings aliabla prior to implation of cause death?  Yas XXXNo
al director, page 2 should be detached for use as the bunal-transit	To Be Completed by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part ii. Other significant conditions  25. Was case referred to medical exeminar?	d  a contributing to death be  Hospital: 1 inpatia  28a. Data of inju	Due to (or as	a consequent of the consequent	nce of):  introduce of):  intr	givan in Part f 26. Pieca Other: 4₹XNu	of Daeth	23b. Did 1 [ 24a. Wa per 1 [ (Check only)	S an autopsy formed?	24b. W av cc of	o the cause of deat bably 4 Unkno era autopsy findings aliabla prior to implation of cause death?  Yas XXXNo
funeral director, page 2 should be detached for use as the burial-transit	To Be Completed by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part ii. Other significant conditions  25. Was case referred to medical axaminar?  1 Yas XX No  27. Manner of Death  1 Natural 5 Pending	Hospital:  28a. Data of inju (Month, Day	Due to (or as	a consequent a consequent a consequent a consequent a consequent a consequent a consequent a consequent a consequent a consequent a consequent a consequent a consequent a consequent a consequent a consequent a consequent	ance of):  arrying causa and arrying causa arrying causa arrival arriv	givan in Part f 26. Pieca Other: 4₹XNu	of Daeth	23b. Did 1 [ 24a. Wa per 1 [ (Check only)	Yes 2□ No s an autopsy formed?  Yas 2√ No y ona)  sidanca 6□0	24b. W av cc of	o the cause of deat bably 4 Unknow era autopsy findings aliabla prior to implation of cause death?  Yas XXXNo
the funeral director, page 2 should be detached for use as the burial-transit	To Be Completed by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initiated avants rasulting in death) Last  Part ii. Other significant conditions  25. Was case referred to medical examinar?  1 Yes 25 No  27. Mannar of Deeth  1 Matural 5 Pending invastiget  3 Suicide 6 Could not	Hospital: 1 inpatial 28a. Data of inju (Month, Day	Due to (or as  Due to (or as  uf not resulting  ant 2 ER  ry  y Year) 28	a consequent of a consequent o	ance of):  and of of):  and of):  an	26. Pieca 26. Pieca Dither: 4₹XNu jury af Jork? □ Yas 2 □	of Daeth	23b. Did 1 24a. Wa per 1 (Check only na 5 Red 28d. Dascribe	Yes 2□ No s an autopsy formed?  Yas ★□ No y ona) sidanca 6□C s how injury occ	3 Pro  24b. W av cc of 11	o the cause of death bably 4 Unknow are autopsy findings aliable prior to mplation of cause death?  Yas X X XNo  fy)
by the funeral director, page 2 should be detached for usa as the burial-transit	To Be Completed by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examinar?  1 Yas 2 No  27. Manner of Deeth  1 Natural 5 Pending invastigat	Hospital: 1 inpatial 28a. Data of inju (Month, Day	Due to (or as  Due to (or as  uf not resultir  ry  y Year)  28	a consequent of a consequent o	ance of):  and of of):  and of):  an	26. Pieca 26. Pieca Dither: 4₹XNu jury af Jork? □ Yas 2 □	of Daeth	23b. Did 1 1 24a. Wa per 1 (Check only na 5 Rac 28f. Location	Yes 2□ No s an autopsy formed?  Yas ★□ No y ona) sidanca 6□C s how injury occ	3 Pro  24b. W av cc of 11	o the cause of death bably 4 Unkno era autopsy findings aliable prior to implation of cause death?  Yas XXXNo
by the funeral director, page 2 should be detached for use as the burial-transit	Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initiated avants rasulting in death) Last  Part ii. Other significant conditions  25. Was case referred to medical examiner?  1	Hospital:  1 inpatial  28a. Data of injuiction to be ad  28a. Placa of injuiction, atc.	Due to (or as  Due to (or as  uf not resultin  ry	of a consequent of a consequen	ace of):  and DOA Company of the control of the con	26. Pieca 26. Pieca Dither: 4₹¥Nu jury af ork? □ Yas 2 □	of Daeth	23b. Did 1 1 24a. Wa per 1 (Check only) na 5 Red 28d. Dascribe 28f. Location City or To	s an autopsy formed?  Yas XX No vona) sidanca 6 00 a how injury occ  (Straat and Nurown, Stata)	3 Pro  24b. Wall and a confidence of the confide	o the cause of death bably 4 Unkno era autopsy findings allable prior to implation of cause death?  Yas X X XNo
tely filled in by the funeral director, page 2 should be detached for usa as the burial-transit	Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part ii. Other significant conditions  25. Was case referred to medical examiner?  1 Yes 2X No  27. Manner of Deeth 1 Matural 5 Pending invastigat 2 Accidant invastigat 3 Suicide 6 Could not determine (Check only 2 Medical Ex	Hospital:  28a. Data of inju (Month, Da) tion f be ad 28a. Placa of inju building, atc	Due to (or as unit 2 ER Programment 2 ER	of a consequent of a consequen	ace of):  anying causa of the securred at the security of the	26. Pieca  26. Pieca  26. Pieca  26. Pieca  26. Pieca  4★Nu  jury af  ork?  ☐ Yas 2 ☐  a  tima, data an	of Daeth rsing Hon 2 No 2	23b. Did 1 [ 24a. Wa per 1 [ (Check only na 5 ] Rac 28d. Dascribe 28f. Location City or To	Yes 2□ No  Is an autopsy formed?  Yas ★★□ No  Yona)  Sidanca 6□○  Show injury occ  (Straat and Nurown, Stata)  a causa(s) end no	3 Pro  24b. Way ecc of  1 I	o the cause of death bebly 4 Unknow are autopsy findings allable prior to impletion of cause death?  Yas XXXXNo  All Route Number, iteted.
by the funeral director, page 2 should be detached for use as the burial-transit	edical Certification: To Be Completed by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part ii. Other eignificant conditions  25. Was case referred to medical axaminer?  1 Yes XX No  27. Manner of Death 1 Matural 5 Pending invastiget 2 Accidant invastiget 3 Suicide 6 Could not determined  29a. Certifier (Check only one)	Hospital: 1 inpatial 28a. Data of inju (Month, Da) tion f be ad 28a. Placa of inju building, atc	Due to (or as unit 2 ER Programment 2 ER	of a consequent of a consequen	3 DOA  28c. in W  1, factory, officecurred et the tigation, in my	26. Pieca Other: 4₹Nu jury af ork? □ Yas 2 □ a tima, data an	of Daeth rsing Hon 2 No 2	23b. Did 1 [ 24a. Wa per 1 [ (Check only na 5 ] Rac 28d. Dascribe 28f. Location City or To	Yes 2□ No s an autopsy formed?  Yas ★□ No r ona) sidanca 6□ □ a how injury occ  (Straat and Nur own, Stata) a causa(s) end r b, date end plece	3 Pro  24b. Way exc of  11  ther (Special urred	o the cause of death bably 4 Unknow era autopsy findings allable prior to mplation of cause death?  Yas XXXXNo  fy)  al Route Number, stated. o the cause(s)
funeral director, page 2 should be detached for usa as the burial-transit	Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part ii. Other significant conditions  25. Was case referred to medical examiner?  1 Yes 2X No  27. Manner of Deeth 1 Matural 5 Pending invastigat 2 Accidant invastigat 3 Suicide 6 Could not determine (Check only 2 Medical Ex	Hospital:  28a. Data of inju (Month, Da) tion f be ad 28a. Placa of inju building, atc	Due to (or as unit 2 ER Programment 2 ER	of a consequent of a consequen	3 DOA  28c. in W  1, factory, officecurred et the tigation, in my	26. Pieca  26. Pieca  26. Pieca  26. Pieca  26. Pieca  4★Nu  jury af  ork?  ☐ Yas 2 ☐  a  tima, data an	of Daeth rsing Hon 2 No 2	23b. Did 1 [ 24a. Wa per 1 [ (Check only na 5 ] Rac 28d. Dascribe 28f. Location City or To	Yes 2□ No  Is an autopsy formed?  Yas ★★□ No  Yona)  Sidanca 6□○  Show injury occ  (Straat and Nurown, Stata)  a causa(s) end no	3 Pro  24b. Way exc of  11  ther (Special urred	o the cause of death bably 4 Unknow era autopsy findings aliable prior to mplation of cause death?  Yas XXXXNo  fy)  al Route Number, stated. o the cause(s)
by the funeral director, page 2 should be detached for use as the burial-transit	edical Certification: To Be Completed by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part ii. Other eignificant conditions  25. Was case referred to medical axaminer?  1 Yes XX No  27. Manner of Death 1 Matural 5 Pending invastiget 2 Accidant invastiget 3 Suicide 6 Could not determined  29a. Certifier (Check only one)	Hospital:  28a. Data of inju (Month, Da) tion f be ad 28a. Placa of inju building, atc	Due to (or as unit 2 ER Programment 2 ER	of a consequent of a consequen	3 DOA  28c. in W  1, factory, officecurred et the tigation, in my	26. Pieca Other: 4₹Nu jury af ork? □ Yas 2 □ a tima, data an	of Daeth rsing Hon 2 No 2	23b. Did 1 [ 24a. Wa per 1 [ (Check only na 5 ] Rac 28d. Dascribe 28f. Location City or To	Yes 2□ No s an autopsy formed?  Yas ★□ No r ona) sidanca 6□ □ a how injury occ  (Straat and Nur own, Stata) a causa(s) end r b, date end plece	3 Pro  24b. Way exc of  11  ther (Special urred	o the cause of death bably 4 Unknow era autopsy findings allable prior to mplation of cause death?  Yas XXXXNo  fy)  al Route Number, stated. o the cause(s)
tely filled in by the funeral director, page 2 should be detached for usa as the burial-transit	edical Certification: To Be Completed by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part ii. Other eignificant conditions  25. Was case referred to medical axaminer?  1 Yes XX No  27. Manner of Death 1 Matural 5 Pending invastiget 2 Accidant invastiget 3 Suicide 6 Could not determined  29a. Certifier (Check only one)	Hospital:  28a. Data of inju (Month, Da)  tion f be ad  28a. Placa of inju building, atc  Physician: To the best of and manner sta	Due to (or as unit 2 ER	Outpatient Distribution Tima of injury In, farm, streat, India, death oc and/or invast	3 DOA 28c. in W 1 1, factory, office det the digation, in my 29c. Lica	26. Pieca Other: 4₹Nu jury af ork? □ Yas 2 □ a tima, data an	of Daeth rsing Hon 2 No 2	23b. Did 1 [ 24a. Wa per 1 [ (Check only na 5 ] Rac 28d. Dascribe 28f. Location City or To	Yes 2□ No s an autopsy formed?  Yas ★□ No r ona) sidanca 6□ □ a how injury occ  (Straat and Nur own, Stata) a causa(s) end r b, date end plece	3 Pro  24b. Way exc of  11  ther (Special urred	o the cause of deat bably 4 Unkno era autopsy findings aliable prior to mplation of causa death?  Yas XXXXNo  fy)  al Roufa Number, etated. o the cause(s)
become are continuated as over a symbol by the attending prystical end by the funeral director, page 2 should be detached for use as the burlat-transit of	edical Certification: To Be Completed by Physiclan/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1 Yas X No  27. Manner of Deeth 1 Natural 5 Pending invastiget 2 Accidant 3 Suicide 6 Could not determined.  29a. Certifier (Check only one)  29b. Signature and fifle of cartifier  30. Neme end address of person who	Hospital: 1 inpatia  28a. Data of inju (Month, Da) tion 28a. Placa of inju building, atc caminar: On the best of and manner sta	Due to (or as  Due to (or as  uf not resulting  ry	Outpatient Distribution Tima of injury In, farm, streat, India, death oc and/or invast	and of the state o	26. Pieca Other: 4**Nu jury af ork?  Yas 2  a tima, data an opinion, daa nsa numbar	of Daeth rsing Hon 2 No 2 d placa, a	23b. Did 1 = 24a. Wa per 1 = (Check only na 5 = Rec 28d. Dascribe City or Tournel dua to the dat the time	yes 2□ No s an autopsy formed?  Yas ★★□ No y ona) sidanca 6□ □ s how injury occ (Straat and Nur own, Stata) a causa(s) end r o, date end piece	3 Pro  24b. Way exc of  11  ther (Special urred	o the cause of deat bably 4 Unknow era autopsy findings aliable prior to mplation of causa death?  Yas XXXXNo  fy)  al Route Number, stated. o the cause(s)

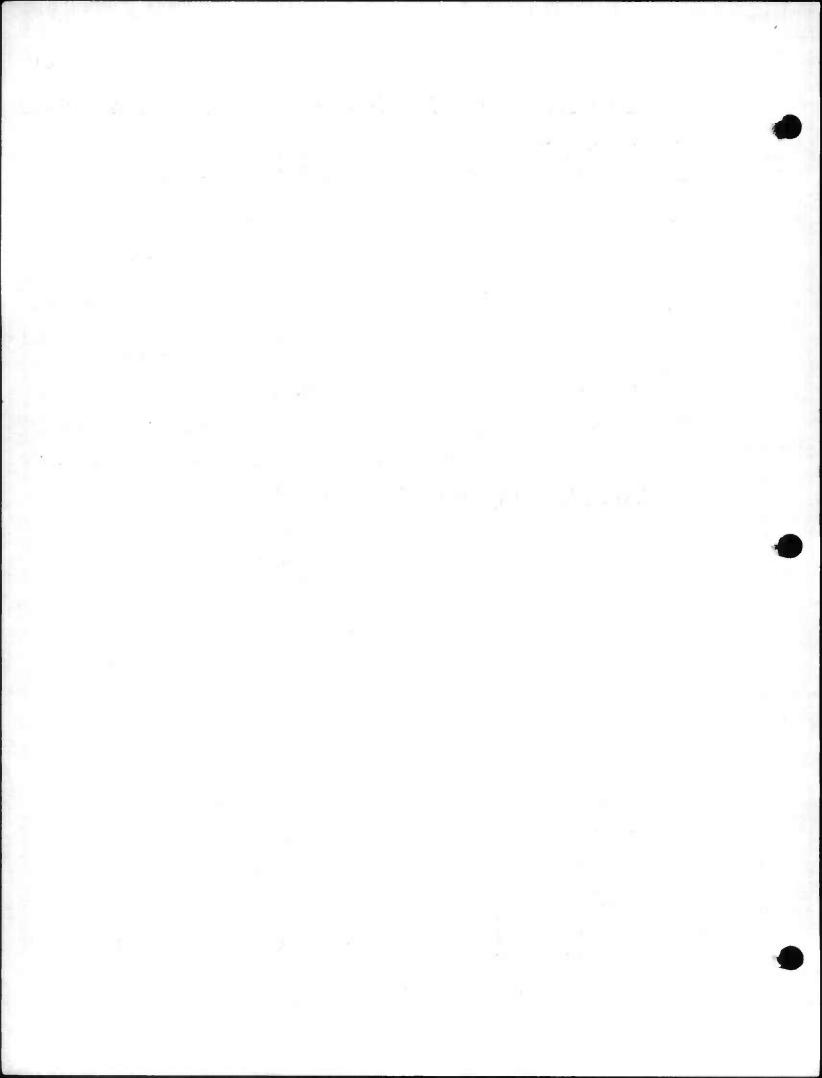


#### Piease Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

sate of Death

_				Certificate of Death	Reg. No.
	Physic		1. Decedent's Neme (First, Middle, Last)  MARY FLIZABETH	MCKNIGHT	2. Dete of Deeth Day 4 1996 3. Time of Deeth
	/Medi Exami		4a. Facility Name (If not institution, give street end number)	4b. City, Town, or L	
	Funeral Director		5. Scciel Sacurity Number  6. Sex  7. Age (In yrs. 1)  Usuel Residence of Decedent	Ast birthday)  Yrs.    Baufmore   8. Dete of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign Country) V. C.	
	Aeryland f ahow	٥	10e. Steta 10b. County 10c. City	y, Town or Location	10d. Inside City Limits 11☑ Yes 2 □ No
	with the Page or 28a-	Funeral Director	10e. Street end Number	10f. Zip Code	10g. Citizen of Whet Country?
5-0020	72 hours after death with the Meryland "natural", or items 23a or 28a-f show local Examiner must be notified at	by	11. Marital Status  1 Never Merried 2 Married Armed Forces?  1 Never Merried 2 Married Bressel Nicola Process In Common State	S. 13. Wes Decedent of Hispanic Origin? (Sp. if Yes, specify Cuben, Maxican, Puarto	pecify Yas or No- o Rican, atc.)  14. Race - American Indian, Black, Whita, atc.  Specify: Black
21215-0		Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4or 5+)	16e. Decedent's Usuel Occupation (Give kind of work done during most of work life, DO NOT use retired)	16b. Kind of Business/Industry
	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Item 27 Is marked other than "any Injury or other traumatic event, the Magnes.	Be	17. Fether's Neme (First, Middle, Last)	18. Mother's Nam	ne (First, Middle, Meiden Sumeme)
Maryland	d 2 should be th and Mental th amerked of traumatic eve	To	19a. Informant's Neme/Reletionship (Type, Print)	2812 111: 10	ral Route Number, City or Town, Stete, Zip Code)
Baltimore,	permit. Pages 1 and Department of Health Important: if Item 27 any injury or other tr once.		20e. Method of Disposition  1 Burlel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify)	lece of Disposition (Name of ematery, crematory or other place)	Dete 20c. Location - City or Town, Stete
Baltii	permit. Pag Department Important: i any injury o		21. Signature of Funerei Sarvica Licansaa	22. Nama and Address of Fedility  Manh (-, 4, W & 7)	CIZIS
	Physician		23a. Pert1. Enter tha disaase, or complications that caused the deeth shock, or heert feilura. List only one ceuse on each line.	n. Do not antar tha mode of dying, such es cardiac	or raspiratory arrast,  Approximate Intervel Between Onset and Deeth
	/Medical Examiner		Immediate Ceuse (Final disease or condition rasulting in death)  e. Dua to (or	rese consequence of):	
1	end end -transit	Examiner	Sequentially list conditions, b. Due to (or	rese consequence of):	
x 68760,	certificate be executed rding physicien end use as the buriel-transit	/Medical E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	as e consequence of):	
Box		cian	Dark II Obbas slamitta and additions a stall at a second		
P.0	res thet the death signed by the etter be detached for u	y Physiciar	Pert II. Other algnificant conditions contributing to death but not resu	iting in the undarrying causa given in Pert I.	23b. Did tobacco use contribute to the cause of death?  10 Yes 2 No 3 Probably 4 Unknown
Records,	e law requires thet the death has been signed by the etter ye 2 should be detached for a	Completed by	Diabets		24e. Wes en autopsy performed?  24b. Were autopsy findings available prior to completion of ceuse of death?
E 20	The ate h page				1 Yes 2 No 1 Yes 2 No
of Vital	Physician: The ribis certificate oral director, pag	To Be	25. Wes cese referred to medical exeminer?  1  Yes 2 No Hospitel: 1 Inpetient 2	Other	th (Check only one)  ome 5 ☐ Residence 6 ☐ Other (Specify)
	ding Physics. The discrete of funeral discrete of the discrete		27. Manner of Deeth 28e. Dete of Injury (Month, Day Year)	28b. Time of 28c. injury et Work?	28d. Describe how injury occurred
Division	or Attending effer deeth. Director: After I in by the fune	Certification:	2 Accident investigation 3 Suicida 6 Could not be determined 28e. Place of Injury - At ho building, etc. (Specify	M 1 ☐ Yes 2 ☐ No me, ferm, street, factory, office  1)	28f. Location (Street end Number or Rural Route Number, City or Town, State)
	to the Hospital or Attending Phythin 24 hours effer deeth.  To the Funeral Director: Affer this completely filled in by the funeral	edical C	29a. Certifier (Check only one)  Certifying Physician: To the best of my know one)  Certifying Physician: To the best of my know one one of the best of my know one one of the best of my know one of the best of the best of my know one of the best of the best of my know one of the best	vledge, death occurred et the time, dete and place, ion end/or Investigetion, in my opinion, deeth occur	, and due to the ceuse(s) end menner es steted. rred et the time, dete and piece, end due to the ceuse(s)
6		Me	29b. Signeture end title pf cartifier	29c. License number 0 2 5 3 7 3	29d. Date signed (Month, Dey, Year)
	6		30. Name and address of person who completed cause of death (Item	1 1 2 1 (	21225 DOG
	Sta	ate	31. Date filed (Month, Dey, Year)  32. Registrar's Plane	there is not the second	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flar death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 24 hours they death. Page 6 may be retained by the hospital or attending physician. MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68761

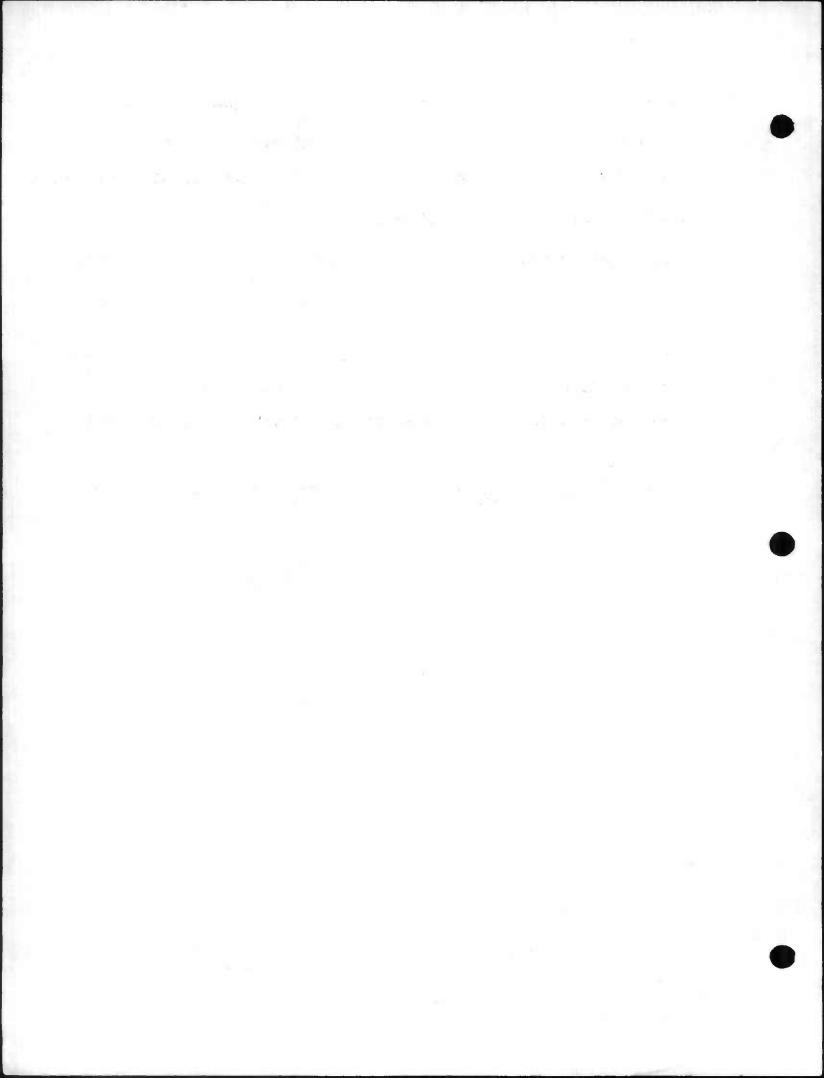
FOR STATE REGISTRAR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.								
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF OE			3. TIME OF DEATN						
Elizabeth	Earle	McCo	ach		June	23, 19	996	9:00 a.m. M						
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TN	S. BIRTNI	PLACE (State or Foreign						
071-18-9046	1 M 2 X F	84 YRS.	MONTHS DAYS	HOURS MIN.		4, 1911	Mexi	co						
98. FACILITY NAME (If not institution, give s  Wilson Health Ca  RESIDENCE OF DECEDENT				resburg	EATH		nty of De							
10e. STATE 10b. COUNT	Y	10c. CITY	TOWN OR LOCAT	ION				10d. INSIDE CITY						
Haryland Monte	gomery	Gai	thersbu	10			LIMITS?							
10e. STREET AND NUMBER	gomety	Our		ZIP CODE	-	tog. CIT	IZEN OF W	HAT COUNTRY?						
Wilson Health Ca RESIDENCE OF DECEDENT  100. STATE  100. STATE  100. STREET AND NUMBER  3001 RUSSELL AVEI  11. MARITAL STATUS  1. Never Married  2 Married	T			2087			u.s.							
3	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, ap	ENDENT OF NISPAI belty Cuban, Maxica 2 NO Specif CNOWN	in, Puerlo Ricen,		14. RACE Black Specif	- American Indian, White, etc.						
15. DECEDENT'S EOU	15. DECEDENT'S EQUICATION 16s. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY													
Elementary/Secondary (0-12)	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  (Give kind of work done during most of working life. Do NOT use refired.)													
17. FATHER'S NAME (First, Middle, Lest)	12th 0 Homemaker Home  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melder, Surname)													
John William Ear	le				Rodrig									
D INCOMANT'S NAME (Tracklet)		19b. MAILING	ADDRESS (Street a	nd Number or Rural			D Code)							
P Douglas B. McCoal	ch/Son							ania 18017						
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem		20b. PLACE AND DATE Of cemetery, cremetory or of	F DISPOSITION (No			20c. LOCATION —								
4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY														
13 am Ronas	Ronald S. Wade, Dir. State Anatomy Board-655 W. Baltimore Stree:  Baltimore. Maryland 21201-1559  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximats													
23. PART i. Enter the diseases, or	complications that c	auaed the death. Do n	ot entar the mo	de of dying, auc	h as cardiac o	r respiratory ar	rest.	Approximats						
shock, or heart fellure.	List only one ceuse	on each line.						interval Batween Onsat and Dasth						
IMMEDIATE CAUSE (Finel disease or condition														
recuiting in death)	DUE TO (OI	AS A CONSEQUENCE OF	):					3 week						
7	· de	mentia												
Sequentially list conditions, if any, leading to immediate	DUE TO (O	AS A CONSEQUENCE OF	):											
Cause. Enter UNDERLYING CAUSE (Disease or Injury	C.													
thet initiated events	DUE TO (O	R AS A CONSEQUENCE OF	):											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d													
	ns contributing to de	esth but not resulting i	n the underlyin	ceuse given in	Part i. 24a.	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS						
<u> </u>			,			PERFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE						
PART II. Other significent condition					_   10	YES 2 NO		OF DEATH?						
DID TOBACCO USE CONT	DIDLITE TO CALL	CE OE DEATH VE	C CI NO E	LINICEDTAL				1 NES 2 NO						
25. WAS CASE REFERRED TO MEDICAL	T CAO	26. PLACE OF OEAT		UNCERIAL	NU									
EXAMINER?	HOSPITAL:		OTHER:	-70										
1 YES 2 NO 27. MANNER OF DEATH	28a. OATE OF IN	R/Outpatient 3 DOA JURY 28b, TIM	-	e 5 Residence			0.4050							
	(Month, Day,		JRY WO	RK?	28d. DESCRIBE	E NOW INJURY OC	CUREO							
2 Accident Investigation	200 BLACE OF A	NJURY — At home, farm, a				100								
3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	(Street and Numbern, State)	r or Hural H	oute Number,											
290. CERTIFIER 1 D CERTIFYING PHYS	ICIAN: To the best of m	knowledge, death occurre	d at the time date	and place, and due	to the cause(s)	and manner as at-	ted							
(Check only one) 2 MEDICAL EXAMIN		nination and/or investigation						and manner as stated.						
III 20h CIGNATURE AND TITLE OF CERTICIE														
B 0 1/1.	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mor													
30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CALLER	OF DEATH (ITEM 27) CO-	Drint1	2171	77		une	-3, 1776						
JOHN MEINICH 911 RUSELL AND GAITHERS WE 6AITHERS WE 25 MM. 20879														
JUN 2 7 1996  JUN 2 7 1996														

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. (Manifold / Department of Health and Mental Hygiene 96 19132

						Cei	rtificat	e of	Death			Reg. No.			
			1. Decedent's Neme (First, Middle, La	st)							2. Dete of De Month	eth	Yeer	3. Tim	e of Daath
	Physic /Medi		EVELYN		P.	100RE	!				JUNE	20	96	9:	51 AM
	Exami		4a. Facility Neme (If not Institution, give	a street and number)					4b. City, To	wn, or L	ocation of Deat	h 4c. Count	y of Deeth		
			Mercy Medical Cer	iter Hospi	ce				Balt	imori	2	n/a			
	Funeral Director		5. Social Security Number 6. S	ex 7. Age	(In yrs. last	birthday) Yrs.	If Under Months	1 Yaar Days		24 Hrs. Min.	(Month, De				ete or Foreign
-	_		Usuel Residence of Decedent		21						rep. 10	5, 1939	_NO/L	Ln_Ca	irolina
	ylan		10a. Stete 10b. County		10c. City, To	own or Lo	cation						1	Od. Insid	e City Limits
	Ma Ma Ma	to	Maryland n/a		Bal	timo	re							χD,	Yes 2□ No
	th th	Director	10e. Street end Number				10f. Zip	Code				10g. Citizen of	What Cour	ntry?	
	th wi		3412 Dolfield Aug	enue			2	121	5				U.S	S.A.	
	r dea	Funeral	11. Marital Status	12. Was Decedent E Armed Forcas?	Ever in U,S.	13. \	Wes Deced	ent of cify Cut	Hispenic Ori oan, Mexicar	igin? (Sp	ecify Yas or No Rican, etc.)		ce - Americ		٦,
21215-0020	uid be filed within 72 hours after death with the Maryland Mental Hyglene. arked other than "natural", or Items 23a or 28a-f show atto event, the Medical Examinar must be notified at	by	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 反 Divorced	1 ☐ Yas 2 [3] N If Yes, Give Yeer or Detes:	lo		1□ Yes	2 12 No	Specify:				v: Bla		
у О	72 ho	Completed	15. Decedent's Ed (Specify only highast gra	lucation de completed)	16	6a. Deced	dent's Usue	i Occu	petion during mos	t of work	ina	16b. Kind of B	usiness/in	dustry	
121	rithin Ne.	JQE .	Elementery/Secondery (0-12)	College (1-4or 5	+)				during mos ed)						
7	hygie Af th	S	12th	0	-	Sec	retar	.y	40 14-11	ada Maria	- 1977 1 1 12 1 11-	14-14-0		enown	
ano	d of other	Be	17. Father's Neme (First, Middle, Last)  Edgar Harrison						101		e (rirsi, middie Wilson	, Malden Surnai	na)		
7	d Me mark	10	19e. Informent's Neme/Reletionship (	Time Reint)	-	Oh Mailie	o Address	(04				er, City or Town	Chata 7in	- Code)	
, Maryland	and 2 s aith an 27 le i		Dornee Harrison/									n, N.C.			
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other treumatic event, the Medical Examiner must be notified as once.		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☑ Donetion 5 ☐ Other (Specific	) /	20b. Pleca cema	of Dispo atery, cren	sition (Nar. netory or o	ne of thar pla	ace)		Dete	20c. Location	- City or To	own, Stat	9
Balt	Departu Importa any info		21. Signature of Funeral Service Ucen Ronald	3. Wada	Dir.						d-655 W d 2120	. Balti	more	Stre	et
	Dhuaiaian		23a. Part Enter the disease, or come shock, or heart feiture. List only	plications thet caused one cause on each lin	the deeth. D	o not ent	er the mod	e of dy	ing, such es	cardiac	or respiretory a	rrest,			mate Between and Death
	Physician /Medical		Immediate Cause (Final	META	10720	2	Pass	1 do 2	-2770		'arce		1	m	mytes
	Examiner		disaese or condition resulting in deeth)	8.	Due to (or as	5767		7.6					1		
	2 2	ner			Due to (01 as	o conseq	juditica dij.						1		
o î	eath certificate be executed attending physician and for use as the burial-transit	Examiner	Sequentielly list conditions, if any, leeding to immadiata cause. Enter Undarlying	b	Due to (or es	a conseq	uence of):				-		i		The second
68760,	cate be physicis	edical	Ceuse (Diseese or Injury thet initieted events resulting In deeth) Lest	c	Due to (or as	a conseq	uence of):								
ox 6	certifi nding use as	3		d											
$\mathbf{\Omega}$	satter d for	clai	Part II. Other significant conditions a	amaniin salama an aka aaka ku	4 4	a la Mana			sind to Boat		non Did	Ashana saa			
Q. O.	requires that the death ce seen signed by the attendi hould be detached for use	Physician	Part II. Other significant conditions of	ontributing to death bu	t not resulting	g in the ui	nderlying c	ause g	iven in Peπ i	l.		Yes 2 No			4 Unknown
ds,	2 5 2	d by									040 1440	resolved	245 14/	loro auto	osy findings
Records,	2 S S	Completed										an autopsy ormed?	av	eileble prompletion death?	ior to
	The law ate has b page 2 s	Com									10	Yes 200 No	1[	□Yes	2□ No
Vital	ysician: The is certificate director, pay	Be	25. Wes case referred to medical axaminar?							of Deet	th (Check only	$_{one)}STELL$	A MAR	IS A	T MERC
	hysic this ce	2	1 Yes 2 No	Hospitel: 1 ☐ Inpatie	nt 2 ER/	Outpatien	t 3□ DC	//h		ursing Ho	ome 5 Rasi	dence 8 XOt	her (Specia	ty) HOS	PICE
ono	After funer	tion:	27. Menner of Deeth  Neturel 5 ☐ Pending 2 ☐ Accident Invastigation	28a. Dete of Injur (Month, Dey	Year) 28t	b. Time of Injury	M 2	8c. Inju Wa	ıryet ork? ]Yes 2□	No	28d. Dascribe	how Injury occu	rred		
Division of	al or Attendests after death	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Injubuilding, atc	ry - At home, . (Specify)	, ferm, str	eet, fectory	, offica			28f. Location ( City or To	(Street and Num wn, State)	ber or Rura	al Route i	Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai	29a. Certifier (Check only one) Certifying Physics (Check only one) Certifying Physics (Check only one)	valcian: To the best o linar: On the basis of end manner ste	examination	ige, deeth end/or inv	occurred restigetion,	et the t in my	ime, dete en opinion, dee	d place, th occur	and due to the red et the time,	ceuse(s) end m date end plece,	anner as s and due to	itated. o the cau	se(s)
	To the Com	Σ	29b. Signature and title of cartifier						se number			29d. Dete signe	ed (Month,	Day, Yes	er)
			m. 20	enon				1	4048	20		June	20	199	6
			30. Neme end eddress of person who			е) (Туре,	Print)	58	10	300	AIR R	0	-		
			FERMINDO V		MD			134	ars	1	MD 2	1206			
	Sta	te	31. Data filed (Month, Day, Year)	whie Date Books	Nonday.										

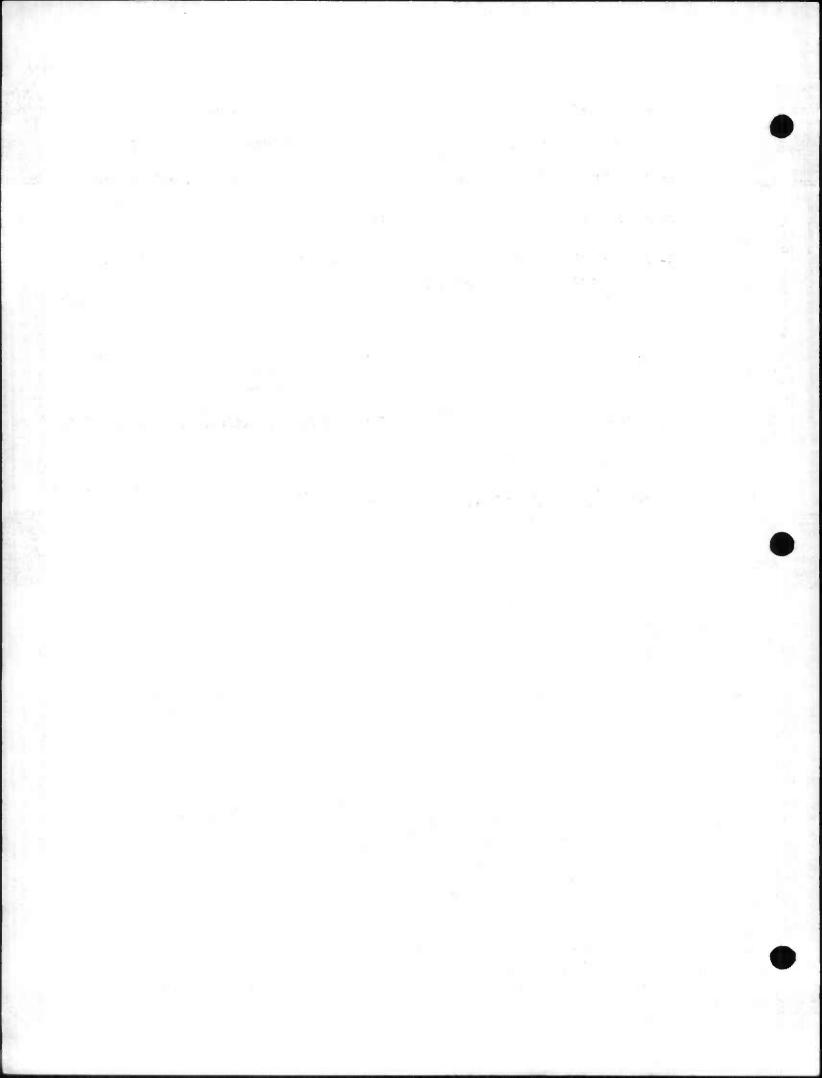


#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2 Data of Death 3 Time of Death Month **Physician** ARTHUR 2.40 Am MCGEE 1971 TUNE /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner The Good Samaritan Hospital Baltimore If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number If Undar 1 Yaar 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Country) **Funerai** 1 M 2 □ F Months Days Yrs. Director 214-26-3174 67 Dec. 15, 1928 unknown Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits ns 23a or 25a-f show must be notified at Maryland 1 Vas 2 No Director n/a Baltimore 10a. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? Items 23s 6403 Fernbank Avenue 21214 unknown Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 11. Marital Status Unknown filed within 72 hours after 1 Navar Marriad 2 Married 8 Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: by Specify: White 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) permit. Pages 1 and 2 should be flied w
Department of Health and Montal Hyglen.
Important: If them 27 is manked other that
any injury or other traumatic. unknown unknown unknown unknown 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be unknown unknown 19a. Informant's Name/Ralationship (Type, Pnint) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zlp Coda) James King/unknown 6303 Fernbank Avneue-Baltimore, Maryland 21214 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Ln. 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 Donation 5 DOthar (Specify) State rem. 21. Signatura of Funarai Sarvice Licen 22. Nama and Addrass of Facility Ronald S The State Anatomy Board-655 W. Baltimore Street nau Baltimore, Maryland 21201-1559 23a. Fart1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, hock, or heart failure. List only one cause on each line. Intarvel Batween Onset and Death **Physician** /Medical nediata Causa (Final HYPOTENSION DUE TO INTRA BBOUMINAL SEPSIS asalting In death) Examiner Dua to (or as a consequence of): that the death certificate be executed physician and Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaase or Injury thet initiated evants rasulting in daath) Last Dua to (or as a consequence of) Box 68760. Physician/Medical Dua to (or as e consequence of): 89 attending for use as P.O. 1 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown signed l Records, by The law requires been six Be Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings eveilable prior to complation of causa page 2 s 1 Yas 2 No 1 Yas 2 THO certificate Division of Vital f or Attending Physician: after death. director, 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) P 1 Yas 2 No this funeral 28c. Injury at Work? 27. Mannar of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascriba how injury occurred After 5 Panding invastigation 1 Matural 1 Yas 2 No 2 Accident Director: 6 Could not be 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 | Homicida To the Hospital within 24 hours a To the Funeral Completely filled Hospital Medical 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, end due to the causa(s) end manner as steted. 29a, Cartifiar 2 Madical Examiner: On the best of my moving, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certific 29c. Licensa numbar 29d. Data signed (Month, Dey, Year) MEDICAL DUCTOR 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) FRANCIS ATTIO GBE THE GOOD STRUKTUTAN HOSPITHL OF WHILLOWN I HE KWASHLE 31. Data filed (Month, Day, Year) 32 Registrar's Signature State JUN 27 1996 Registrar

**DHMH 16 Rev 6/95** 



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6876

	1 - STATE OF P	MARYLAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND I	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
H	WARREN Joseph	MCNAMARA		JUNE 25		6:35 P. M
	4. SOCIAL SECURITY NUMBER 5. SEX	ALOUETUS.	R 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF BIRTH	6 BIRT	HPLACE (State or Foreign hy)
	217 13 2382 1 1 M 2 F	/2 YAS.		March 22,		
Œ	Stella Maris Hospice	96. CIT	y, town or location of de Towson	EATH	9c. COUNTY OF	timore
18	RESIDENCE OF DECEDENT				Dai	
DIRECTOR	Md. Baltimore	10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 YES 22 NO
	100. STREET AND NUMBER		eisterstown		10c. CITIZEN OF	1 YES 2/L NO WHAT COUNTRY?
FUNERAL	704 Berrymans Lane		21136			USA
5	11. MARITAL STATUS 12. WAS DECEDEN	IT EVER IN U.S. ARMED 13  YES 2 NO	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica		or No- 14, RAC	E — American Indian,
BY F	1 Never Married 2 Married FORCES? 1 3 Wildowed 4 Divorced	VAR OR DATES	1 YES 2 NO Specify			White
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL (	OCCUPATION	18b. KIND OF BUS		WILLLE
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5	(Give kind of work done	during most of working			
MPL	12 Grade -	machinist		produ	ction	
	17. FATHER'S NAME (First, Middle, Last)  Daniel J. McNamara			ME (First, Middle, Maiden G. Politz	Sumame)	
BE	Darilet J. McNamara  19s. INFORMANT'S NAME (Type/Print)	405 4441 110 40000				
임	Mrs.Bertha McNamara (Wif	\	SS (Street and Number or Rural or Ymans Lane	Reistersto		1136
	20a, METHOD OF DISPOSITION	20b. PLACE AND DATE OF DISPO	SITION (Name of		CATION — City or 1	
	1 XBurtal 2 Cremation 3 Ramoval from Stata 4 Donetion 5 Other (Specify)	Garrison Fore	st Vet.Cem.	6/28/96	Owings M	ills, Md.
	21. SIGNATURE OF FONERAL SERVICE LICENSEE		. NAME AND AGORESS OF FA	1182		rstown Rd.
	THE TO ELL		line Funeral			, Md. 21136
	23. PART i. Enter the diseases, or complications the shock, or heart fellure. List only one ce	nt caused the death. Do not ante	r the mode of dying, auc	h as cardiac or respi	ratory srreat,	Approximats interval Batween
	IMMEDIATE CALICE (Clos)		n icco			Onset and Death
	readiting in death)	PHAGEAL CA	INCER			6 mos.
-		(on as a conscouence or).				
흔	if any, laading to immediate	(OR AS A CONSEQUENCE OF):				
S	cause. Enter UNDERLYING CAUSE (Disease or injury					
CERTIFICATION	that initiated events resulting in deeth) LAST	(OR AS A CONSEQUENCE OF):				
	d					
NA.	PART II. Other significant conditions contributing to	deeth but not resulting in the u	inderlying cause given in	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC				1 _ YES 2	X NO	OF DEATH?
2	DID TOBACCO USE CONTRIBUTE TO CA	AUSE OF DEATH YES T	NO UNCERTAI	וועו		1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEATH (Chec		· A- 1		
Sic	EXAMINER?  1 YES 2 NO HOSPITAL: 1 inpution: 2	☐ ER/Outpetient 3 ☐ DOA 4 ☐ No	R: ursing Home 5 - Residence	8X Other (Specify)	Hospice	
E	27. MANNER OF DEATH 28s. DATE Of (Month),	F INJURY 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
BY	1 Netural 5 Pending 2 Accident Investigation	М	1 YES 2 NO			
8	3 Suicide 8 Could not be 4 Homicide determined	OF INJURY — At home, farm, street, fa , stc. (Specify)	ctory, office	28f. LOCATION (Street I City or Town, State)	and Number or Rural	Route Number,
E	29a, CERTIFIER					
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the beale of the control of the c					(a) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU			D (Month, Day, Year)
) BE	Xendale Stau	Claus	D056	43	16/2	6/96
유	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAL					1
		O DULANEY VALLE	Y RD., TOWSO	N, MD 212	U4 	
+ 1	31. DATE FILEO (Morith, Day, Year)  32. REDISTR	AR'S SIGNATURE				

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are LegIble.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

					- Ce	runca	te or	Deam			Reg. No.		
Physici /Medic		1. Decedent's Nama (First, Midd SHARON	D.			MOOF	RE				23, Day 199		3. Tima of Death 2:50 PM
Examir		4a. Facility Nama (If not Institution THE JOHNS	on, give street and nu HOPKI		HOSPIT	AL		4b. City, To		ocation of Death E CITY		of Death	
Funeral Director		5. Social Security Number 215 – 78 – 4267	6. Sax 1□ M 2√xF	7. Age (In yrs 35	last birthday) Yrs.	If Unda Montha	r 1 Yaar Days		24 Hrs. Min.	8. Data of Birt	,1 <sup>9</sup> 60	9. Birth BAL	place (Stata or Foreig MORE, MI
28a-f ahow	tor	Usual Residence of Decedent  10a. State 10b. Count  MD	n/a	10c. C	ty, Town or Lo BAL	cation TIMOF	RE						10d. Inside City Limite
23a or 28a	il Direc	10e. Street and Number 2926 HARF OR	RD ROAD			10f. Zij	p Code	2123	18		10g. Citizen of UNITE	What Cou	antry? ATES
or Items	by Funeral Director	11. Marital Status  **Dever Married 2 Ma 3 Widowed 4 Divorce	rried 1 Tyes	2 <sup>™</sup> No ve		Was Dece if Yas, spe 1  Yas				ecify Yes or No- Rican, atc.)	14. Rad Bla Specif	ck, White	Ican Indian, , etc. _ACK
. 30	Completed	(Specify only high		1-4or 5+)	16a. Dece (Giva life.	dent's Usu kind of wo DO NOT L OMEMA	ork dona ise retire	during mos				own	home
snough by the many state of th	To Be	17. Father's Nama (First, Middle ROBERT N	MOORE SR.					18. Mothe	ILDR	e (First, Middle, ED Whi I	Maiden Sumar TE	ne)	
if Health and Mental Hygene. Item 27 is marked other than other traumatic event, me Me		19a. Informant's Name/Relation ROBERT	MOORE JR.		19b. Mellio 510		s <i>(Stree</i> ) TEAU			BLTO.,		, State, Zi 218	ip Code)
Department of Health and Important: If Item 27 is many Injury or other traum 200.8.		20a. Method of Disposition  XIX Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (	Specify)	State	Piace of Dispo cemetery, creat SHELL	MEM	ORIA	L GA	RDEN	Date 5 6-28	20c. Location DUND	- City or T ALK	
Depar Impor any In		21. Signature of Funeral Service	Licensee		22			ess of Facili		1101 e	. north	av	enue
/Medical xaminer	an/Medicai Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. Mey b. Ret c. d.		or es a consec En or es e consec or as a consec	quence of)	۶ ۲	rewno	onia				2 weeks 3 years
ed by the atter	Physician	Part II. Other significant condit	lons contributing to de	eath but not re	sulting in the u	nderlying	cause gi	ven in Part	I.	23b. Did 1	_/		to the cause of death
been sign should be	Completed by P									24a. Was	an autopsy	24b. V	Vere autopsy findinge valiable prior to ompletion of cause f death?
s certificate hes director, page 2	Be Co	25. Was case referred to medic	al					26. Place	e of Deat	h (Check only c	N	1	Yas 22 No
h. After this funeral di	Certification: To I	3 ☐ Suicide 8 ☐ Could	ing 28a. Dete (Mon itigation	of Injury th, Day Year)	28b. Time o	f M	28c. Inju Wo			oma 5 Rasio 28d. Describe I	how injury occu	rred	ral Route Number,
within 24 hours after death.  To the Funeral Director: completely filled in by the		4 Homicide deter	buildi	of Injury - At h	dy) owledge, deetl	n occurred	at the ti	me, date an	nd place,	City or Tox	vn, Stata) cause(s) and m	enner as	stated.
within 24 hours To the Funeral completely filled	Medical	(Check only 2 Medical	Examiner: On the band man	asis of examin- ner stated.	ation and/or in	vastigation	n, in my	opinion, des sa number	ath occur	red at the time,	date and place, 29d. Date signs	and due	to the cause(s)
7		Name and address of person  Richard  31. Date filed (Month, Day, Year	Jahns H	sa of death (Ita	m 23a) (Type, Hasp: Ka	Print)	001	N fro	ad h	lay Ba	ltimore	M	21224

_
Page
death.
ffer
Urs 8
2
77 U
WITH
executed
2
certificate
death
the
that
requires
3W
The
PHYSICIAN:
NG
END
ATTE
OR
PITAL

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	ITAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

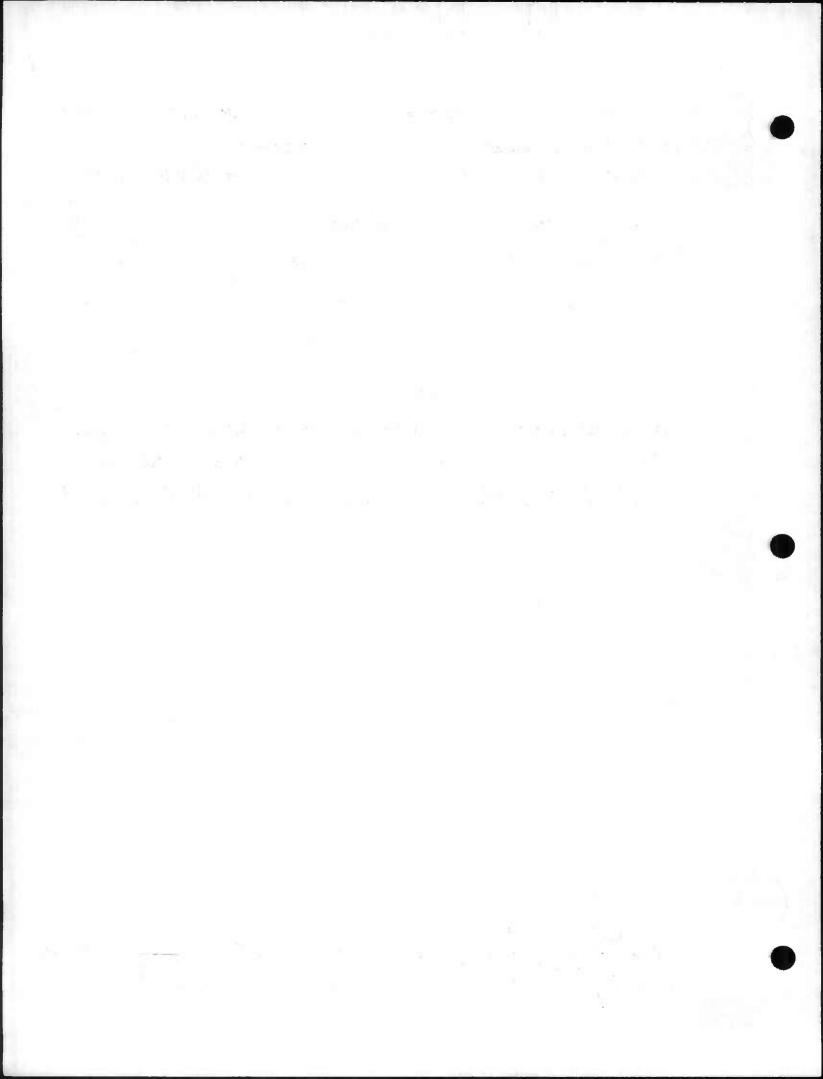
	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME				GIENE 3. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE			3. TIME OF DEATH					
	E11wood	Macl	clin			MONTH	73 /	YEAR 99/	1945P M					
		SEX 6. AGE (In yrs. less	t birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH /	S. BIRTHE	PLACE (State or Foreign					
	215-14-4133 If	©KM 2 □ F 72	YRS. MONT		HOURS MIN.		13,192	3 NTY OF DE	Baltimore					
DIRECTOR	Union Memorial				timore		90.000	n/a						
EG	10a. STATE 10b. COUNTY		10c. CITY, TOV	VN OR LOCAT	ION				10d. INSIDE CITY					
		imore	Tu		Stati	on			1 YES 2 KMO					
FUNERAL	311 Main St.			101	21222		10g. CITI		HAT COUNTRY? USA					
BY FUN	11. MARITAL STATUS	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 IF IF YES, GIVE WAR OR DATES		If yes, spi	ENDENT OF HISPAN Helfy Cuban, Mexice 2 10 Specify	n, Puarto Rican, a		14. RACE Black, Specify	- American Indian, , Whita, atc. y: Black					
	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted) (Gi	CEDENT'S USUA	one during mo		16b. KIND	OF BUSINESS/INC	OUSTRY	DIACK					
COMPLETED	The property of the second sec	ollege (1-4 or 5+)	Do NOT use retir Family		vices	Dept	. Soci	a1 S	Services					
BE CO	17. FATHER'S NAME (First, Middle, Last)  John	C. Macklin			18. MOTHER'S NA Matti	ME (First, Middle, 1 e Harr								
TO B	19a. INFORMANT'S NAME (Type/Print) Patricia Mackli				nd Number or Rural I			Code)	2					
	20e. METHOD OF DISPOSITION Purial 2 Cremation 3 Removal	from State 20b. PLACE of cemetery, cre	AND DATE OF DIS	ace)			TUC ON 1							
	4 Dopation 8 Other (Specify) Woodlawn Cemetery 6/28 Woodlawn, MD  21. Miniatura of Funeral Service Licensee James A. Morton & Sons Funeral Home													
	James C	Monton		1701	Lauren	s St.	Balto.	, M						
	IMMEDIATE CAUSE (Final disease or condition)  IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on each line	toted		da of dying, suc	h as cardiac o	r reapiratory an	reat,	Approximata Interval Between Oriset and Death  Type					
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL	PART II. Other significent conditions of	ontributing to deeth but not r	reculting in the	e underlyln	ceuea given in	3	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
ä	DID TOBACCO USE CONTRIB				UNCERTAII	N								
5		OSPITAL:	OT DEATH (C)	HER:										
IYS	t YES 2 AND t	☐ Inpatient 2 ☐ ER/Outpatient 3  28a. DATE OF INJURY	□ DOA	Nursing Hom 28c. INJ	e 5 Realdence									
ВУ Р	Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WO	ORY AT RK? /ES 2 NO	28d. DESCRIBE	HOW INJURY OC	CURED						
	2 Accident Investigation 3 Suicide 8 Could not be datarmined	28f. LOCATION City or Town	(Street and Number 1 State)	r or Rural R	loute Number,									
COMPLETED	onel	N: To the best of my knowledge, de							) and manner as stated.					
BE	296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER													
	20 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Caesar Shediac Wo Union Memorial Hospital PKWY 21218													
	JUN27 1996	32. REGISTRAD'S SIGNATURE	mp488											

G-737 7/2/96 t.t

### ITEN: 29d, PER DR. FILM Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 19137

					Cei	rtificate	of D	eath		Reg. No.		10101
18 July 19	Г	1. Decedent's Neme (First, Middle, I	Last)						2. Dete of D	eath		3. Time of Death
Physician		WILLY		NAFTA	MITEL				Month TITING 1	Day	Yeer	12.00-
/Medicai		Ia. Facility Neme (If not institution, g	nive street and n		MILEL		4h	City Town or	JUNE 2	24, 1996	ty of Death	12:00pm
Examiner							70.	. Only, rount, or	Coodion of Do		176047786776	
A	4.	6023 GREENSPRI		-		1 1/11 1 1 1		BALTIM			N/A	
unerai	5	·	Sex	7. Age (In yrs. I		If Under 1 Y Months D	ays	if Under 24 Hr Houra Mir	8. Date of E (Month, L	Birth Day, Year) 9,1908	9. Birtho	place (State or Fore
rector		215-30-1041	X M 2□ F	87	Yrs.				DEC.1	9,1908	GER	RMANY
		Jsual Residence of Decedent										
al', or items 23a or 28a-f show Examiner must be nutified at by Funeral Director		10e. Stete 10b. County		10c. City	, Town or Lo	cation					1	10d. inside City Lin
1 5		MD	N/A		BA	LTIMORE	E					TXXYas 2
be nuttried Director		I0e. Street and Number		- 1		10f. Zip Co	-			10g. Citizen of	What Cou	ntry?
2 0		COOO GREENIGER	70 310000					27.000				
678		6023 GREENSPRIM		UE: cedent Ever in U,	C 40 1	Mas Danadani		21209	Casalta Van as b		S.A.	oon Indian
§ 5	1	11. Marital Status	Armed	Forces?	3. 13.	It Yea, specify	Cuban,	Mexican, Pue	Specify Yes or North Rican, etc.)		eck, White,	
natural, or items 234 colors Landing L		1 Never Married 2 Married	If Yes, C			1□ Yes 2√	No	Specity:		Speci	y: WHI	TOP .
4 P		3 Vidowed 4 □ Divorced	Yeer or	Detes:		Δ.	Λ				AALIT	110
Completed		15. Decedent's (Specify only highest g	Education	-0	16e. Dece	dent's Usuel O	ccupeti	lon ring most of w	orkina	16b. Kind of E	3usiness/in	ndustry
) d		Elemantary/Secondary (0-12)		(1-4or 5+)	life.	DO NOT use n	retired)	ring most or w	Jikaig		4	
dmo		12	0011090	(1 40107)	GROC	ER				FOO	D	
0		17. Father's Neme (First, Middle, Las	st)				1	8. Mother's Ne	me (First, Midd	le, Malden Suma	me)	
To Be C		T TATION TO CATAI		NT:	A EVELA ATT	D.					TRITIO	10571
P		UNKNOWN	<b>T</b> 2 014	102	AFTANI		5831		ACTION AND ADDRESS.	/ Au / Ell	UNKI	
į	1	19e. intorment's Neme/Reletionship	(Type, Print)		19b. Malli	ng Address (5)	treet en	nd Number or F	łurai Houte Num	ber, City or Town	i, Stete, Zij	p Code)
į		MAX NAFTANIEL -	- SON			6 LONG		KE DR.	OWINGS	MILLS,	MD 2	21117
5	2	20a. Method of Disposition			lace of Dispo	sition (Neme of matory or other	of r plecel	)	Dete	20c. Location	- City or Tr	own, Stata
any injury or		1 ☑ Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec		n Stete		AVAS CI			6/25/96	RANDALL	STOWN	I. MD
를	-	21. Signature of Funerei Service Lic				2. Name and A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
any ir		11 11/1/	11/2	41	-	realing and re	1001000		SOL LEV	INSON &	BROS.	, INC.
		XCRETTOVI	· W	the	8	900 RE	ISTE			IKESVILL		
	T	23a. Part1. Enter the diseese, or co shock, or heart feilure. List on	mplications that	caused the deeth								Approximata Interval Between
ian	1	shoot, of floor foliars. Elst of		Oacon mile.								Onaet and Death
cai		immediate Cause (Finel	0.	() [	_A ./	40					İ	7
ner		diseese or condition resulting in death)	a. he	nac T	AILU	re						2 muso
			D	Due to (or	r as e consec	quence ot):						10
Ę			n Tr	OSTATI	P ('A	12001	R				1	10 yRS
Examiner		Sequentially list conditions,		Due to (or	as e consec	uence of):					1	
		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseasa or injury									1	
Medical		met initiated events	C	Due to (or	as a conseq	uence of):					1	
as tha burial-transit edicai Examir	<u> </u>	resulting in death) Lest		= = = (0.							į	
			d									
datached for u												
Physician	F	Pert II. Other significant conditions	contributing to	death but not resu	ulting in the u	nderlying caus	se given	in Pert i.	23b. DI	d tobacco use o	optfibute t	to the cause of dea
F									10	Yes 2 No	3 Pro	bably 4 Unkn
by									-			
										s an eutopay	24b. W	ere autopsy finding
Completed	-								per	formed?	00	empletion of cause
d E										/	or	deeth?
Com									10	Yes 2 No	1	☐ Yes 2 No
Be B	2	25. Wes casa raterred to medical examiner?						26. Place of De	eeth (Check only	one		
F 0		1 ☐ Yes 2 ☐ No	Hospitel: 1	Inpatient 2 1	ER/Outpatier	nt 3 DOA	Other	4 Nursing	Home 5 Re	sidence 6 □Ot	ther (Speci	(ty)
		7. Manner of Deeth	28a. Date	e ot tnjury onth, Dey Year)	28b. Time of	f 28c.	Injury e	et	28d. Describ	e how injury occu	irred	
를 를		1 ☐ Neturei 5 ☐ Panding 2 ☐ Accident investigeti		mur, Dey Year)	Injury	M		es 2 No				
2		3 ☐ Suicide 8 ☐ Could not	be 28e. Pled	ce of Injury - At ho	me term str	eet factory of	ffice		28f. Location	(Street end Num	ber or Rur	al Route Number,
Certification:		4 Homtcida	buil	ding, etc. (Specify	1)					own, Stete)		
								- CTT - C				
edical		(Uneck only 2   Medical Exa	Physician: To the aminer: On the	ne best of my know basis of examinat	vledge, daath ion and/or in	n occurred et ti vestigetion, in i	he time my opir	, dete end ptec nion, deeth occ	e, and due to the	e causa(s) and m s, dete end ptece	annar as s	stated. to the causa(s)
		one)	and pra	nner steted.			,					
2	2	29b. Signature and trie of dentifier	/ 111			29c. Li	icense i			29d. Date sign		11
		Delle 1	( V/	1 . 4 11	1	1	1	ファフ	FC	T.	- > 4	1th 100.
		THE		rea	6		20	X D OK	2 0	John July	-	1 1776
′	3	O. Name and address of period we	o completed car	use of death (Itam	g3a) (Type,	Print)	1	1 . 2	P -1 1	, A		1.11 111.
		Jerry Uni	MUST	10 20	JUNOS:	sroad	es s	HANG	Juite 1	t Uwin	195 M	ills Me
State	3	1. Date tiled (Month, Pay, Year)	32.	Register's Signet	turga	10					/	211
egistrar		JUN 27 1996	1	i wrugadon	-Manage							



#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19138

_						Ce	rtificat	e or	Death		Reg. No.		
	Dhuais		Decedant's Neme (First, Middle	a, Last)	5					2. Data of Month	Death Day	Year	3. Time of Deat
	Physic /Medi		DOUGLAS CAR	L NELSO	N					JUNE		96	10:05
	Exami		4a. Fecility Nama (If not institution						b. City, To	wn, or Location of D		nty of Death	
			SAINT JOSEPH	MEDICAL	L CENTE	:R		ŋ	OWSO	N, MARYL	AND BZ	LTIM	OPE
	Funeral	П	5. Social Security Number	6. Sax	7. Aga (In yrs. I		If Undar	1 Year	If Under 2	24 Hrs. 8. Data of	Birth Day, Year)		placa (Stata or Fore
e.	Director		215-12-8613	1 <del>2</del> M 2□ F	80	Yrs.	Months	Days	Hours	Min. (Month) Dec. 2	.1915	N. Ca	rolina
	D		Usuai Rasidance of Decedent										
	how		10a. State 10b. County		10c. City	, Town or Lo							10d. insida City Lim
	Me S	tor	Maryland Balti	more			P	erry	Hall				1 ☐ Yes 2🛣
	h th	Director	10e. Street and Number				10f. Zip	Code			10g. Citizan o	of What Cou	intry?
	h wil	ie Ci	9903 Marilynn	Road				21	128		U	S.A.	
	within 72 hours after death with the Meryland ene. than "natural", or items 23s or 23s-1 show he Wedlesi Examiner must be incorred at	Funeral	11. Maritel Status	12. Wes Dec	cedant Evar in U,	S. 13.	Was Deced	ant of H	ispanic Orig	gin? (Specify Yes or Puarto Rican, etc.)	No- 14. P		ican Indisn,
0	or he	F	1 ☐ Navar Married 2 🖔 Marr	ed 1 X Yes	2 □ No					, Puano Hican, etc.		iack, White	, etc.
Maryland 21215-0020	al', c	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, G Yaar or I	iva Datas: WW II		1 ☐ Yes :	2 LXI NO	Specify:		Spec	oify: Wh	ite
0-10	72 hours natural,	Completed	15. Decedant	's Education		16a. Dece	dant's Usua	al Occup	ation	ad dela	16b. Kind of	Businass/Ir	ndustry
21	I within 72 ho iene. ' than "natur The Wedical	pie	(Spacify only highes Elementery/Secondary (0-12)	T	(1-4or 5+)	lifa.	DO NOT us	sa retired	during most	or working			9
21	TT 100 to 100	TO:	5		(, , , , , , ,	Bre	wery 1	Work	er		Brew	ery	
b	0 = 0 5	Be C	17. Fether's Neme (First, Middla,	Last)					18. Mothe	r's Nama (First, Mic	dle, Meiden Sum	ame)	
a		To B	Frank A.	Nelson					Eva	Ray			
2	S D E E		19a. Informant's Name/Ralations	nip (Type, Print)		19b. Maili	ng Addrass	(Street	an <i>d Numbe</i>	r or Rural Routa Nu	mber, City or Tox	vn, Stata, Zi	ip Code)
	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Wanda P. Nelson	wife	)					, Perry H		2112	
Baltimore,	- I I I		20a. Method of Disposition		20b. Pl	aca of Dispo	sition (Nan	na of		Dete	20c. Locatio	n - City or T	own, Steta
9			1 N Burial 2 ☐ Cremation		Steta	matary, cre	-		•	6/25/0			Maryland
	artmen ortant: Injury		4 □ Donetion 5 □ Other (Sp. 21, Signature of Funarel Service I		Par	kwood					o baltin	iore,	Maryland
Ba	pemil. Page Department ( Important: If any injury or once.	1	21, Signature of Funarer Sarvice :	Licansee					ss of Facility Fune	ral Homes	. Inc.		
			while							., Baltim		2123	16
			23a. Pert1. Enter the disease, or shock, or heart failure. List	complications that	caused tha death each line.	. Do not an	tar the mod	e of dyln	g, such as	cardlec or respirator	y arrest,		Approximate Interval Between
	Physician											1	Onsat and Deeth
	/Medical		Immadieta Causa (Final disaasa or condition	CONC	GESTIVE	UEAT	्रा पाट	TTT	DE			E.	EW MONTI
	Examiner		rasulting in death)	aCON		as a consec		XIIIC	IXE				EW HONTI
-	7 -	ner											
n	icate be accuted physician and s the burial-transit	Examiner	Sequentially list conditions.	Ь	Dua to (or	as e consec	quence of):						
o'	rie I		Sequentially list conditions, if any, leading to Immadiate causa. Entar UndarlyIng									1	
76	ysici	<b>Medical</b>	that initiated evants	c. ———	Dua to (or	as e consec	uance of):						
687	certificate iding phys ise as the	8	rasulting In death) Last										
0				d									
m	at the death by the etter stached for a	Physicial	Part II. Other significant conditio	ne contributing to d	looth but not recu	tina la tha u	ndarhilna a	auga ah	on in Dort I	22h I	ld tohnoon wan	ontelbute (	to the cause of dea
0	the sy the	hys	art ii. Outor argititioant conomo	ne contributing to c	Joann Dul Hol I asu	ning in tha u	indanying c	ausa yir	an air ait i.				
٩	signed I	by P									Yee 2 No	) JUPIC	obably 42 Unkn
ds,	requires thet been signed b should be deta									24a. V	as an eutopsy	24b. W	Vara autopsy finding
8	v require been si should	ete		··-						р	erformed?	ar Cr	vallabla prior to ompletion of cause
3e	S S CA	Completed										Of	f death?
<u></u>	cate he	ပိ								1	☐ Yes 21 No	1	☐ Yas 21 No
of Vital Record	Physician: The this certificate ral director, page	Be	25. Was casa raferrad to medical axaminar?	Marchall						of Death (Check or	ly ona)		
5	Physic this c	ဦ	1 ☐ Yas 2 No	Hospital:	inpatient 2 E	R/Outpatier		_	4 LI Nui	rsing Home 5 P	esidance 8 🗆 C	ther (Spec	ity)
		ertification:	27. Mannar of Death 1 Watural 5 □ Panding	28a. Data (Mor	of injury oth, Day Year)	28b. Time of Injury	1 2	8c. injun Wor	/ at k?	28d. Descri	be how injury occ	urred	
Division	Attending or death. octor: After by the fune	ati	2 Accident invastig	733.5			M	10	Yas 2□h	No			
Ξ	i or Attend efter death Director: / d in by the f	THE STATE OF	3 ☐ Sulcida 6 ☐ Could n 4 ☐ Homicide datarmi	ned 286. Pieci	e of Injury - At hor ling, atc. (Specify,	ma, ferm, str	aat, factory	, offica			n (Street end Nu Town, Steta)	mber or Rui	ral Route Number,
	To the Hospital or Attend within 24 hours efter death To the Funeral Director: completely filled in by the	Cer											
	Hospital 24 hours Funeral ( etely filled	Ca	29a. Certifiar 1 Certifying	Physician: To the	a best of my know	dedga, deatt	occurred	at the tin	e, dete end	plece, and due to	he ceusa(s) and	mannar as	stated.
	he H he Fi plete	edical	one)	and man	nnar stated.	on and/or in	vastigation,	in my o	oinion, daet	h occurrad at tha tir	na, data and plac	a, and dua	to tha causa(s)
	within 2 To the comple	Σ	29b. Signetura and titla of curtillar	1.10	1/		290	. Licens	e number		29d. Data sig	ned (Month,	, Day, Year)
				h my	CC.	Ka D	2	D :	39297	1	61	22/9	36
	IX	1	30. Name and eddrass of parson v	vho complated care	se of death (Item	23a) (Type	Print)				9/	/	ч
,	12,		MICHAEL K. RO					_ m	OWSO	N . MARYT.	ND 21	204	
	Sta	te	31. Data filed (Month, Day, Year)		Registrar's Signate			, .	3,150				
	Jia	ar	JUN 27 1996	Thus	Vand Bruk	.00							

DHMH 16 Rev 6/95

마이 이 이번 첫 동안 다 나를 다시되었다. 나는 사람이 다는 그들도 모든 사람들이 되었다.

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

							Ce	rtificate	of	Death	)		Reg. No.		
		П	1. Decedant's Nema (First, Mid	dla, Last)								2. Data of D		Vana	3. Time of Death
	Physic /Medi		DOROTHEA	ANN		PELUS	50					JUNE	26,	1996	1:45 P
	Exami		4e. Fecility Nama (If not institution GREATER BAL				CENT	ER		4b. City, To		ocation of Dea		nty of Death	
	Funeral Director		5. Social Security Number 2\2-26-8723 Usual Rasidance of Dacedant	6. Sex	25 F	7. Age (In yrs. I	ast birthday) Yrs.		Yaer Days	If Under Hours	24 Hrs. Min.	6. Date of B (Month, D	lav. Year)	9. Birth	placa (State or Foraign intry) RRYLAND
	how		10a. Stata 10b. Coun	ty .			, Town or L								10d. Insida City Limits
	h the Marylan r 28a-f ahow	Director		timo	9	F	HOEN		S. U.				40. 00	4115 4.0	1 □ Yas 2 No
	ath with 1 23a or 3	rai Dir	7 WINDEMER		KWY				112					ACL	
020	72 hours effer death with the Maryland natural; or Rema 23a or 28a-f ahow dical Examiner must be notified at	by Funeral	11. Maritai Status 1 □ Never Married 2 ☑ Ma 3 □ Widowed 4 □ Divorca	rried	. Wes Dace Armed For 1  Yas If Yes, Giv Yeer or Do	2 No		Was Deceda If Yes, speci 1 ☐ Yas 2	ly Cub	lispanic Ori en, Maxicai Specify:	n, Puarto	ecify Yes or N Rican, atc.)			
15-0	n 72 hours "natural",	leted	15. Decede (Specify only high	ent's Educa est grade d	tion completed)		16a. Dece (Giva	dant's Usual kind of work DO NOT use	Occup	etion during mos	st of work	ing	16b. Kind of	Businass/I	ndustry
21215-0020	filed within Hygiene. ther then "	Be Completed	Elemantary/Secondary (0-12)		Collega (1	-4or 5+)		ALES	1000	υ,			Cloth	ing R	etail
Maryland	S S S	Be	17. Fathar's Nama (First, Middle			50						a (First, Middle Nes	a, Maidan Sum	ame)	
aryli	2 should bendend Menters is marked sumatic evanuations	То	19a. Informant's Name/Ralation		RKS;	JK.	19b. Maili	ng Address	Street				ber, City or Tox	vn, Stete, Z	ip Code)
Z,	27 th			Pelus	0/5			MDEM		E PK	WY		MIX. Ma		
Baltimore,	age ento t: # 1		20a. Mathod of Disposition  1		novai from S	Stata	matary, cra	osition (Nam matory or oth	er ple	. 0		Data 10NE 29	TIMON		
Balt	permit. Page Department of Important: If any Injury or once.		21. Signatura of Funarei Servic	e Licensee		٨	E	0	CM	APEL	65 N	Nemor	162		
	_		23a. Part 1. Entar the disaasa, shock, or heart failura. Li	or compilea	tions that ca	aused the deeth		8800 tar tha moda				or respiratory		19. 5	Approximata
	Physician /Medicai Examiner		Immediata Causa (Final disease or condition rasulting in death)	a.		OTENSI								1	Interval Batween Onsat and Death
	be sit	niner		b	CAR	DIAC A									
oʻ	ate be executed hysician and the buriel-transit	Examiner	Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disease or Injury				as a conse								
68760,	0 11 10	Medicai	Cause (Disease or Injury that initiated avants resulting In death) Last	C	MET	Due to (or	as e consec		MA						
Box	0 2 4			d											
.O.	the deeth by the etter eched for u	Physician	Part II. Other significant condit	ions contri	buting to de	eath but not resu	Iting in the u	indarlyling ca	usa gh	an in Part	1.				to the cause of death?
0	s thet t	by Ph	PERIPHERAL	NEURO	OPATH	IY, GAS	STRIT	IS				1[	Yes 2□N	o 3□Pro	obebly 4 dunknow
Records,	a law requires that the de has been signed by the o	Completed	CHEMOTHERAP	Y REI	LATEL	LEUKO	PENI	A				24a. We per	s en autopsy formed?	a	Vera eutopsy findings vallabla prior to omplation of cause f death?
A IE	E ag											1	Yes 2 No	1	□Yas 2☑No
Vital	Physician: The this certificata rat director, pag	Be C	25. Was casa rafarrad to medic axaminar?		spital:/,			-5	Ott	or.		h (Check only			
0	ter th	tion: To	1 ☐ Yas 2 ☑ No  27. Manner of Death 1 ☑ Natural 5 ☐ Pand 2 ☐ Accident Invas		1 12 11		ER/Outpatie 28b. Tima o Injury		c. Injui Woi	4 🗆 1			sidance 6 🗆 0 s how injury occ		fy)
Division	P # 5 E	Certification:	3 ☐ Suicida 6 ☐ Couid	d not be mined	28e. Place buildir	of Injury - At hong, atc. (Specify	ma, farm, st	reet, factory,	office				(Street and Nu own, Stata)	m <i>ber or R</i> u	ral Routa Number,
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical C	29a. Certifiar (Check only one)  1 Certify 2 Madica	ing Physic I Examine	lan: To tha r: On the ba end mann	best of my know asls of axaminati aer stated.	vledga, daat on and/or in	h occurrad a vastigation, i	tha tii	ma, data an opinion, daa	nd piace, ath occur	and dua to th red at tha time	a causa(s) and a, data and plac	mannar as e, and dua	statad. to the causa(s)
	within 7 To the comple	Me	29b. Signature end title of certif	er n	100			29c.	Licens	se number			29d. Dete sig	ned (Month	, Dey, Year)
	15		P 4M.(	w	uno		00-1/7		14	754			JUNE	27,	1996
1	6		30. Nama and address of perso MAHMOOD ALI						RI	VE T	OWS	ON MAR	RYLAND	2120	) 4
-															

Registrar

JUN 27 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Film G736 item 10e per FH 6-27-96 rja Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** 2:00 pm 1996 MILDRED PRIEBER JUNE  $\Gamma$ /Medical 4a. Facility Neme (If not institution, give street end number) 4c. County of Death 4b. City, Town, or Location of Deeth **Examiner** MARIS BALTIMORE STELLA HOSPICE IOWSON If Under 1 Yaer 5. Sociel Security Number If Under 24 Hrs. 6. Sex 7. Aga (In yrs. lest birthday) Birthplaca (State or Foraign Country) 8. Dete of Birth (Month, Dev. Year) Funeral 1□ M 258 F Months Days Hours Min 86 Yrs. 211-05-1084 Director APRIL II, 1910 MARYLAND Usual Residence of Deceder with the Maryland 10e. Stete 10b. County 10c. City, Town or Location d other than "natural", or items 23a or 28a-1 show event, the Medical Examiner must be notified at 10d. Inside City Limits PARKVILLE 1 ☐ Yes 2 No Director MD. BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3 Carriage Lamp Ct. 3 CARR 21234 U.S. A. AMP C+ Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Dacedent of Hispenic Origin? (Specify Yas or No-It Yes, specify Cuben, Maxican, Puarto Ricen, etc.) 14. Reca - American Indien, 11. Marital Status Bleck, White, etc. hours after 1 ☐ Yes 2 No It Yes, Give 1 Navar Married 2 ☐ Married 6 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: It Yes, Give . Yeer or Detes: by 3 Widowed 4 □ Divorced WHITE 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry filed within 72 al Hyglene. Elementery/Secondery (0-12) College (1-4or 5+) CHY SERVICE 17. Father's Name (First, Middle, Last) TELEPHONE **OPERATOR** 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be nent of Health and Mental int: If item 27 is marked or ALVEN R. DENT SARAH JANE SHANKLIN 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Pnint) permit. Pages 1 and 2: Department of Health at Important: If Item 27 ie any injury or other trau PRIEBER KODGER 3 CARRIAGE LAMP CH MARKVILLE 21234 20b. Place of Disposition (Name of cametery, cremetory or other pleca) 20e. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel trom State -19 PARKVILLE 4 ☐ Donetion 5 ☐ Other (Specify) MORELAND MEMORIAL PARK 21. Signature of Funerel Service License 22. Name and Address of Fecility MEMORIES 8800 RD HARFORD PARKVILLE 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arresshock, or heart tellure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Physiclan /Medical Immediata Cause (Finel diseasa or condition resulting In death) Examiner Examiner the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest **bue** Due to (or as a consequence ot) P.O. Box 68760, ettending physician certificate be Physician/Medical Due to (or es a consequença ot) use as signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown Records. P 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24a. Was en eutopsy performed? peed 1 Yas 1 Yes 2 No Division of Vital Be 25. Wes case referred to medical exeminer? 28. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Residance 6 Nothar (Specify) Hospice 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this illed in by the funeral 27. Manner of Death 1 Naturel 28c. Injury et Work? 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: Attending 5 Panding investigation death. 1 ☐ Yes 2 ☐ No 2 Accident To the Hospital or Attend within 24 hours efter death To the Funeral Director: 6 Could not be 3 Sulcide 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, tarm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the ceuse(s) and manner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at tha time, date end place, and due to the cause(s) end menner stated. 29a. Certifier Medical completely (Check only one) 29b. Signature end title of certifiar 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

2300 DULANEY VALLEY RD. TOWSON, MD 21204

Registrar

State

KENDALL FAULKNER

JUN27

32. Registrar's Signeture

Julia Davidson

Randell

DR KENDALL
31. Dete filed (Month, Day, Year)

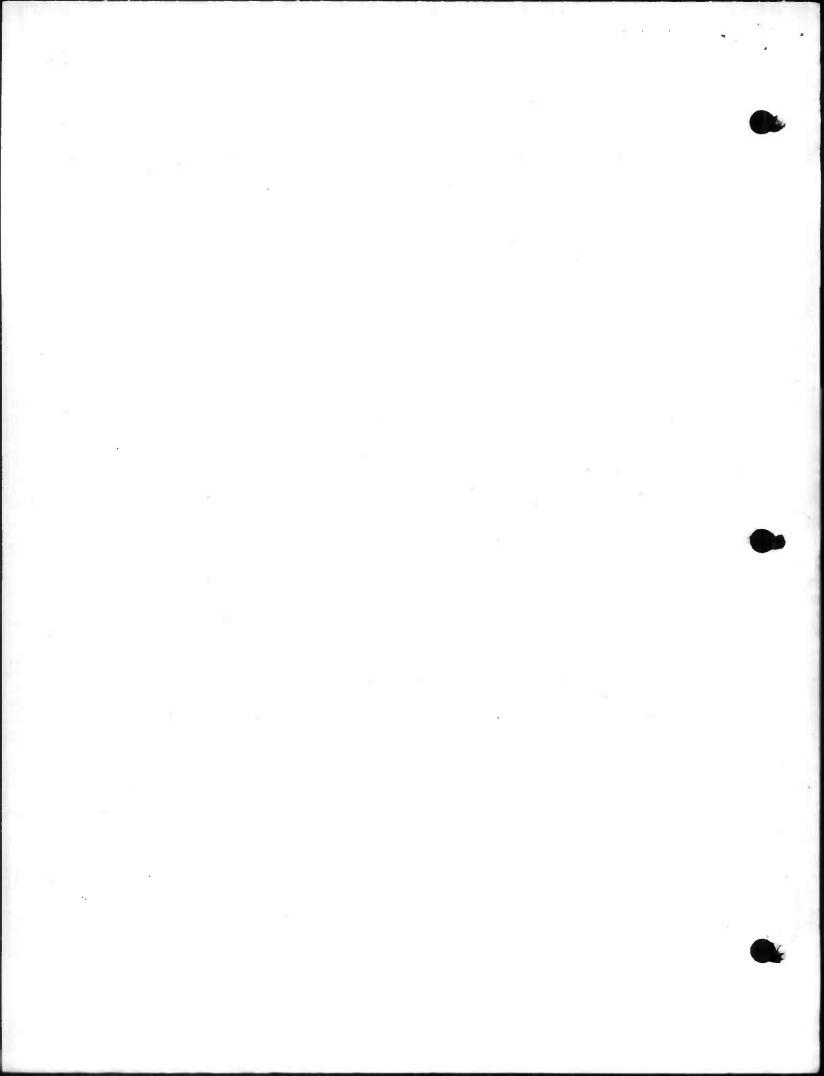
P()): 1 1,150 

na Hitaria ana misa ya iliya kayi ya kati y

0,

	be deta		,
	his certificate has been signed by the attending physician and completely filled in by me furnal director, page 5 should be deta		
	6.5		1
	pag		4
	di notor.		
	funeral		
	ä	Ú	1
	3	Ĕ	
	=	1	1
١	Filled	n, 0	
,	4	latic	44
	ig Se	ren	-
	шо	J. C	
	P	uria	41.
	an	9	ľ
	ysiciar	I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	
	d	ene	-
	ding	Hygi	-
	atte	uta	
	the	Me	
	Š	and	•
	Be	<b>£</b>	ľ
	Sig	Hea	Ś
	eeu	0	
	as t	Dept	0
	te l	ate	ı
	fica	S	:
	Dert	#	ļ
	his (	With	
	doug	-	

	Page NIII . C. 27, 05			96 19141
	Film G637 item 27 Per NH 6-27-96 rja 27 STATE 26 STATE OF MARYLAND / DEF	PARTMENT OF HEALTH AN	MENTAL HYGIENE	
	1. DECEDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH	3. TIME OF DEATH
	WILLIAM H. PRIC	E	JULE 13	1996 525 P W
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birth $212-05-2609~A$ 1 $\boxtimes$ M 2 $\square$ F 79 YF	MONTHS DAVE HOUSE ME	0.4	BIRTHPLACE (State or Foreign Country)     Maryland
œ	Sa. FACILITY NAME (If not institution, give street and number)  Frederick Villa Nursing Home	96. CITY, TOWN OR LOCATION OF CATONSVI	DEATH	9c. COUNTY OF DEATH Baltimore
[유	RESIDENCE OF DECEDENT			DUTCHNOTC
DIRECTOR	Maryland Baltimore 10c.	. CITY, TOWN OR LOCATION Baltimore		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
FUNERAL	8311 Windsor Mill Road	101. ZIP CODE	21244	10g. CITIZEN OF WHAT COUNTRY?  U.S.A.
1 2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECEMBENT OF HIS	PANIC ORIGIN? (Specify Yes o	
BY FL	1 Never Married 2 Married  1 Never Married 2 Married  3 Wildowed 4 Divorced  FORCES? 1 YES 2 NO  IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Ma 1 ☐ YES 2 🔀 NO Sp	rican, Puerto Rican, etc.)	Black, White, etc. Specify: White
0		NT'S USUAL OCCUPATION	16b. KIND OF BUSIN	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) #fe. Do N	d of work done during most of working OT use retired.) Ce Station Opera	cor Gas St	ation
O	17. FATHER'S NAME (First, Middle, Last)		NAME (First, Middle, Meiden St	
BE C	Harry Price  19a. INFORMANT'S NAME (Type/Print)  19b. MAI	Myrtle	Hillery	
임		LING ADDRESS (Street and Number of Pa 1 Windsor Mill Re		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from Stata 4 Donation 6 Other (Specify)	ATEOF DISPOSITION (Name of or other place) June 17 e Park Cemetery	1996 Wood]	ATION — City or Town, State Lawn, Maryland
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE	22. NAME AND ADDRESS OF	FACILITY	
	VVIII INTE		ral Homes, Inc	
$\vdash$	23. PART I. Enter the diseases, or complications that caused the death.	Do not enter the mode of dying	son Avenue Ca	atonsville, Maryland
	23. PART I. Enter the deceses, or complications that caused the death. shock, or heart fellure. List only doe cause on each line.	so not onto the mode of dying,	acti as cordioc or respira	Interval Between Onset and Daeth
	disease or condition resulting in death) s. PULMONAR		(MASSI	UE) 30 SECONA
z	DUE TO (OR AS A CONSEQUENCE Sequentially list conditions,	CE OF):		
RTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	CE OF):		45
RTIFE	CAUSE (Disease or Injury that initieted evente resulting in death) LAST	CE OF):		
빙	0			
MEDICAL	PART II. Other significent conditions contributing to deeth but not result  (1) SENILE DEMENTIA OF		00000000	ED? AVAILABLE PRIOR TO
l ä	2 KYPHO SCOLIOSIS	THE TLANEIME	1 TYES 2	NO COMPLETION OF CAUSE OF DEATH?
		0.5.05.45.4	10.00	1 YES 2 NO
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE (25. WAS CASE REFERRED TO MEDICAL	OF DEATH YES  26. PLACE OF DEATH	10 X	
딩	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpetiant 2 ER/Outpatiant 3 DO	OTHER:		
PHYSICIAN:	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year)	OA AXX Nursing Home 5 Resident Time OF 28c. INJURY AT WORK?	28d. OEŞCRIBE HOW INJ	JURY OCCURED
B√	2 Accident Investigation  Suicide 2 Accident 2 Accident 26a, PLACE OF INJURY — At home, is	M 1 YES 2 NO	281. LOCATION (Street and	d Number or Rural Route Number,
ETED	4 Homicide determined building, atc. (Specify)		City or Town, State)	
COMPLET	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axemination end/or investi			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE	NUMBER	29d. DATE SIGNED (Month, Day, Year)
TO B	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	MO D d	2114 F RIPS:	Jun 13, 1996
	5411 GLD FREDERICK	RD. 5.18	BALTIMOR	E mb 21229
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  11 11 9 7 1996	we.		
				DHMH-16 Rev 1/89



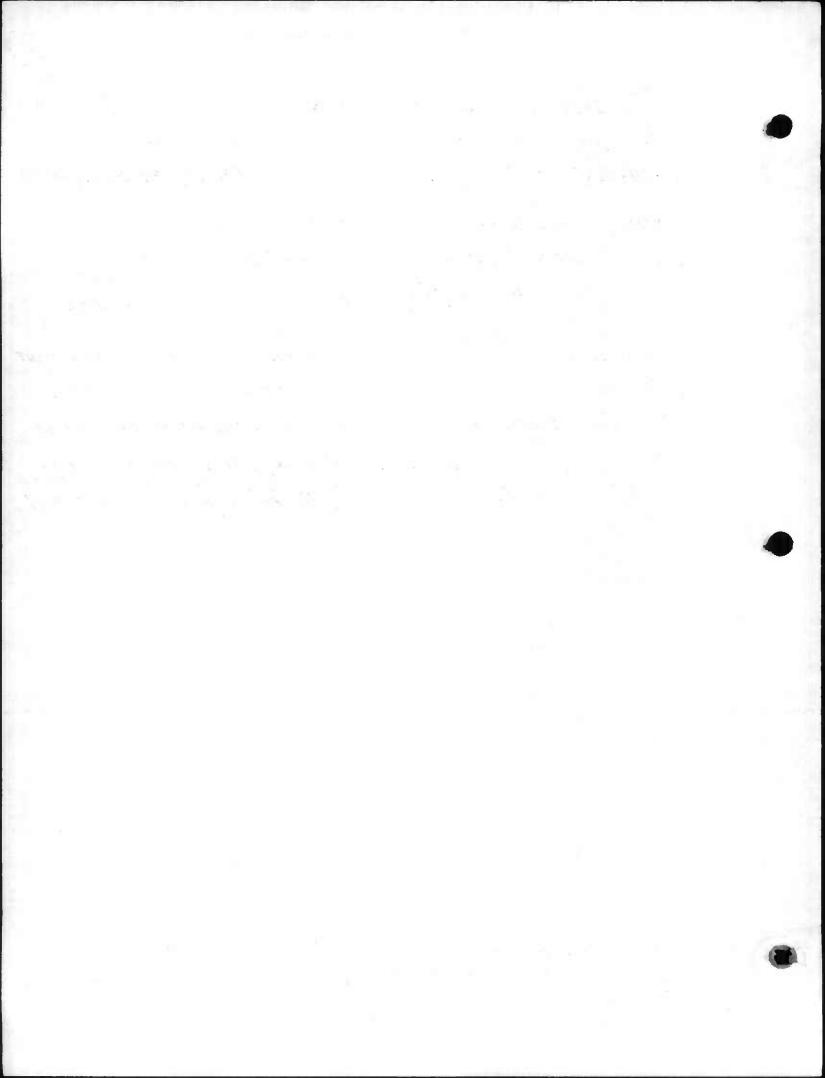
#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				Cei	tificate of	Dealli	R	leg. No.		
Discorde	ł	1. Decedent's Name (First, Middle,					2. Date of Dea Month	th Day	3. T	ime of Death
Physic /Med		DON	ALD L	· PATT	ERSOI		JUNE		996 7.	55 AN
Exami		4a. Facility Name (If not institution, g	give street and number)			4b. City, Town, or		4c. County		
		GOOD SAMA.	RITAN 1	tOSPITAL			MORE		LIMOK	25
Funeral Director		211-09-4610	Sex 7. Age 12 M 2□F	(In yrs. last birthday) 57 Yrs.	If Under 1 Year Months Days	If Under 24 Hrs Hours Min.		Year) 39	9. Birthplace (S Country) MARI	State or Foreign
ž		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or Lo	cation			•	10d ins	side City Limits
tural, or items 23a or 28a-f ahow al Examiner must be notified at	Director	and the state of t	LTIMORE		BAL	TIMOR			14	Yes 2 No
0 8		10e. Styleet and Number	n Aug.		10f. Zip Code	4140		Log. Citizen of V		
r Reme 23a or Arser must be r	Funeral		-R AVEN			2123		45		1
Fe T	nu	11. Marital Status 1 ☐ Never Married 2 ☒ Married	12. Was Decedent E Armed Forces?	13. V	f Yes, specify Cub	lispanic Origin? (5 an, Mexican, Puer	to Rican, etc.)	Blac	e - American Ind ck, White, etc.	iian,
ral', or	þ	3 ☐ Widowed 4 ☐ Divorced	1 X Yes 2 □ N if Yes, Give Year or Dates:	11 0 1 1	I□Yes 201No	Specify:		Specify	BLAC	K
natu	Completed	15. Decedent's (Specify only highest to	Education grade completed)	(Give	lent's Usual Occup kind of work done	during most of wo	rking	16b. Kind of Bu	usiness/Industry	
P P P	mp	Elementary/Secondary (0-12)	College (1-4or 5-	+)	OO NOT use retire	-/		r		
other t		17. Fether's Name (First, Middle, La	mei		SUPERV				-L GOVE	RNMENT
Do	Be			ATTERS		4.4	me (First, Middle, i	welden Sumem	0	- 0
7 is marke traumatic	2	JOHN				MATTI			PARK	
ren		19a. Informant'a Name/Reletionship		/	-	and Number or R				
item 2		OZORA  20a. Method of Disposition	PATTERSOI	20b. Place of Dispo	sition (Name of	ER AVE	BALTI	MORE,	MO. 21	239
2 6		1/ Burial 2 ☐ Cremation 3		cemerery, cren	natory or other pie	CB)				
tant		4 □ Donation 5 □ Other (Spec		DRUID R	IDGE CE	METERY !	6-29-96	BALTI	MORE	MD.
Departmer Important any Injury once.		21. Signature of Funeral Service Llo	ensee	22	Name and Addre	ss of Facility	WNJK	. FUNE	ERAL H	OME, P.F
			DIP	2	140 N.	FULTON	AVE. BA	LTIHORE	MD. 2	1217
		23a. Part1. Enter the disease, or co	emplications that caused by one cause on each lin	2	140 N.	FULTON	AVE., BA	LTIHORE	ADD. 2	2/3//
		23a. Part1. Enter the disease, or co shock, or heart failure. List on	omplications that caused ly one cause on each lin	2	140 N.	FULTON	AVE., BA	LTIHORE	Appro- Interv	1211
/sician ledical		Immediate Cause (Final disease or condition		the death. Do not ente	140 N, er the mode of dyli	FULTON ng, such as cardia	AVE., BA c or respiratory arr	LTIHORE	Appro- Interv Onse	oximate val Between of and Death
sician edical iminer	er		a. HET	2	er the mode of dying of the mode of the mo	FULTON ng, such as cardia	AVE., BA c or respiratory arr	LTIHORE	Appro- Interv Onse	oximate val Between
rsician ledical aminer	xaminer	Immediate Cause (Final disease or condition resulting in death)	a. HET	the death. Do not entre.	er the mode of dyling of the mode of the m	FULTON ng, such as cardia	AVE., BA c or respiratory arr	LTIHORE	Appro- Interv Onse	oximate val Between of and Death
rsician ledical aminer	i Examiner	Immediate Cause (Final disease or condition resulting in death)	a. HET	the death. Do not entrie.  PATIC EI  Due to (or as a conseq	er the mode of dyling of the mode of the m	FULTON ng, such as cardia	AVE., BA c or respiratory arr	LTIHORE	Appro- Interv Onse	oximate val Between of and Death
/sician ledical aminer		Immediate Cause (Final disease or condition	a. HE7	the death. Do not entrie.  PATIC EI  Due to (or as a conseq	er the mode of dyling of the mode of dyling of the mode of the mod	FULTON ng, such as cardia	AVE., BA c or respiratory arr	LTIHORE	Appro- Interv Onse	oximate val Between of and Death
physician end since transit aminer street burief-transit aminer	dicai	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	a. HE7	the death. Do not entrie.  PATIC EI  Due to (or as a consequence to (or a) consequence to (or a) conse	er the mode of dyling of the mode of dyling of the mode of the mod	FULTON ng, such as cardia	AVE., BA c or respiratory arr	LTIHORE	Appro- Interv Onse	oximate val Between of and Death
physician end ledical street is the buriel-transit	dicai	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. HE7	the death. Do not entrie.  PATIC EI  Due to (or as a consequence to (or a))).	er the mode of dyling of the mode of dyling of the mode of dyling of the mode	FULTON ng, such as cardia	AVE., BA	z TIHORE	Apprinten Onse	oximate val Between t and Death
by the attending physician end in position is a consistent of the puriet transit in a consistent of the puriet transit in a consistent of the puriet in a consistent of the consistent of the puriet in a consistent of the consistent of	dicai	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. HET	the death. Do not entrie.  PATIC EI  Due to (or as a consequence to (or a))).	er the mode of dyling of the mode of dyling cause ghost and of the mode of dyling cause ghost and of the mode of dyling of the mode of the	FULTON ng, such as cardia A LO PA7	AVE., BA c or respiratory arr	obacco usa con	Approvintence of the control of the	oximate rail Between rail Betwe
by the attending physician end tached for use as the burlet-transit and tached	dicai	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. HE7	the death. Do not entrie.  PATIC EI  Due to (or as a consequence to (or a))).	er the mode of dyling of the mode of dyling cause ghost and of the mode of dyling cause ghost and of the mode of dyling of the mode of the	FULTON ng, such as cardia A LO PA7	AVE., BA c or respiratory arr	z TIHORE	Apprinten Onse	oximate rail Between rail Betwe
signed by the attending physician end incidence of cruse as the buriet-transit incidence or use as the buriet incidence or	by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions	a. HET	the death. Do not entrie.  PATIC EI  Due to (or as a consequence to (or a))).	er the mode of dyling of the mode of dyling cause ghad allowed the mode of the	FULTON ng, such as cardia A LO PA7	AVE., BA c or respiratory arr	obacco usa colves 200 No	Apprinter onse	ause of death?
hes been signed by the attending physician end in p. S. 99 2 should be detached for use as the buriel-transit as in in in in in in in in in in in in in	by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions  CIRCHOSIS  DIABETES	a. HET  b	the death. Do not entrie.  PATIC EI  Due to (or as a consequence to (or a))).	er the mode of dyling of the mode of dyling cause ghad allowed the mode of the	FULTON ng, such as cardia A LO PA7	23b. Did to 1 y 24a. Was a	obacco use con ser autopsymed?	Apprinters Onse	winate value of death?  4 Unknown  topsy findings prior to on of cause
are hes been signed by the attending physician and been signed by the attending physician and been buriel-transit and buriel-transit and buriel-transit.	Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions  CIRCHOSIS  DIABETES  A	a. HET	the death. Do not entrie.  PATIC EI  Due to (or as a consequence to (or a))).	er the mode of dyling of the mode of dyling cause ghad allowed the mode of the	FULTON ng, such as cardia A LO PA  ven In Pert I.	23b. Did to 1 Y	obacco use con see 2 12 No	Approver intension of the control of	winate value of death?  4 Unknown  topsy findings prior to on of cause
certificate has been signed by the attending physician end in the state of the second feet of the second fee	Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions  CIRCHOSIS  DIABETES  25. Was case referred to medical examiner?	a. HET  b	the death. Do not entire.  PATIC EI  Due to (or as a consequence to (or a))).	er the mode of dyling of the mode of dyling cause of the mode of dyling cause of the mode	FULTON ng, such as cardia A LO PAT  ven In Pert I.  26. Place of De	23b. Did to 1 Y  24a. Was a perion	obacco use colus 200 No an autopsy med?	Approver intention of the control of death?  1	winate value of death?  4 Unknown  topsy findings prior to on of cause
This certificate has been signed by the attending physician and trial director, page 2 should be detached for use as the buriel-transit and the buriel-transit a	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions  CIRCHOSIS  DIABETES  25. Was case referred to medical examiner?  1 Yes 2 No	a. HET  b	the death. Do not entrie.  PATIC EI  Due to (or as a consequence to (or a))).	er the mode of dyling of the mode of dyling cause of):  uence of):  uence of):  uence of):  addriving cause ghere of the mode	FULTON ng, such as cardia A LO PAT  ven In Pert I.  26. Place of De ner: 4 \( \text{Nursing } \)	23b. Did to 1 Y  24a. Was a performance of the control of the cont	obacco use column autopsymed?	Approver intendent of the completic of death?  1	winate value of death?  4 Unknown  topsy findings prior to on of cause
This certificate has been signed by the attending physician and in p. 1. Trail director, page 2 should be detached for use as the burle-transit and in p. 1. In p. 1.	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions  CIRCHOSIS  DIABETES  25. Was case referred to medical examiner? 1   Yes 2   No  27. Manner of Death 1   Natural 5   Pending	a. HEI  b	the death. Do not entrie.  PATIC EI  Due to (or as a consequence to (or as a c	er the mode of dyling of the mode of dyling cause ghow the mode of	FULTON ng, such as cardia A LO PAT  ven In Pert I.  26. Place of De ner: 4 \( \text{Nursing I} \) y at tripy at	23b. Did to 1 Y  24a. Was a perion	obacco use column autopsymed?	Approver intendent of the completic of death?  1	winate value of death?  4 Unknown  topsy findings prior to on of cause
this countered has been signed by the attending physician and in p portrait director, page 2 should be detached for use as the burle-transit and in p in the pure transit and	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions  CIRCHOSIS  DIABETES  25. Was case referred to medical examiner?  1   Yes 2   No  27. Manner of Death 1   Natural 5   Pending investigat 2   Accident	a. HEI  b. C. C. C. C. C. C. C. C. C. C. C. C. C.	the death. Do not entrie.  PATIC EI  Due to (or as a consequence to (or as a c	rethe mode of dyling rether mode of dyling cause ghost of the state of	FULTON ng, such as cardia A LO PAT  ven In Pert I.  26. Place of De ner: 4 \( \text{Nursing } \)	23b. Did to 1 Y  24a. Was a perior 1 Y  eth [Check only or Home 5 Reside] 28d. Describe he	obacco usa con se 2 12 No an autopsy med?  es 2 10 No ne) ence 6 10th ow Injury occurr	Apprinters Onse  Apprinters Onse  Apprinters Onse  24b. Were autavallable completic of death?  1	ause of death?  4 Unknown  topsy findings prior to on of cause
Niector: After this certificate hes been signed by the attending physician end	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other algnificant conditions  CIRCHOSIS  DIAGETES  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending investigat	a. HEI  b. C. C. C. C. C. C. C. C. C. C. C. C. C.	the death. Do not entrie.  PATIC EI  Due to (or as a consequence to (or as a c	rethe mode of dyling rether mode of dyling cause ghost of the state of	FULTON ng, such as cardia A LO PAT  ven In Pert I.  26. Place of De ner: 4 \( \text{Nursing I} \) y at tripy at	23b. Did to 1 Y  24a. Was a performance of the control of the cont	obacco usa col se 2 No an autopsy med?  es 2 No ne) ence 6 Oth ow injury occurr treef end Numb	Apprinters Onse  Apprinters Onse  Apprinters Onse  24b. Were autavallable completic of death?  1	ause of death?  4 Unknown  topsy findings prior to on of cause
inter deam.  Director: After this certificate hes been signed by the attending physician and in p. p. c. in by the funeral director, page 2 should be detached for use as the burlet-transit in p. p. c. in by the funeral director, page 2 should be detached for use as the burlet-transit in p. c. in p.	Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions  CIRCHOSIS  DIAGETES  DIAGETES  25. Was case referred to medical examiner? 1   Yes 2   No  27. Manner of Death 1   Natural   S   Pending investigat   S   Suicide   S   Could not determine   S   S   Cauld not determine   S   Pending   S   Cauld not determine   S   S   Cauld not determine   S   S   Cauld not determine   S   S   Cauld not determine   S   S   Cauld not determine   S   S   Cauld not determine   S   S   Cauld not determine   S   S   Cauld not determine   S   Cauld not det	a. HET  b	the death. Do not entrie.  PATICE  Due to (or as a consequence to (or as a con	rethe mode of dyling cause ghost and and an analysis of the mode of dyling cause ghost and analysis of the set, factory, office occurred at the tilt.	FULTON ng, such as cardia A LO PAT  ven In Pert I.  26. Place of Dener: 4 Nursing H ry at rk? Yes 2 No	23b. Did to 1 Y  24a. Was a perform 1 Y.  eth (Check only or flome 5 Residual Performance) 28f. Location (S. City or Town)	obacco use con se 212 No an autopsy med? es 212 No ne) ence 6 10th ow injury occur titreet end Numb n, Stete)	Apprinter of the case of the c	ause of death?  4 Unknown  topsy findings prior to pn of cause
Director: After this certificate has been signed by the attending physician and in post in by the funeral director, page 2 should be detached for use as the bunel-transit in in in in the funeral director, page 2 should be detached for use as the bunel-transit in in in in its page.	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions  CIRCHOSIS  DIAGETES  DIAGETES  25. Was case referred to medical examiner? 1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending investigat 3 Suicide 6 Could not determine 12 Medical Exit	a. HE I	the death. Do not entrie.  PATICE  Due to (or as a consequence to (or as a con	rethe mode of dyling cause ghost and and an analysis of the mode of dyling cause ghost and analysis of the set, factory, office occurred at the tilt.	FULTON ng, such as cardia  A LO PAT  ven In Pert I.  26. Place of De ner: 4 \( \text{Nursing I} \) vy at lyes 2 \( \text{No} \) me, dete and plece uppinion, deeth occur ppinion, deeth occur	23b. Did to 1 Y 24a. Was a perior 1 Y. 28d. Describe he 28f. Location (S. City or Town	obacco usa coo se 2 Mo an autopsy med?  es 2 No ne) ence 6 Oth ow injury occur treet end Numb n, Stere)  ause(s) end ma late and place, to	Apprinter of the case of the c	ause of death?  4 Unknown  topsy findings prior to prior
this certificate has been signed by the attending physician and positive process, page 2 should be detached for use as the burle-transit and positive page 2.	edical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions  CIRCHOSIS  DIAGETES  DIAGETES  25. Was case referred to medical examiner? 1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending investigat 3 Suicide 6 Could not determined to the could not determine to the could not determined to the could not dete	a. HE I	the death. Do not entrie.  PATICE  Due to (or as a consequence to (or as a con	t 3 DOA Ott  and the the the the the the testigetion, in my certification.	FULTON ng, such as cardia  A LO PAT  ven In Pert I.  26. Place of De ner: 4 \( \text{Nursing I} \) vy at lyes 2 \( \text{No} \) me, dete and plece uppinion, deeth occur ppinion, deeth occur	23b. Did to 1 Y 24a. Was a perform 1 Y 25b. Did to 1 Y 26b. Check only or 1 Period 28d. Describe he 28d. Describe he 28d. Location (S. City or Town	cobacco usa coordinate and place, a late and pla	Approvintery Onse  Approvintery Onse  Approvintery Onse  Approvintery Onse  Approvintery Onse  Approvintery Onse  Approvintery Onse  Approvintery  Approvint	ause of death?  4 Unknown  topsy findings prior to prior

DHMH 16 Rev 6/95

State Registrar 31. Date filled (Month, Dey, Year)
JUN 27 1996

32. Registrar's Signature

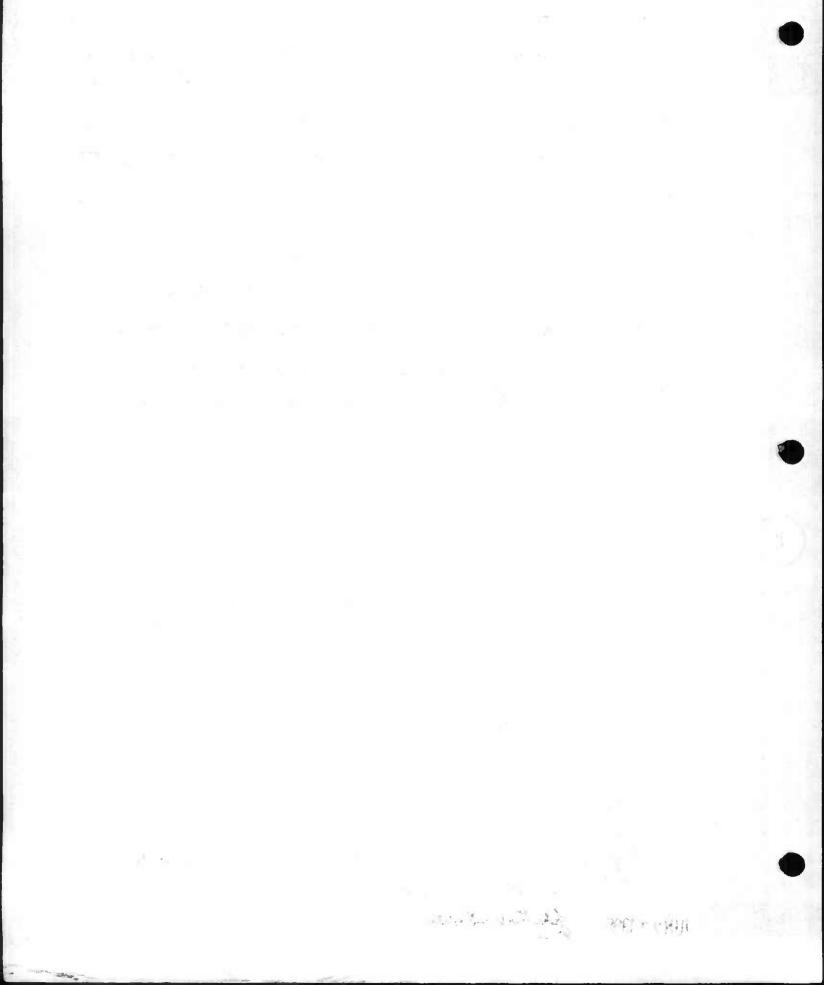


## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

19143

					Certificate of	f Death		Reg. No.			
Phys	iolon	1. Decedent's Nama (First, Middla,					2. Data of De	ath Day	Year	3. Time of	Death
/Me		VANETTE R.PER	4EE				JUNE		996	0525	am
Exan		4a. Facility Nama (If not institution,	give street end number)			4b. City, Town, or Lo	ocation of Daeth	4c. County	of Death		
		JOHNS HOPKINS	HOSPITAL			BALTMORE		BALTUR	RE C	in	
Funer Directo		5. Sociel Security Number 213-46-3892	5. Sex 7. Aga 1  M	47 47	mday) If Undar 1 Yae Months Dey	r If Under 24 Hrs.	8. Dete of Bird			place (State of	or Foraig
/land		Usuel Residance of Dacedent 10a. Stata 10b. County		10c. City, Town						10d. Inside C	
ha Many 28a-f sh conted	ector	MD n,	/a			IMORE				Yes	2 N
th with 23a or	al Dir	517 N. CURLI	EY STREET		10f. Zip Coda 21	205		UNITED		ATES	
s 1 and 2 should be filed within 72 hours after death with the Maryland (f Hasth and Mental Hygiene. 1 femalt and Mental Hygiene. 2 femalt at 1 is marked other than "nature!", or learn 23a or 28a-1 show other treumstic event, me Medical Examiner must be notified as	by Funeral Director	11. Meritel Stetus  1 Navar Married 2 Marrie  3 Widowed 4 Divorced	12. Wes Decedant E Armed Forces? d 1 Yes 2/3 N If Yas, Give Yeer or Datas:	var in U,S.	13. Wes Decedant of If Yas, specify Cu 1 ☐ Yes 2 ☐ W	Hispanic Origin? (Sp ban, Maxican, Puarto Descrips:	ecify Yes or No Rican, etc.)	14. Rec Blac Specify	ck, White,	can Indian, etc. LACK	
natu natu	etec	15. Decedent's (Specify only highast	Education grada complated)	16a.	Decedant's Usuel Occ 'Giva kind of work don lifa. DO NOT usa retii	upation a during most of work	ing	16b. Kind of B	usinass/ir	dustry	
filed within Hygiene. ther then	Completed	Elementery/Secondary (0-12)	Coliaga (1-4or 5	+)	LABORER	/ MARRIOT		BWI A	\IRPO	RT	
d 2 should be file th and Mental Hy 7 is marked other traumatic event.	To Be	17. Fathar's Nama (First, Middla, L.	ast) RGEE			18. Mothar's Name SAF		Maidan Suman RUILL	ne)		
1 and 2 sho Haaith and I em 27 is ma		19e. Informant's Name/Relationshi			Mailing Address (Stree 330 AIKEN				Stata, Zij 212		
Paga net o nt: If		20a. Mathod of Disposition  1  Buniai 2  Cramation 3 4  Donation 5  Other (Spe	ecify)	cemeters	Disposition (Nema of crametory or other p BI BAPTIST	CH. CEM	Data 6-29	20c. Location -			
permit. Departri	MINE	21. Signature of Funerei Sarvice Li	cenese		22. Nama and Add	MARCH FH.	-1101	E. NORT	ГН А	VENUE	
Physicia		23a. Part 1. Entar the disaasa, or c shock, or heart fallura. List o	omplications that caused only ona causa on each lin	the deeth. Do n	ot antar the mode of d	ying, such as cerdiac	or respiratory a	rrest,	1 1	Approximet Intervei Bet Onset and	e ween Death
/Medica Examine	1	Immediata Causa (Final disaasa or condition resulting in daath)	a Congest						1	Burg	
NA.	Je l			Dua to (or as a c	onsequance of):				1		
ansit	Examiner	Sequentially list conditions	b. Schero	Dua to (or as e c	oneedhence of).				1	5ms	
te be mouted physician and s tha burial-transit		Sequentially list conditions, if any, laading to immediata ceusa. Enter UndarlyIng Causa (Disaese or injury		REVAL F						Zures	
5 5 8	Medical	that initiated events resulting in death) Last		Dua to (or es e co					1		
es that the death cer igned by the attendir be deteched for usa	Physician/	Part II. Other significant condition		t not rasulting In	tha undarlying cause ç	givan In Part I.	23b. Dld (	obacco use co	ntributa t	o the cause	of death
that the	by Phy			· .			10	Yes 200 No	3 Pro	bably 4	Unkno
ew requir	Completed b						24a. Was perfo	an autopsy med?	8/	ere autopsy to allabia prior to mplation of death?	0
	Con						101	as 22 No	11	Yas 2	No
ysician: The satificate director, pag	Be	25. Was cese rafarred to medical axaminar?				26. Placa of Deat	n (Check only o	na)			
ls ce	2	1 ☐ Yes 2 No	Hospitel:	nt 2 ER/Out	patient 3 DOA	thar: 4 Nursing Ho	ma 5 Rasio	denca 6 □Oth	ar (Speci	(y)	
l or Attending Physician: efter death. Director: After this cartific d in by the funeral director.		27. Manner of Death 1 Alatural 5 Pending 2 Accident invastiga	28a. Date of Injury (Month, Day	Year) 28b. Ti	ury W	ury at ork?	28d. Dascribe t	now Injury occur	red		
or Atte	Certification:	3 Sulcida 6 Couid no 4 Homicida detarmin		ry - At homa, fan (Specify)	n, street, factory, office	9	28f. Location (5 City or Tox	Street end Numb vn, Stata)	oer or Run	al Routa Num	ber,
To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: Affar thi complately filled in by the funeral	edical C	29a. Certifier (Check only one)  Certifying  Certifying  Certifying	Physician: To the best of taminer: On the basis of and manner state	examination and	daath occurred et the or investigation, in my	tima, date end place, opinion, deeth occurr	end due to tha ed et tha time,	ceusa(s) and ma date and place,	annar as s and dua t	stated. o tha cause(s	i)
To th To th	×	29b. Signature undule of certifier			29c. Licar	nsa number		29d. Deta signe	d (Month,	Day, Year)	
,		D CON MO			190	56		6/25/9	16		
		30. Name and Made person w	no completed cause of de	eth (Item 23e) (T							
	tate	31. Data filed (Month, Day, Year)		's Signature							
Regis	trar	JAMS A 1220		4							

DHMH 16 Rev 6/95

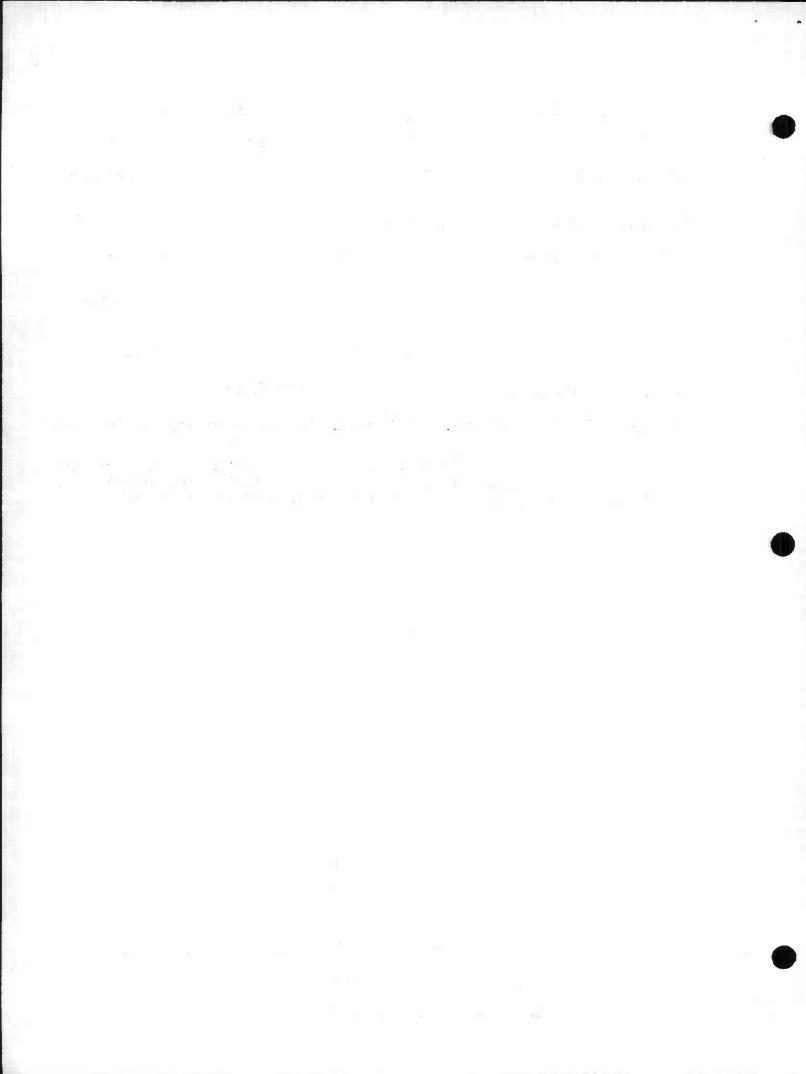


#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

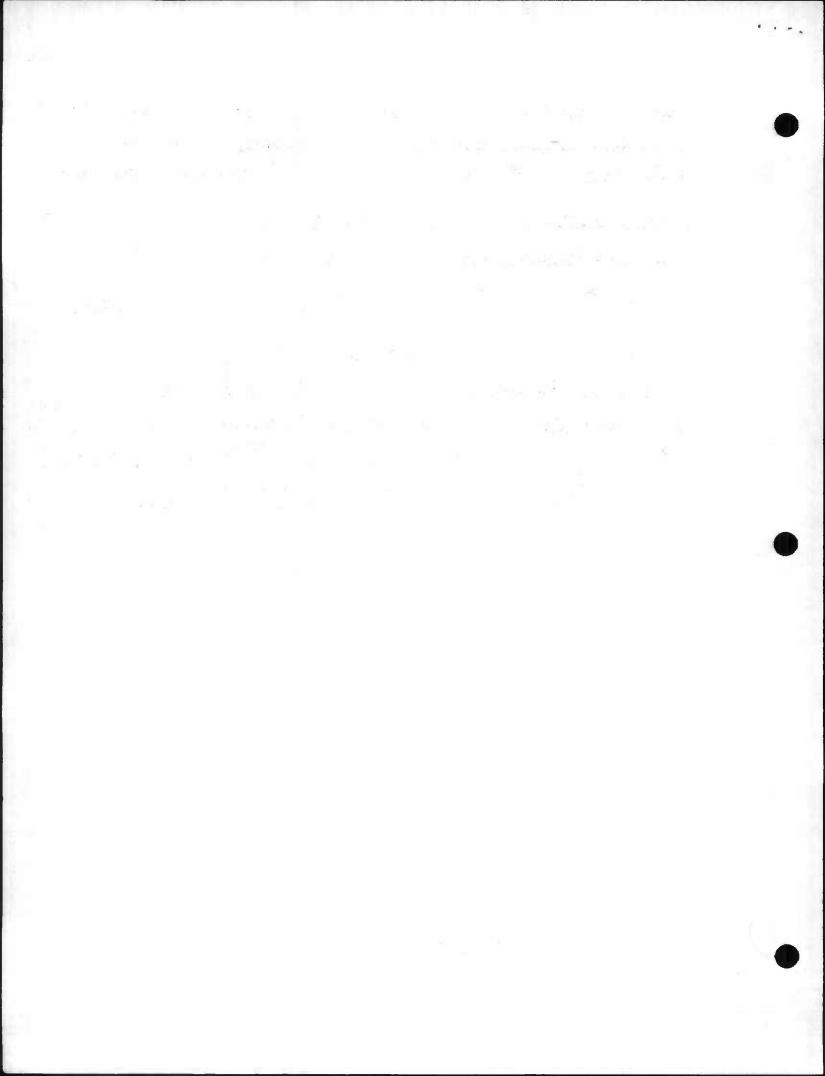
						Cer	tificate (	of Deat	n		Reg.	No.		
		1. Decedant's Name	e (First, Middle, La	st)						2. Dete of D	eath		Vann	3. Time Death
Physici /Medic		ABRAI	HAM	]	PACKER	}				JUNE	23,	<sup>De</sup> 1996	Yeer	9:30 AM
Examin		4a. Facility Neme (II	f not institution, giv	e street end numbe	er)			4b. City,	Town, or L	ocation of Dee	th	4c. County	of Death	h
		7 SLADE	AVENUE	APT. #40	07				KESVI	LLE		BAL	TIMO	RE
Funeral		5. Social Security N		Sex 7.7	Aga (in yrs. l	**	If Under 1 Y Months D	aar If Und	lar 24 Hrs. s Min.	8. Deta of B (Month, D	irth Day, Ye	ear)	9. Birth Con	hplece (Steta or Foreign untry)
Director		212-26-0	7703	X 201	79	Yrs.				MAY 2		1917	PHI	LA., PA
pue *		Usuel Residence of 10a. Stata	10b. County		10c. City	y, Town or Loc	cation							10d. Inside City Limits
the Maryland 28a-f ahow notified at	ō	MD	BALTIMO	RE		IKESVI								1 Yas 2 No
the M 28a-f	Director	10e. Street end Nun				110011	10f. Zip Co	de			10a	Citizen of \	What Co	untry?
th with 23e or		7 SLADE	AVENITE	APT. #40	77			2120	0					
	Funeral	11. Marital Status	TIVELIOU	12. Wes Deceder	nt Evar In U.S	S. 13. V	Ves Decedent			ecity Yes or N Rican, etc.)	lo-	U.S./		rican Indlen,
or its	by Fur	1 Never Merri	ed <b>ACM</b> Married	Armed Force  1  Yas 2  If Yes, Give  Yaer or Datas	s? XXXO s:		Yas, specify			Rican, etc.)		Specify	ck, White y: W	a, etc. HITE
netural,			15. Decedent's Ed	ducation		18e. Deced	ent's Usual O	ccupation	0.000		16b	. Kind of Bu	usiness/I	Industry
within 7 ene. then 'n	Completed	Elementery/Secon	ify only highast gra	completed) College (1-4o	or 5+)	life. C	kind of work di DO NOT use re	one during m etired)	ost of work	ung				
ad with giene. er then	Con		.0	`		CHAIRM	AN OF	THE BO	ARD		AL	PACK	ER E	NTERPRISES
d 2 should be filed th and Mental Hygi 7 Is marked other traumatic event, I	Be	17. Fether's Name (	First, Middle, Last)	)				18. Mo	ther's Nem	e (First, Middl	e, Mel	den Surnan	na)	
should be and Mental in marked of	2		OUIS		PACK	ER			YETTA			IV	KER	
2 sh 2 sh 1 and 1 mm		19e. Informent's Na		,,						ral Route Num	ber, Ci	ity or Town,	State, Z	(ip Code)
E = 0 = 1		GERTRUDE		SPOUSE	ant Di		DE AVE		PT. #		1	IMORE		
80=5		20a. Method of Disp WXBurial 2 D		Removal from Stat	to G	ematary, crem	sition (Name on atory or other	r place)		Dete	200	. Location -	City or	Town, Stata
nit. Pa artman ortant: injury is.					BE	TH EL I	MEMORIA	AL PAR	K 6	/26/96	R	ANDALI	LSTO	WN, MD
ermit. Pages 1 a Agartmant of Hea mportant: If frem my Injury or other		21. Signature of Fur	fieral Service atta	1500		22.	. Nama and A	ddrass of Fac	cility S	OL LEV	INS	I & NC	BROS	., INC.
. uozeu		23a Part T. Enter the shock, or hear		Lefu		-   8	8900 RI	EISTER	STOWN	ROAD I	PIKI	ESVILI	LE,	MD 21208
Examiner	Iner	disaesa or condition resulting in death)			Due to (or		1				2.44		and the last of	
2 2 8	8		_	b	UA	-		/		7	A	Ucar	ne	Yrs
e axes sian ar urial-tr	I Examiner	Sequentially list cor if any, leading to Im cause. Enter Under	nditions, mediete rhying	b	UA	r es a consequ		/	/	1	PA	Usw	ne	yrs -
	Medical	Sequentially list cor if any, leading to im cause. Enter Under Cause (Disease or i that initiated events resulting in death) L	nditions, mediete rlying injury	b	Due to (or	-	uence of):	/		1	PA	-Usw	ne	Yrs
ha death certificate be axes the attanding physician ar ched for use as the buriel-ti	Medical	Sequentially list cor if any, leading to m cause. Enter Unde Cause (Disease or I that initiated events resulting in death) L	Lest	b c dontributing to death	Due to (or	r es e consequ es e consequ	uence of):	a givan in Pa	irt I.	23b. Did	d tobac			to the cause of death
hat the death ce od by the attendi	Physician/Medical	resulting in death) L	Lest	b c d	Due to (or	r es e consequ es e consequ	uence of):	a givan in Pa	irt I.		d tobac		<b>ptribute</b>	to the cause of death
hat the death ce od by the attendi	by Physician/Medical	resulting in death) L	Lest	b c d	Due to (or	r es e consequ es e consequ	uence of):	a givan in Pa	irt I.	1 [ 24a. Wa	] Yes	21 No	atribute 3 Pr	
ha law requires that tha death ca a has been signed by the attandings 2 should be datached for use	by Physician/Medical	resulting in death) L	Lest	b c d	Due to (or	r es e consequ es e consequ	uence of):	a givan in Pa	ort I.	1 [ 248. Wa per	Yes s an e	21 No	atribute 3 Pr	Wara autopsy findings available prior to completion of cause of death?
The lew requires that the death ce at a been signed by the attendings 2 should be datached for use	Completed by Physician/Medical	Pert II. Other signifi	cant conditions of	b c dontributing to death	Due to (or	r es e consequ es e consequ	uence of):			1 C	Yes an e formed	2 No	atribute 3 Pr	Vara autopsy findings available prior to completion of cause
The law requires that the death ce at a been signed by the attendings 2 should be datached for use	Be Completed by Physician/Medical	Pert II. Other signifi  25. Wes case referrexaminer?	cant conditions of	b c d ontributing to death	Due to (or	r es e consequ es e consequ	uence of): uance of): uderlying cause	26. Ple	ace of Deel	24a. Wa per	Yes an e formed	2 No	atribute 3 Pr	Wara autopsy findings available prior to completion of cause of death?
The law requires that the death ce at a been signed by the attendings 2 should be datached for use	To Be Completed by Physician/Medical	Pert II. Other significations of Deeth I	cant conditions of	Hospitel: 1 □ Inpa	Due to (or  Due to (or  a but not resu	es e conseque es	uence of):  uance of):  iderlying cause	26. Ple		24a. Wa per	Yes s an e formed Yas yone)	22 No utopsy 22 No e 6 Ooth	atribute 3 Pr  24b. \ 8	Wara autopsy findings available prior to completion of cause of death?
The lew requires that the deeth ce ate has been signed by the attendi page 2 should be deteched for use	To Be Completed by Physician/Medical	25. Wes case referrexaminer?  27. Manner of Deeth 12 Accident	cant conditions of the medical Solutions of the medical No.	Hospitel: 1 ☐ Inpa  28e. Dete of In (Month, L	Due to (or  Due to (or  a but not resu	es e conseque es e conseque ulting In the un	uence of):  uance of):  identying causi	26. Ple	ace of Deel	24a. Wa per 1 Link (Check only ome 5 Rec	Yes s an e formed Yas yone)	22 No utopsy 22 No e 6 Ooth	atribute 3 Pr  24b. \ 8	Wara autopsy findings available prior to completion of cause of death?
The lew requires that the death ce at a been signed by the attendings 2 should be datached for use	To Be Completed by Physician/Medical	Pert II. Other signifit  25. Wes case referrexaminer? 1   Yes 2   27. Manner of Deeth	cant conditions of	Hospitel: 1 _ Inpa  28e. Dete of In (Month, E	Due to (or  Due to (or  but not resultient 2   Bright	es e consequence es e c	uence of):  uance of):  iderlying causa  3 □ DOA  28c.	26. Ple Other: 4 Injury et Work? 1  Yes 2	ace of Deel	24a. Wa per 1 Lth (Check only ome 5 Rec 28d. Describe	Yes Is an endomed Yas Yone) Sidence how I	22 No utopsy 17 22 No e 6 Oth	3 Pr  24b. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Wara autopsy findings available prior to completion of cause of death?
The lew requires that the deeth ce ate has been signed by the attendi page 2 should be deteched for use	Certification: To Be Completed by Physician/Medical	25. Wes case referrexaminer? 1 Yes 22 27. Manner of Deeth 12 Accident 3 Suicide 4 Homicide	cant conditions of medical No.  5   Pending investigation 6   Could not be determined	Hospitel: 1 ☐ Inpa  28e. Dete of In (Month, L)  28e. Plece of In building,	Due to (or  Due to (or  Due to (or  a but not resu  attient 2 E Figury Dey Year)  Injury - At hor etc. (Specify,	ER/Outpatient 28b. Time of Injury	uence of):  uance of):  iderlying causi  2 3 DOA 28c.  M	26. Pla Other: 4 □ Injury et Work? 1 □ Yes 2	ace of Deel Nursing Ho	24a. Wa per 1 Check only ome 5 Rec 28d. Describe	Yes  Is an endormed  Yas  Yone)  Sidence  how I	22 No utopsy 17 2 No e 6 Oth injury occur it end Numb	atribute 3 Pr  24b. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Wara autopsy findings available prior to completion of cause of death?  I Yes No
Hospital or Attending Physicien: The law requires that the death ce 4 hours aftar death.  4 hours aftar death.  5 the funeral Director: Aftar this cartificate has been signed by the attendit taly filled in by the funeral director, page 2 should be datached for use	edical Certification: To Be Completed by Physician/Medical	25. Wes case referrexaminer? 1 Yes 27. Manner of Deeth 1 Neture! 2 Accident 3 Suicide 4 Homicide	cant conditions of the conditi	Hospitel: 1 _ Inpa  28e. Dete of In (Month, E	Due to (or  Due to (or  Due to (or  atient 2 Denily, Deny Year)  Injury - At hore etc. (Specify, at of my known of axaminetic	es e consequence es e c	uence of):  uance of):  iderlying causi  aderlying causi  28c.  M  occurred at the	26. Pla Other: 4 □ Injury et Work? 1 □ Yes 2	ace of Deel Nursing Ho	24a. Wa per 1 Check only ome 5 Res 28d. Describe 28d. Location City or 7d	Yas Yas Yas Yone) Sidence Stree Own, S	2 No utopsy 17 2 No e 6 Oth injury occur tend Numb	3 Pr  24b. \ 1  24b. \ 1  24b. \ 1  24b. \ 1  24b. \ 1  24b. \ 1  24b. \ 1  24b. \ 1  24b. \ 1	Wara autopsy findings available prior to completion of cause of death?  I Yes 20 No
Attending Physicien: The law requires that the death ce ar death the certificate has been signed by the attendiby the funeral director, page 2 should be deteched for use	To Be Completed by Physician/Medical	25. Wes case referrexaminer?  1 Yes 22.  27. Manner of Deeth 1 Neturel 2 Accident 3 Suicide 4 Homicide  29e. Certifier (Check only)	cant conditions of the medical investigation of Could not be determined.	Hospitel: 1 ☐ Inpa  28e. Dete of In (Month, L  28e. Plece of I building,  ysfclan: To the besineer: On the basis	Due to (or  Due to (or  Due to (or  atient 2 Denily, Deny Year)  Injury - At hore etc. (Specify, at of my known of axaminetic	es e consequence es e c	uence of):  uance of):  deriving caus:  28c.  M  occurred at the astigetion, in residual control of the control	26. Pla Other: 4 □ Injury et Work? 1 □ Yes 2	ace of Deel Nursing Ho	24a. Wa per 1 Check only ome 5 Res 28d. Describe 28d. Location City or 7d	Yes  Is an efformed  Yas  Young  (Streep own, S  e cause, dete	2 No utopsy 17 2 No e 6 Oth injury occur tend Numb	3 Pr  24b. \ a	Wara autopsy findings available prior to completion of cause of death?  I Yes No  Wara Floute Number,  steted. to the cause(s)
Hospital or Attending Physicien: The lew requires that the death ce 4 hours after death.  4 hours after death.  4 hours after death.  4 hours after death.  5 the funeral Director. After this cartificate has been signed by the attending taly filled in by the funeral director, page 2 should be deteched for use	edical Certification: To Be Completed by Physician/Medical	25. Wes case referrexaminer? 1 Yes 22 27. Manner of Deeth 1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only one)	cant conditions of the medical investigation of Could not be determined.	Hospitel: 1 ☐ Inpa  28e. Dete of In (Month, L  28e. Plece of I building,  ysfclan: To the besineer: On the basis	Due to (or  Due to (or  Due to (or  atient 2 Denily, Deny Year)  Injury - At hore etc. (Specify, at of my known of axaminetic	es e consequence es e c	uence of):  uance of):  deriving caus:  28c.  M  occurred at the astigetion, in residual control of the control	26. Plate of the control of the cont	ace of Deel Nursing Ho	24a. Wa per 1 Check only ome 5 Res 28d. Describe 28d. Location City or 7d	Yes  Is an efformed  Yas  Young  (Streep own, S  e cause, dete	2 No utopsy 17 2 No e 6 Oth injury occur it and Numb reta) e(s) and ma	3 Pr  24b. \ a	Wara autopsy findings available prior to completion of cause of death?  I Yes No  Wara Floute Number,  steted. to the cause(s)
Hospital or Attending Physicien: The law requires that the death ce 4 hours after death.  A hours after death.  It is a fear of the fear or after the cartificate has been signed by the attenditaly filled in by the funeral director, page 2 should be deteched for use	edical Certification: To Be Completed by Physician/Medical	25. Wes case referrexaminer?  1 Yes 22  27. Manner of Deeth 1 Neturel 2 Accident 3 Sulcide 4 Homicide  29e. Certifier (Check only one)  29b. Signature and	cant conditions of the conditions of the conditions of the conditions of the conditions of the condition of	Hospitel: 1 ☐ Inpa  28e. Dete of In (Month, L  28e. Plece of I building,  ysfclan: To the besineer: On the basis	Due to (or  Due to (or  Due to (or  Due to (or  a but not resu  atient 2 De  plury Pear)  Injury - At hor etc. (Specify, et of my know of axaminetisteted.	ER/Outpatient 28b. Time of Injury me, ferm, stree?	uence of):  uance of):  derlying causi  28c.  M  occurred at the astigetion, in recovered at the astigetion at the	26. Plate of the control of the cont	ace of Deel Nursing Ho	24a. Wa per 1 Check only ome 5 Res 28d. Describe 28d. Location City or 7d	Yes  Is an efformed  Yas  Young  (Streep own, S  e cause, dete	2 No utopsy 17 2 No e 6 Oth injury occur it and Numb reta) e(s) and ma	3 Pr  24b. \ a	Wara autopsy findings available prior to completion of cause of death?  I Yes No  Wara Floute Number,  steted. to the cause(s)
Hospital or Attending Physicien: The law requires that the death ce 4 hours aftar death.  4 hours aftar death.  5 the funeral Director: Aftar this cartificate has been signed by the attendit taly filled in by the funeral director, page 2 should be datached for use	Medical Certification: To Be Completed by Physician/Medical	25. Wes case referrexaminer?  1 Yes 22  27. Manner of Deeth 1 Neturel 2 Accident 3 Sulcide 4 Homicide  29e. Certifier (Check only one)  29b. Signature and	cant conditions of the conditi	Hospitel: 1 inpa 28e. Dete of In 8 28e. Plece of I building,  yalclan: To the besis end manner:	Due to (or  Due to (or  Due to (or  Due to (or  a but not resu  atient 2 De  plury Pear)  Injury - At hor etc. (Specify, et of my know of axaminetisteted.	ER/Outpatient 28b. Time of Injury me, ferm, stre	uence of):  uance of):  derlying causi  28c.  M  occurred at the astigetion, in recovered at the astigetion at the	26. Plate of the control of the cont	ace of Deel Nursing Ho	24a. Wa per 1 Check only ome 5 Res 28d. Describe 28d. Location City or 7d	Yes  Is an efformed  Yas  Young  (Streep own, S  e cause, dete	2 No utopsy 17 2 No e 6 Oth injury occur it and Numb reta) e(s) and ma	3 Pr  24b. \ a	Wara autopsy findings available prior to completion of cause of death?  I Yes No  Wara Floute Number,  steted. to the cause(s)

	5/1	07		Maryland /	Department of I	Health and M		_	19145
_	Film	G7.	· · · · · · · · · · · · · · · · · · ·	rja	Certificate of			g. No.	
	Physici /Medic		1. Decedent's Name (First, Middle, Last)  Do Rothy  E	. Phill	lips		2. Dete of Deer Month	25, 199	3. Time of Death
j	Examir	er	4e. Facility Name (If not institution, give street end num	- 1	'	4b. City, Town, or Loc	ation of Deeth	4c. County of De	
-				Center. 7. Age (In yrs. lest:	hirthdey) If Under 1 Year	Baltimore	8 Date of Birth	N/	
	Funeral Director		219-01-6263 1□M 207F Usual Residence of Decedent	87 <del>9 C</del>	Advent - Division	Hours Min.	8. Dete of Birth (Month, Dev.	Year) Ma	irthplece (State or Foreign Country) Myland
	yland		10a. Stete 10b. County	10c. City, To	own or Location				10d. inside City Limits
	e Me	cto	Maryland N/A	Balt	imore				1 X Yes 2 No
	or 20	Director	10e. Street and Number		10f. Zip Code			0g. Citizen of What (	
	eth v		17 N. Glover Street		21224			Jnited Sta	
21215-0020	72 hours after deeth with the Meryland natural', or itema 23a or 28a-f show disal Examinet must be notified at	by Funeral	11. Men'tal Status  1 ☑ Never Married 2 ☐ Merried  3 ☐ Widowed 4 ☐ Divorced  12. Was Decec Armed For 1 ☐ Yes 2 If Yes, Give Year or Dail	2 🔯 No	13. Wes Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☒ No	oan, Mexican, Puerto F	olfy Yes or No- tican, etc.)	14. Race - An Bleck, Wi Specify:	nerican indian, nite, etc. White
Ö	n 72 hours "natural", polical Ex	P	15. Decedent's Education	16	6a. Decedent's Usuai Occu	petion		16b. Kind of Busines	ss/Industry
21	5 . 5	Completed	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1	4or 5+)	(Give kind of work done life. DO NOT use retire	auring most of workingd)	g	0.1	
121	filed with Hygiene. ther than	Con	4		Sales Clerk			Cleaners	
pue	S E P	Be	17. Father's Name (First, Middle, Last)			18. Mother's Name		vleiden Sumeme)	
ž	d 2 should be th and Mental 7 Is marked o traumatic eve	10	William B. Phillips, Sr.		10. 11. 11. 11. 10.	Katie E.		01 7 01	T 0 1)
Maryland	Tage L		19e. Informant's Name/Reietlonship (Type, Print) William B. Phillips, III,		9b. Mailing Addrass (Stree Louisvi 4071 <del>Louisvi</del>	lle Road			
	- 9 E E		20a. Method of Disposition	20b. Piace	of Disposition (Neme of			20c. Location - City	and 21048 or Town, Stete
Baltimore,			1   Burial 2   Cremation 3   Remove from S  □ Donation 5   Other (Specify)	tate	atery, cremetory or other ple laven Memorial Pa	1	29/96	lon Dimoio	Maxwland
alti	교본관등 .		21. Signature of Funeral Service Licensee		22 Name and Addr	ess of Facility Leona	29/90 N	Glen Burnie, rk Funeral H	Imarylanu Iome Inc
Ö	Depa Impo any Ir		R C. \ 1.00a	A. Willem		rd Road Balti			
	-1239		23a. Part1. Enter the disease, or complications that ca shock, or heart failure. List only one ceuse on ee	used the deeth. D			•		Approximate
	Physician								Intarvsi Between Onset and Death
	/Medical Examiner		Immediate Cause (Fine) disease or condition	oracy	- Autrey	Disease	2		mony years
	LAMITIME		resulting in death)	Dua to (or as	a consequence of):				1
	ped led	Examiner	b						
	be executed sician and burial-transit	Exar	Sequentially list conditions, if any, leading to immediate	Due to (or as	a consequence of):				
200	e be ex sician e buria	'a	ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events	Due to for as	e consequence of):				
89	tificat g phy as th	Medic	resulting in death) Last	Due to (or es	a consequence ory.				1
Вох	deeth certificate e attending physi od for use as the l	any	d						1
	0 0 %	Physician/M	Pert II. Other significant conditions contributing to dea	th but not resulting	g in the underlying cause gi	iven in Part I.	23b. Dld to	bacco use contribu	its to the cause of death?
P.0	± 50		Personality Dia	arelei			1 🗆 Y	88 2⊠No 3□	Probably 4 ☐ Unknown
Vital Records,	Se Log	d by	Dan				24a. Wes a	n autonov 24t	o. Were autopsy findings
20	_ 100	Completed	Typession				perion	ned?	available prior to completion of cause
Re	The law ate hes b page 2 s	ошо	0					256	of death?
ta	ician: The certificate rector, pag	Be Co	25. Was case referred to medical			28. Place of Death	1 Ye		1 ☐ Yes 2 ☐ No
		ToB	examinar?	patient 2 ER/	Outpatient 3 DOA Ot	har:		nce 6 □Other (Sp	nacify)
Jo L	g Physical distriction		27. Manner of Death 28a. Date of		b. Time of injury Wo			ow injury occurred	,,,,,,
Sio	Attending in death. setor: After by the fune	atic	2 Accident investigetion	,,,,,,		Yes 2 No			
Division		Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of building	of Injury - At home, g, etc. (Specify)	, farm, street, fectory, office	2	8f. Location (Si City or Town	reet end Number or n, Stete)	Rurel Route Number,
	Hospital 24 hours a Funeral C taly filled		298. Certifier 1 Certifying Physician: To the h						
	24 hr 24 hr Flum letaly	edicai	29a. Certifier (Check only one) 1 Certifying Physician: To the base ond manns	ils of examination :	and/or invastigation, in my	me, date end place, e opinion, daath occurre	d at the time, d	ouse(s) and manner ote and place, and d	as stated. ua to the cause(s)
)	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Me	29b. Signature end title of certifier	_	29c. Licen	se number	2	9d. Data signed (Mo	nth, Day, Year)
5	_		Maraurone du	l- Specie	blist Da	10356		lune 2	5,1996
•	2)	-	30. Name and address of person who completed ceusa						
	' /		WENGUSA NAVARINO	100 K.	BROADWAY,	BALTIA	ions,	MD. 212	23/
	Sta Registr		31. Dete filed (Month, Dey, Yeer)  JUN 2 7 1996  32. Ref	gistrar's Signeture	BROADWAY,				



	0	- 1	1	-
- 1	9	1	4	0

					Certific	ate of Death	R	eg. No.		
	Physic	ian	1. Decedent's Name (First, Middla, L	ast)			2. Data of Deal	th Day	Year 3	3. Tima of Death
	/Medi		Marie Do	RIS	RAPP			23 190		7:00 pm
	Exami	ner	4e. Facility Nama (If not institution, g			4b. City, Town, o	r Location of Death	4c. County	of Deeth	
				QUARY HOSP	ITAL	KOSEDF		Baltin	nore	
	Funeral				Mant	nder 1 Year If Undar 24 Hi	n. (Month, Day	Year)	9. Birthplace	a (State or Foreign
	Director		Usual Rasidence of Decedant	10 M 30 F 60	Yrs.		JAN.14	1929	MARYL	AND
	and **		10e. Stete 10b. County	100	. City, Town or Location			•	10d	Inside City Limits
	h tha Maryland r 28a-f show	5	mand a govern		m	1/2001				1 ☐ Yas 2⊠ No
	tha than	90	10e. Street and Number	210	1 211HW	ZID Code		0g. Citizen of W		
	with w	ō						by. Cilizen of Vi	> \	ſ
	72 hours after death with the Maryland heturel', or items 23s or 28s-f show obtail Exeminet must be notified at	Funeral Director	11. Merital Status	12. Was Decedent Ever	MOAD 13 Was De	21162	Specify Ves or No.	14 Pag	e - American I	Indian
	tar dea	5	1 Never Married ₹ Merried	Armed Forces?	If Yas,	ecedant of Hispanic Origin? specify Cuban, Maxican, Pue	rto Rican, etc.)		k, Whita, atc.	
320	If, or	b	3 □ Widowed 4 □ Divorced	If Yes, Give Year or Datas:	1 □ Ya	s 23 No Specify:		Specify	1.0212	T-6
21215-0020	72 hours "natural", soicel Ex	P	15. Decedant's	Education	18a, Decedant's L	Jaual Occupetion		16b. Kind of Bu	usiness/Indust	try
215	c - 4	Completed	(Specify only highest g	rada com <i>plated)</i>	(Giva kind of lifa. DO NO	work dona during most of w T usa ratired)	rorking			.,
21	d with	E	LIXRS.	Collaga (1-4or 5+)	AT H	ons		HOUSE	WIFE	
P	other of the	Bec	17. Fathar's Nama (First, Middla, Las	st)			ame (First, Middle, I			
/ai	should be filed within and Mental Hyglene. I marked other than umatic event, the M	To	maillisal	BLANKENSHI	P	LATH	ERINE LI	272		
Maryland	and hard		19a. Informant'a Name/Reletionship			rass (Street and Number or I		City or Town,	Stata, Zip Co	de) 21162
Σ	1 and 2 Haalth em 27 i		JOHN E RAPP S	SR.	11540 PJ	AIK9120ALIA	ROPP LOT	-5 WH	O Uii	ARSH MO.
ore	permit. Pages 1 and 2 should be filed within Department of Haalth and Mental hyglene. Important: if Item 27 is marked other than any Injury or other traumatic event, the Mades.		20a. Method of Disposition	20	<ul> <li>b. Place of Disposition ( cematary, crematory)</li> </ul>	Name of or other piece)	Data	20c. Location -		
Ĕ	Pag nt: #		10 Burlal 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec	LINAITIOVALITOITI STEER	PARDENS OF		1996	Passonle	- Mag	MAAN
altimore	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Septice Liq	phono /	22. Name	e end Address of Fecility	0.5.0	· · · · · · · · · · · · · · · · · · ·	-1 1111	V LOTTO
Ö	Depa impo any li			S. /	EVA	US CHAPETO	1 154 1016	251.		
			23a, Part1, Enter the disease, or con	nonations that caused the c		TO HARFORD				proximate
	Physician		23a, Part1. Enter the disease, or conshock, or heart feilure. List only	y ona cause on each line.			ao or roophatory on	101,	Int	tarval Between
	/Medical		Immadlata Cause (Final	h	40 //	Tr ( /				1 /
	Examiner		disassa or condition resulting in deeth)		youardial				<u> </u>	1 day
	Marcha.	ě		Due	o (or es a consequance	OI):			3	3
	d ansit	Examiner	Sequentially list conditions	b. Covonar	o (or as a consequence	11156-15E			+	Years
o,	an arr		Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying Causa (Disease or Injury	14.16	3/. / 1	017.			10	
68760,	The law requires that tha death certificata be executed ate has been signed by tha attending physician and paga 2 should be detached for usa as tha burial-transit	edicai	that initieted evants	c. Tigh	o (or as e consequance	off:			10	Years
99	ntifica ng ph a as th	Med	rasulting in deeth) Lest	544.	(o. 40 0 001100 qualito 1	517.				
Вох	eath cer attendin I for usa			d						
0	death a atte d for	Physician/	Pert II. Other atgnificant conditions	contributing to death but not	regulting in the underlyin	on cause given in Part I	23h Did to	hacco usa cor	atribute to the	e cause of death?
P.0	acht acht	hy		The state of the s	todaking in the dilatinyin	ig odda girair ar r air i.	1 🗆 Y			ly 4 Unknown
٥,	med and de de	<b>Бу</b> Р					-   '0''	254140	3_1100a0	iy 40 onknown
ğ	v requires that tha death ce been signed by tha attendi should be detached for us-	8					24a. Was a	n autopsy	24b. Wara	autopsy findings
00	w be shown	Completed					perform	ned?	comple of deal	ble prior to letion of cause
E E	The lay ate has paga 2	mo					1 🗆 Ya	s 20 No		as 2 No
	delan: The cartificate rector, pag	BeC	25. Was casa rafarred to medical			28 Place of D	eath (Check only on			2010
of Vital Records,	Physician: rthis cartific rral director,	ToB	axaminar? 1 ☐ Yas 2 🗷 No	Hospitel:	ER/Outpatient 3□	Othor	Home 5 Reside		er (Spenify)	
0	a Phys ar this aral di		27. Manner of Death	28a. Data of Injury (Month, Day Year		28c. Injury at Work?	28d. Dascribe ho			
Division	Attending or death.  octor: After by the fune	atio	1 Natural 5 ☐ Panding 2 ☐ Accident Invastigation		tnjury M	Work? 1 ☐ Yas 2 ☐ No				
VIS.	or Attending I after death. Director: After I in by the funar	Certification:	3 ☐ Sulcida 6 ☐ Could not datermina	288. Piece of Injury - A	t home, farm, straat, fac	tory, office	28f. Location (St	reet and Numb	er or Rural Ro	outa Number,
	E ST ST ST ST ST ST ST ST ST ST ST ST ST	Ser	4 🗆 Homicide	building, atc. (Sp.	ecity)		City or Town	, Stata)		
	Hospital 24 hours Funeral Italy filled		29a. Certifiar Certifying P	hystolen: To the best of my	knowledga, daath occurr	ed et tha tima, data end plac	e, and dua to tha ca	use(s) and ma	nnar as state	d.
-	F 22 E 8	edical	(Check only 2 Madical Exa	miner: On the basis of axam and manner steted.	Ination and/or invastigat	ion, in my opinion, death occ	curred at tha tima, de	ita end place, s	ind due to the	ı cause(s)
1	To the complete	Σ	29b. Signatura and title of certifier	1 54		29c. License number		9d. Data signed		
			William as	when Lenie, "	10	D2370+		June ?	23,19	96
	11		30. Nema and address of person who	completed cause of daath (	Item 23e) (Type, Print)	<u> </u>			-	
	10		William Ando	er Renie, Ml	7	Franklin Squ	are Itosi	etal		
	Sta	te	31. Date filed (Month, Day, Year)	Lie Saulapister &						
	Danis		111N197 144h	to me tour friend	* I = 0 + 1 = 1					



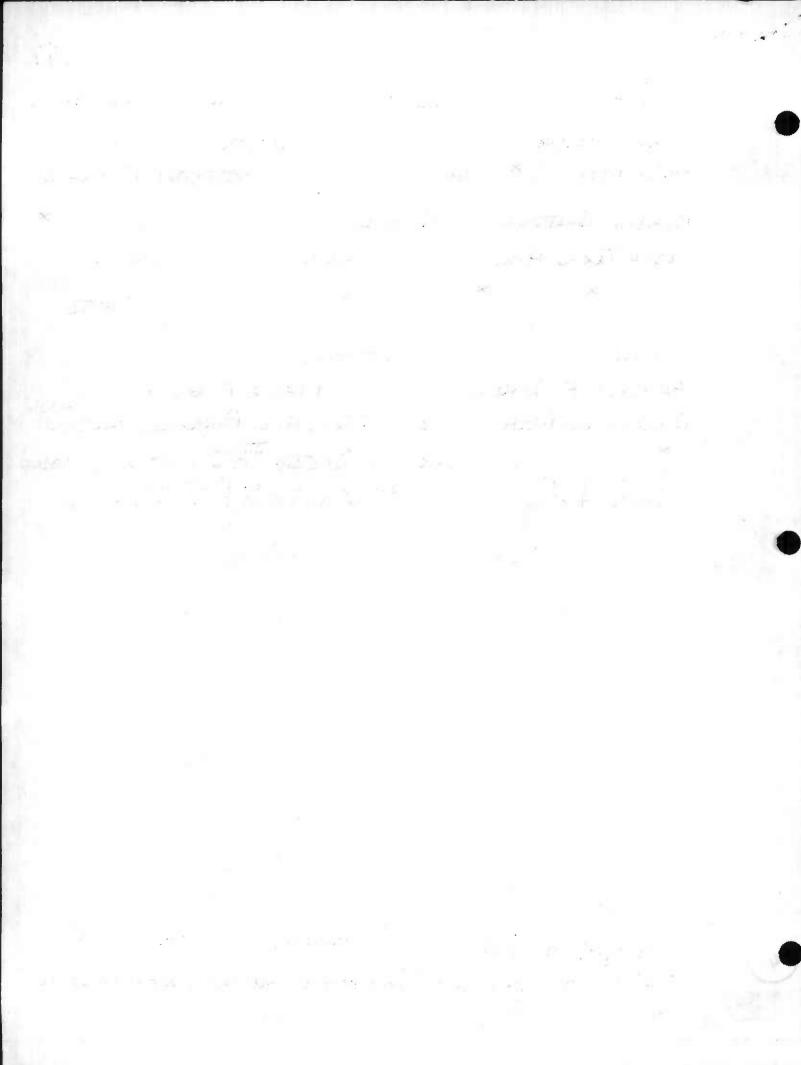
State of Maryland / Department of Health and Mental Hygiene O.C.

F 115		Decedant's Name (First, Middla)	Last)		Certific	ate of l	Death	2. Date of De	Reg. No.		3. Time of Death
Physic /Med		BETTY	٤.	R	ECH			JUNE		1996	10:08 P
Exami		4a. Facility Nama (If not institution,	give streat and numb	ber)		4	b. City, Town, or	Location of Deat	h 4c. Count	y of Deeth	700
		SHOCK TRA			66.1.1-	1-13	BALTI				
uneral		214 24 4759	6. Sax 1 □ M 2 SF 7.	Aga (In yrs. les		hs Days	If Under 24 Hrs Hours Min.	(Month, De	rth ey, Year) 1, 1929	9. Birthpi Count	ace (Steta or Foraign try) YLANO
<b>*</b>		Usuai Rasidance of Dacedant  10a. Stata 10b. County		10c City	Town or Location				1	140	
r than "natural", or frems 23a or 28a-f show the Medical Examiner must be notified at	Director	MARYLAND BA	LTIMORE	F	ARKVIL	عل					od. insida City Limits 1 ☐ Yas ②MNo
Den	ā	10e. Street and Numbar	0		10f.	Zip Coda			10g. Citizan of	What Count	try?
ns 23	Funeral	3304 IEXA	12. Was Dacede	ent Ever in IJS	13 Wee De	2123		posity Vac or No		S - M	a Indian
riten	Fun	1 Nevar Merriad Marrie	Armed Force	as? <b>⊠</b> No			spanic Origin? (S n, Maxicen, Puar	to Rican, atc.)	Bia	ick, Whita, a	
LExan	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Year or Data		1 ☐ Yes	s 254 No	Specify:		Specia	HW "	311
"nati	ete	15. Dacedant's (Spacify only highast	s Education grade complatad)		16a. Decedent's U (Giva kind of	work dona d	furing most of wo	rking	16b. Kind of B	Businass/Ind	ustry
than the M	Completed	Elemantary/Secondary (0-12)	College (1-4	lor 5+)	lifa. DO NO	- Hom			Houseu.	Se	
불분	Be Co	17. Father's Nama (First, Middla, L	ast)		MI	2 (01,	18. Mothar's Nar	ma (First, Middla			
arked o	To B	ALOYSIUS F.	Lorer	12			MARI	S F.	7110	1	
tam 27 is marke other traumatic		19a. informant's Name/Relationsh			19b. Malling Addr	ass (Straat a	A		er, City or Town	, Steta, Zip	Coda) 21234
am 27 inther tri		RiCHARD W.	KECH		3304	SXA	SAVI	. PAR	Krills	MAG	aren
or off		20a. Mathod of Disposition  13€Buriai 2 ☐ Cramation	3 □Removai from Sta	20b. Piac cerr	ce of Disposition (I	Nama of or othar plac	a) +	Data	20c. Location	City or Tov	wn, Stete
tant		4 ☐ Donation 5 ☐ Othar (Spe	ecify)	OA			KIERY	1996	BALTE	MORE	MARVAN
Important: if Itam 27 any injury or other to once.		21. Sift ature of Funeral Service Li	capeea		22. Nama	and Addras	HAPLL	OF M2	MORIL	2	
_ 0 0		Voils of	1 dustr		83		ARFOR		AO - F		Vills
		23a. Part1. Enter tha disaase, or c shock, or haart failura. List o	omblications that day				1				i. I who we
		snock, of haart latiura. List o	nly ona causa on eac	ised the daath. th lina.	Do not antar tha m	node of dying	g, such as cerdiad	or raspiretory e	rrast,		Approximeta intarvai Batween
sician edical						node of dying	g, such as cerdiad	or raspiretory e	rrast,		Approximeta
sician edical miner	131	Immediata Ceuse (Final diseasa or condition rasuiting in daath)		DACT	gunsito	node of dying	g, such as cerdiad	or raspiretory e	rrast,		Approximeta intarvai Batween
edical miner	ner	immediata Ceuse (Final diseasa or condition		DACT		node of dying	g, such as cerdiad	or raspiretory e	rrast,		Approximeta intarvai Batween
edical miner	aminer	Immediata Ceuse (Final diseasa or condition rasuiting in death)		Dua to (or e	gunsito	T WO	g, such as cerdiad	or raspiretory e	rrast,		Approximeta intarvai Batween
edical miner	il Examiner	Immediata Ceuse (Final diseasa or condition rasuiting in death)		Dua to (or e	GUK 140	T WO	g, such as cerdiad	or raspiretory e	rrast,		Approximeta intarvai Batween
hysician and the burial-transit the burial-transit		immediata Ceuse (Final diseasa or condition		Dua to (or e	GUK 140	T wo	g, such as cerdiad	or raspiretory e	rrast,		Approximeta intarvai Batween
g physician and as the burial-transit	ledicai	immediata Ceuse (Final diseasa or condition rasulting in death)  Sequentially list conditions, if any, laading to immediata causa. Entar Undarfying Cause (Diseasa or injury that initiated events		Dua to (or e	GUN 140 s e consequence d	T wo	g, such as cerdiad	or raspiretory e	rrast,		Approximeta intarvai Batween
attending physician and included as the burial-transit are as the buri	ledicai	immediata Ceuse (Final diseasa or condition rasuiting in daath)  Sequentially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Diseasa or injury that initiated events rasulting in daath) Last	a. CON	Dua to (or a	guts to	T wo	g, such as cerdiad	or raspiretory e	rrast,		Approximeta interval Batween Onsat and Death
ha ettending physician and imposion of or usa as the burial-transit and a contract of the cont	ledicai	immediata Ceuse (Final diseasa or condition rasulting in death)  Sequentially list conditions, if any, laading to immediata causa. Entar Undarfying Cause (Diseasa or injury that initiated events	a. CON	Dua to (or a	guts to	T wo	g, such as cerdiad	23b. Did	tobacco uae co	entribute to	Approximeta interval Batween Onsat and Death Onsat and Death the cause of death?
ed by the attending physician and datached for use as the burial-transit a burial-transit and	Physician/Medical	immediata Ceuse (Final diseasa or condition rasuiting in daath)  Sequentially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Diseasa or injury that initiated events rasulting in daath) Last	a. CON	Dua to (or a	guts to	T wo	g, such as cerdiad	23b. Did	rrast,	entribute to	Approximeta interval Batween Onsat and Death
igned by the attending physician and be detached for use as the burial-transit at the contract of the contract	by Physician/Medical	immediata Ceuse (Final diseasa or condition rasuiting in daath)  Sequentially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Diseasa or injury that initiated events rasulting in daath) Last	a. CON	Dua to (or a	guts to	T wo	g, such as cerdiad	23b. Did	tobacco uae co Yee 2 1000	ontribute to 3 Probe	Approximeta interval Batween Onsat and Death  the cause of death?  ably 4 Unknown
Is been signed by the attending physician and unit of the detached for use as the burial-transit and a second to the control of the control o	by Physician/Medical	immediata Ceuse (Final diseasa or condition rasuiting in daath)  Sequentially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Diseasa or injury that initiated events rasulting in daath) Last	a. CON	Dua to (or a	guts to	T wo	g, such as cerdiad	23b. Did	tobacco use co Yee 2 1 100 an autopsy	ontribute to 3 Probe  24b. Wei	Approximeta interval Batween Onsat and Death  the cause of death?
ata has been signed by the attending physician and in page 2 should be datached for use as the burial-transit in page 2.	by Physician/Medical	immediata Ceuse (Final diseasa or condition rasuiting in daath)  Sequentially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Diseasa or injury that initiated events rasulting in daath) Last	a. CON	Dua to (or a	guts to	T wo	g, such as cerdiad	23b. Did 1 □ 24a. Was	tobacco uae co Yee 2 1 10 an autopsy	entribute to 3 Probe	Approximeta interval Batween Onsat and Death Onsat and Death the cause of death?  ably 4 Unknown the eutopsy findings liable prior to inplation of cause
ata has been signed by the attending physician and in page 2 should be datached for use as the burial-transit in page 2.	Be Completed by Physician/Medical	immediata Ceuse (Final diseasa or condition rasuiting in daath)  Sequentially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Diseasa or injury that initiated events rasulting in daath) Last	a. CONA  b	Dua to (or a	guts to	T wo	g, such as cerdiad	23b. Did 1 □ 24a. Was peric	tobacco uae co Yee 2 1 100 an autopsy rmad?	entribute to 3 Probe	Approximata interval Batween Onsat and Death Onsat and Death the cause of death?  ably 4 Unknown re eutopsy findings liable prior to opiation of cause eath?
director, page 2 should be detached for use as the bunal-transit	To Be Completed by Physician/Medical	immediata Ceuse (Final diseasa or condition rasulting in death)  Sequentially list conditions, if any, laading to immediata causa. Entar Undartying Cause (Diseasa or injury that initiated events rasulting in death) Last  Part ii. Other significant condition  25. Was case referred to medical examiner?  1∑Nas 2□ No	a. CONA  b	Due to (or a Due t	s e consequence of a se co	T wo of): of): g causa give	g, such as cerdiad  UU OF H  on in Part i.  26. Place of Dae  r: 4   Nursing H	23b. Did 1   24a. Was perior 104 105 106 107 107 108 108 108 109 109 109 109 109 109 109 109 109 109	tobacco uae co Yee 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24b. Wer avair commer (Specify)	Approximeta interval Batween Onsat and Death Onsat and Death the cause of death?  ably 4 Unknown re eutopsy findings liable prior to noisting of cause eath?  Yas 2 No
this certificate has been signed by the attending physician and the color, page 2 should be deteched for use as the bunial-transit of the color.	To Be Completed by Physician/Medical	immediata Ceuse (Final diseasa or condition rasulting in death)  Sequentially list conditions, if any, leading to immediata causa. Entar Undarthing Cause (Diseasa or injury that initiated events rasulting in death) Last  Part ii. Other significant condition  25. Was casa rafarred to medical axaminar?  TYX as 2   No  27. Mannar of Death 1   Natural 5   Panding	a. CONA  b	Due to (or a  Due to (or a  Due to (or a  Due to (or a  A but not resulting  atient 2 X EF	s e consequence de se conseque	of):  of):  g causa give	g, such as cerdiad  UU OF H  on in Part i.  26. Place of Dae  r: 4   Nursing H	23b. Did 1   24a. Was period the (Chack only come 5 Rasic 28d. Dascribe in the control of the co	tobacco use co Yee 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24b. Wer avail composition of distribute to a value of distribute to a	Approximeta interval Batween Onsat and Death Onsat and Death the cause of death?  ably 4 Unknown re eutopsy findings liable prior to applation of cause eath?  Yas 2 No
or. After this certificate has been signed by the attending physician and in the funeral director, page 2 should be detached for use as the burial-transit in the funeral director, page 2 should be detached for use as the burial-transit.	To Be Completed by Physician/Medical	immediata Ceuse (Final diseasa or condition rasulting in death)  Sequentially list conditions, if any, laading to immediata causa. Entar Undartying Cause (Diseasa or injury thet initiated events rasulting in death) Last  Part ii. Other significant conditions  25. Was case referred to medical examiner?  1 X x 2 No  27. Mannar of Death  1 Natural 5 Panding invastiga 2 Accident invastiga 6 Could no	a. CONA  b	Due to (or a Due t	se consequence of a se con	of):  of):  of):  of):  of):  DOA Otha  28c. injury Work	g, such as cerdiad  UU OF H  on in Part i.  26. Place of Dae  r: 4   Nursing H	23b. Did 1  24a. Was performent of the (Chack only come 5 Rasin 28d. Dascribe in 1998)	tobacco use co Yee 2 1 10 an autopsy rmad? Yes 2 No ona) dance 6 Oth how injury occur	24b. Wer avail com of did	Approximeta interval Batween Onsat and Death Onsat and Death the cause of death?  ably 4 Unknown re eutopsy findings illable prior to uplation of cause eath?  Yas 2 No
or. After this certificate has been signed by the attending physician and in the funeral director, page 2 should be detached for use as the burial-transit in the funeral director, page 2 should be detached for use as the burial-transit.	To Be Completed by Physician/Medical	immediata Ceuse (Final diseasa or condition rasulting in death)  Sequentially list conditions, if any, leading to immediata causa. Entar Undarlying Cause (Diseasa or injury thet initiated events rasulting in death) Last  Part ii. Other significant condition  25. Was case referred to medical axaminer?  TXXas 2 No  27. Mannar of Death  1 Natural 5 Panding invastige invastige invastige invastige invastige.	a. CON  b	Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a	s e consequence of a consequence of a co	of):  of):  of):  of):  of):  DOA Otha  28c. injury Work	g, such as cerdiad  UU OF H  on in Part i.  26. Place of Dae  r: 4   Nursing H	23b. Did 1  24a. Was performent of the (Chack only come 5 Rasin 28d. Dascribe in 1998)	tobacco uae co Yee 2 1 No an autopsy ormad? Yes 2 No ona) dance 6 Oth how injury occur	24b. Wer available (Specify) ared	Approximeta interval Batween Onsat and Death Onsat and Death He cause of death?  ably 4 Unknown re eutopsy findings liable prior to applation of cause eath?  Yas 2 No
or. After this certificate has been signed by the attending physician and in the funeral director, page 2 should be detached for use as the burial-transit in the funeral director, page 2 should be detached for use as the burial-transit.	Certification: To Be Completed by Physician/Medical	immediata Ceuse (Final diseasa or condition rasulting in death)  Sequentially list conditions, if any, leading to immediata causa. Entar Undarthing Cause (Diseasa or injury that initiated events rasulting in death) Last  Part ii. Other significant condition  25. Was casa rafarred to medical axaminar?  12 X as 2 No  No. 27. Mannar of Death 1 Natural 5 Panding invastiga invastiga invastiga invastiga del Homicide  29a. Cartifiar 1 Certifying	a. CON  b	Due to (or a Due t	Se consequence of a se con	of):  of):	g, such as cerdiad  UU OF H  on in Part I.  26. Place of Dae  r. 4   Nursing H  at ?  a. date and piece	23b. Did 1 24a. Was performent of the Chack only	tobacco use co Yee 2 1 10  an autopsy ymad?  No Ona)  dance 6 Oth how injury occur  Street and Number Wm, Stata)	24b. Wer available or (Specify)	Approximeta interval Batween Onsat and Death  the cause of death?  ably 4 Unknown  re eutopsy findings liable prior to inplation of cause aath?  Yas 2 No  Routa Number,
or. After this certificate has been signed by the attending physician and in the funeral director, page 2 should be detached for use as the burial-transit in the funeral director, page 2 should be detached for use as the burial-transit.	edical Certification: To Be Completed by Physician/Medical	immediata Ceuse (Final diseasa or condition rasulting in death)  Sequentially list conditions, if any, leading to immediata causa. Entar Undarthing Cause (Diseasa or injury that initiated events rasulting in death) Last  Part ii. Other significant condition  25. Was casa rafarred to medical axaminar?  12 X as 2 No  No. 27. Mannar of Death 1 Natural 5 Panding invastiga invastiga invastiga invastiga del Homicide  29a. Cartifiar 1 Certifying	a. CON  b	Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a	Se consequence of a se con	of):  of):	g, such as cerdiad  UU OF H  on in Part I.  26. Place of Dae  r. 4   Nursing H  at ?  a. date and piece	23b. Did 1 24a. Was performent of the Chack only	tobacco use co Yee 2 1 10  an autopsy ymad?  No Ona)  dance 6 Oth how injury occur  Street and Number Wm, Stata)	24b. Wer available or (Specify)	Approximeta interval Batween Onsat and Death  the cause of death?  ably 4 Unknown  re eutopsy findings liable prior to inplation of cause aath?  Yas 2 No  Routa Number,
Director: After this certificate has been signed by the attending physician and in by the funeral director, page 2 should be datached for use as the bunal-transit in by the funeral director, page 2 should be datached for use as the bunal-transit in bunal-transit.	Certification: To Be Completed by Physician/Medical	immediata Ceuse (Final diseasa or condition rasulting in death)  Sequentially list conditions, if any, leading to immediata causa. Entar Undarlying Cause (Diseasa or injury thet initiated events rasulting in death) Last  Part ii. Other significant condition  25. Was casa rafarred to medical axaminar?  TX as 2 No  27. Mannar of Death 1 Naturai 5 Panding invastiga 2 Accidant 3 Suicida 6 Could no datarmin  29a. Cartifiar (Check only 2/F Medicat Exp.	a. Color  b	Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a  Due to (or a	So consequence of the se consequence of the	DOA Otha  28c. injury Work, 1 Years, on, in my op	26. Place of Dae  The state of	23b. Did 10 24a. Was peric Clark only of the (Chack only of the Chack only only only only only only only only	tobacco use co Yee 2 1 10  an autopsy ymad?  No Ona)  dance 6 Oth how injury occur  Street and Number Wm, Stata)	anner as sta and dua to 1 dd (Month, D	Approximeta interval Batween Onsat and Death  the cause of death?  ably 4 Unknown  re sutopsy findings liable prior to inplation of cause aath?  Yas 2 No  Routa Number,  wited. tha cause(s)

State Registrar

MISHIDELON 31. Data filad (Month, Day, Yaar)
JUN 27 1996

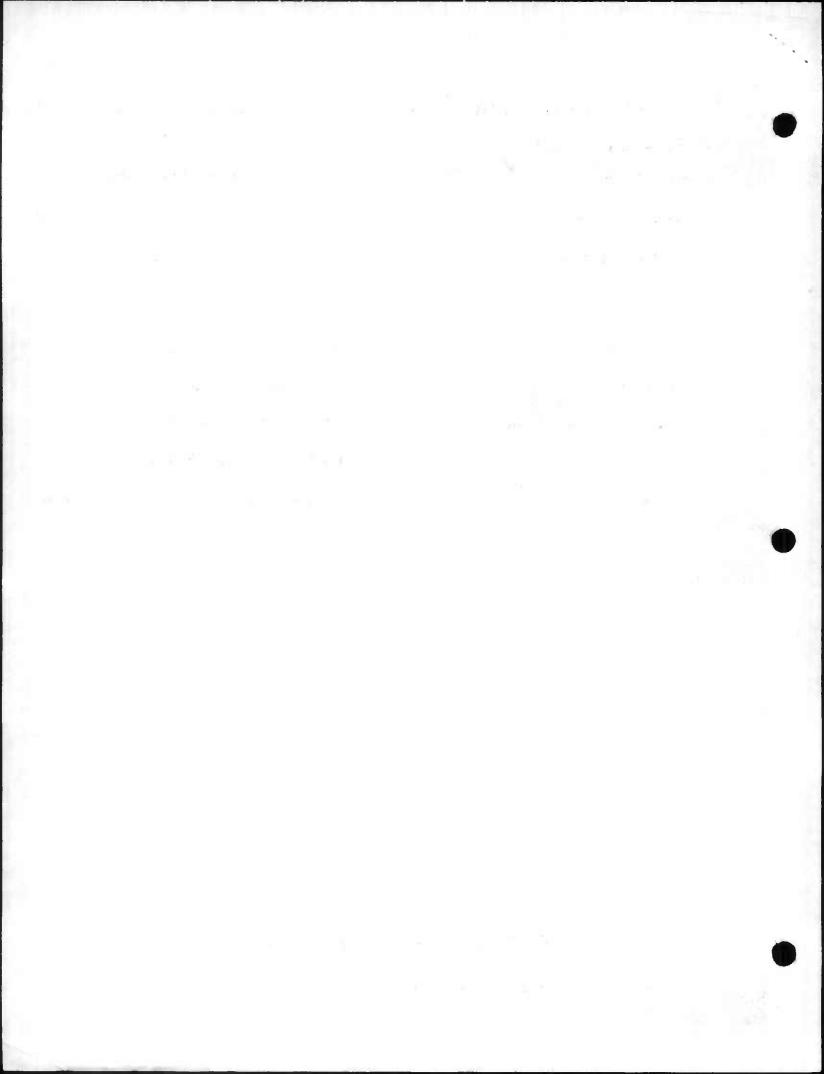
111 Penn Street, Baltimore, Maryland 21201



State of Maryland / Department of Health and Mental Hygiene 96

96 19148

				C	ertificate d	of Death		Reg. No.	O	13140
Ohyolo	i	1. Decedent's Nama (First, Middle, L		`			2. Date of De Month	eeth Dey	Yeer	3. Time of Death
Physic /Medi		ELSIE ELI	ZABETH +	YOWE			JUNE		196	9 15 PM
Examir		4a. Fecility Nema (If not Institution, go	ve street end number)				r Location of Deal	th 4c. County	of Death	
		FRANKLIN WO			Male des d M	Rossy		BAL	. 07	
Funeral Director			Sax 1 □ M 200 F 7. Age (In y	rs. lest birthd Yrs	Months De					laca (State or Foreign try) Yland
pue m		10a. State 10b. County	10c.	City, Town o	r Location				10	0d. Inside City Limits
he Mary 8a-f ah	Director	MD Baltimo	re	GUKVILLE						1 ☐ Yes 2 ☑ No
ith with the 23a or 2	ral Dire	10e. Street and Number 2813 E. Joppa Rd	6		10f. Zip Coo	234		10g. Citizen of		try?
ore, Maryland 21215-0020 Is 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. Item 27 is marked other than "natural; or items 23s or 28s-f show other traumatic event, the Medical Examinar must be notified at	by Funeral	11. Meritel Stetus 1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Evar in Armed Forces? 1	U,S.	I3. Was Decedent If Yas, specify C	of Hispenic Origin? ( Cuban, Maxican, Pua No <i>Specify</i> :	Specify Yas or Norto Rican, etc.)	o- 14. Rad Bie-	ce - America ck, Whita, a	atc.
2 ho	P P	15. Decedent's E	Education	16e. De	ecedent's Usuai Oc	cupetion	- 41	16b. Kind of B	usiness/Ind	Justry
aryland 21215-0020 should be filed within 72 hours af of Mental Hygiene. marked other than "natural", or matic evant, the Medical Exam	Completed	(Specify only highest games (0-12)	Collega (1-4or 5+)		ive kind of work do e. DO NOT use re Self Emple	cupetion ne during most of w tired)	orking	Real Est	ate	
Hygied 17, 11		17. Father's Neme (First, Middle, Las	e)		Dett author		ema (First, Middle			
yland 212 ould be filed with Mental Hygiene. arked other than	Be	Harvey Burton	·/				TRABAN		10)	
should and Men Imarke	2	19e. Informant'a Name/Reletionship	(Time Brint)	105 M	alling Address (Ct	/ 5 - 3			Canto Zin	Codel
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event		A PERSON NAMED OF THE PERS			Belling Address (Str る E. しcppa	eet end Number or I	imore, Mc		Stete, Zip	Code)
e, N 1 and Health Pm 27		WILLIAM H. ROWE  20e. Method of Disposition	/ 578USC		isposition (Neme of		Date	20c. Location	City or To	um Ctata
Baltimore, N permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tr once.		1 ☑ Buriel 2 ☐ Cremetion 3 I 4 ☐ Donetion 5 ☐ Other (Spec	□Ramoval from Stete	cemetery,	Memorial Pe	plece)	June 24,	Baltimo		
Balt pemit. Departm Importa any inju		21. Signeture of Funarai Sarvice Lice	nsee		22. Neme end Ad					
		23a. Part1. Enter the disease, or cor shock, or heart feilure. List only	a a			el of Memo			1. Butte	s. Md. 21234
Physician /Medical Examiner	iner	Immediate Cause (Final disasse or condition resulting in death)	e. Acute M.	go care (or es e con	chal In	faction				1 Day
OTGS, P.O. BOX 68/60, requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the burla-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last	c		sequence of):					
OX 68 certifica nding pl use as t		rasulting in South, East	d							
U. BO	cla	Port II. Other elgoidteent conditions	contribution to don't but not	and the state of the state of		abus is Dard I	ash Did	Achana was as	madbusts as	the serves of death
h. O. BOX that the death cer ed by the attendir detached for use	Physician	Interstitial	^		, ,			Yee 2 No		the cause of death
S S S S S S S S S S S S S S S S S S S	by	MILEISCICIAL	1101051	3	/ Cur	£	-			
	Completed							s an autopsy ormed?	ava	ore autopsy findings allable prior to mpletion of cause death?
	Eo						10	Yes 2 No	10	Yas 2□ No
	Be C	25. Wes case rafarred to medical				28 Place of D	eeth (Check only			7745 22710
Of VItal Physician: T this certificat ral director, p	ToB	examiner? 1 ☐ Yes 2 ☑ No	Hospitei: 1 ☐ Inpatient 2	☐ ER/Outpa	itient 3 DOA	Othor	Homa 5 ☐ Ras		ner /Snecit	el .
SION OF		27. Menner of Deeth 1 ☑ Netural 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)		a of 28c. I	njury at Work?	1	how injury occur		<u>y</u>
UVISION To the Hospital or Attending I Within 24 hours effer death. To the Funeral Director: Affer completely filled in by the tune	Certification:	2 Accident investigation 3 Suicide 6 Could not 4 Homicide determined	De Diese et teine. A	home, ferm,		I Yes 2 No ce	28f. Location City or To	(Street end Numi wn, Stete)	ber or Rural	l Route Number,
DIVI: To the Hospital or Atl within 24 hours efter of To the Funeral Direct completely filled in by	edical (	29e. Certifiar (Check only one)	hyelclan: To the best of my k miner: On the basis of exami and menner steted.	nowiedge, de inetion end/o	eeth occurred et the r investigetion, in n	e time, dete and pier ny opinion, deeth occ	ce, and due to the curred et the time	cause(s) end ma , dete end piece,	annar as ste	eted. the cause(s)
To the within 2 To the comple	Me	29b. Signature end titla of cartifier	)	1	29c. Lic	ense number		29d. Data signe	id (Month, L	Day, Year)
		1	4-4 K.	16	D	39297		JUPE	20 1	1996
125		30. Neme end address of person who	completed cause of deeth (I	tem 23e) (Ty	pe, Print)					
		DR. Ro 9005 Ha	rsad Rd. Ball	by.on	. 21234					
Sta	ite	31. Dete filed (Month, Day, Year)	P. 22. Registrents Signal Say Non-Har	nature						

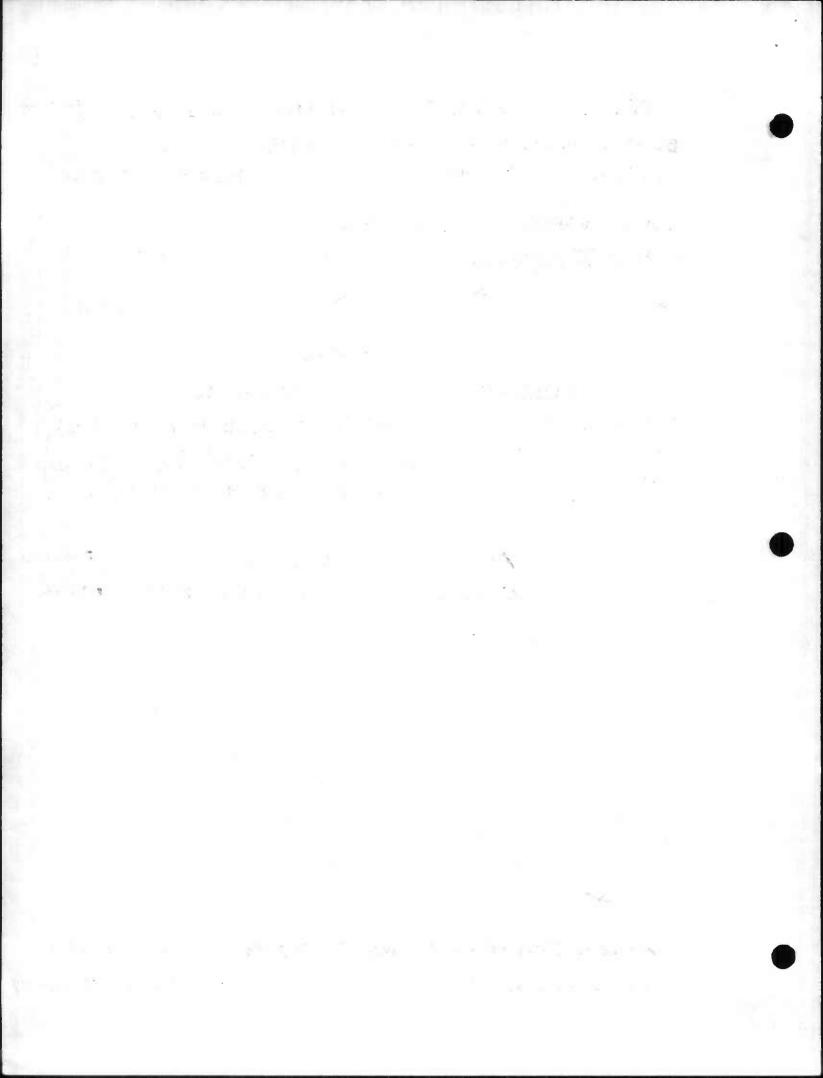


State of Maryland / Department of Health and Mental Hygiene

9	9	6	9	4	(
	-		 and a	T	

			Otato of Maryin		ertificate of	f Death		Reg. No.	0	3149
Physici	an.	1. Decedent's Neme (First, Middle, L		1.0	0 11		2. Dete of De Month	eth Dey	Year	3. Time of Death
/Medic		DELIA	REGIN	IA	ROWL	AND	100mm	Eaa	1996	720 AM
Examin	ner	4a. Facility Name (If not Institution, gi		2		4b. City, Town, or I	ocation of Deetl			
			MUSCUT	12012		BELAGE		MAG	FORC	)
Funeral			Sex 7. Age (In y	rs. last birthday Yrs.	Months Day		_(Month, Da	th y, Year)	9. Birthplec	e (Stete or Foreign
Director		Usuel Residence of Decedent	411	113.			1-EQ. 10	1899	I (SE)	AND
a fand		10a. State 10b. County	10c.	City, Town or L	ocation.				10d.	Inside City Limits
Many Hed	to	MARYLAN HARFE	RO I	FOREST	II.H -					1 ☐ Yes 2 No
ith the Marylar or 28a-f show	Director	10e. Street end Number		014001	10f. Zip Code			10g. Citizen of	What Country	?
death with the Manyland me 23e or 28e-f show mest be nutfied at	O TE	518 WEST JARR	STITES IL PE	CAN	21	020		12.61	. 9.	
er daath w Reme 23e Per mas 3	Funeral	11. Marital Status	12. Wes Decedent Ever in Armed Forces?	1 U,S. 13.		Hispanic Origin? (Siben, Mexican, Puert	pecify Yes or No	- 14. Rec	e - American	
O & 9	by Fu	1 ☐ Never Married 2 ☐ Married 358.Widowed 4 ☐ Divorced	1 ☐ Yes ᢓ☑ No If Yes, Give Year or Dates:		1 ☐ Yes 🎉 Ni		o niceri, etc.)	Specif	ck, Whita, etc	
15-002 72 hours	ted	15. Decedent's E	ducetion	16a. Deci	edent's Usual Occ	upation		16b. Kind of B	usiness/indus	itry
216 Phin 7	Completed	(Specify only highest gi	College (1-4or 5+)	lifa.	DO NOT use reti	ne during most of wor red)	king			
21 ad will	Con	12785.			AT HO	me		Own	HOME	5
Ind tall H	Be	17. Father's Name (First, Middle, Las	1)			18. Mother's Nan	ne (First, Middle,	Malden Suman	ne)	
Aaryla 2 should and Meni 1s marke	2	PATRICK MC	770 DZ			SARA	JI KI	THOIC		
Maryland d 2 should be file th and Mental Hy 7 Is marked othe traumatic event		19e. Informent's Name/Reletionship	(Type, Print)	19b. Mei	ing Address (Stre	et and Number or Ru	ral Routa Numb	er, City or Town	State, Zip Co	0001 d1050
e, N l and taalth m 27 her tr		CIARA K. FROM	1	2181	USI JE	ARUTION	1the 15	p60 f0	RUTH	W 170.
Baltimore, semil. Pages 1 ar Separtment of Hea mportant: if item 2 nny Injury or other nns Injury or other nns.		20a. Method of Disposition  Burial 2 Cremation 3 [		cemetery, cre	osition (Name of emetory or other p	lace)	TURAY	20c. Location	City or Town	, Stete*
tirr trant: tunt:		4 Donetion 5 Other (Spec		JORELAN	so CEC	ORIAL	1996	MARKY	ME DE	BULDIO
Baltimore, Maryland 212: permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: If item 27 is marked other than any injury or other traumatic event, the Magnes.		21. Signature of Funeral Service-Line	insee	5	2. Name and Add	SROLCH	apel - B	SLAGR.	BU.	
_ 45240		Trank Arc	26	3	3 New Ao	BY ORIV	& FOR	LLA TO	Mary)	was and
		23a. Part1. Enter the disease, or con shock, or heart failure. List only	nplicetion. That ceused the de one cause on each line.	eeth. Do not e	iter the mode of d	ying, such as cardiac	or respiratory a	rrest.	A	pproximete terval Between
Physician			1						0	nset and Death
/Medical Examiner		Immediate Cause (Final disease or condition resulting In death)	a. ASPIRI	AT101	V PNE	MONONI	A		2	WEEKS
	100	rosuming in docum	Due to	o (or es e conse	equence of):				1	
bet tien	Examiner		b. COLON	Y CA	RCINO	MA, M	ETA-ST	MIC	1	YEAR
68760, ifficate be axecuted g physician and as the burial-transit	Exal	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to	o (or as a conse	quence of):				į	
68760, ficate be an physician as the burial-	edical	Cause (Disease or Injury that initieted events	C. Due to	(0.000						
68 ufficat g phy as th	B	resulting In deeth) Last	Due to	o (or as a conse	querice or):				1	
	2		d							
. 0 .0	icla	Part II. Other significant conditions	contributing to death but not a	resulting In the	underlylna ceuse (	alven in Part I	23h Did	tohacco usa co	ntribute to th	e cause of death?
P.O. Box that tha daath cer ed by tha attendin datached for usa	Physician/N		sommosting to doctin but not i	TOOGHANG III LIIO	andonying oodse (	givoir arr arr i.		Yes 20110		oly 4 ☐ Unknown
s tha	by P							TEATHO		,
Division of Vital Records, P.O. Box or Attanding Physician: The law requires that the death certificate has been signed by the attendin I'm by the funeral director, page 2 should be detached for use	Pe						24e. Wes	en eutopsy	24b. Were	autopsy findings
aw re	Completed			<u> </u>			penc	mear	comp of dea	letion of cause ath?
Re lav	Eo						10	Yes 2000		'es 2□ No
f Vital Re yelclen: The last cardificate he director, page	Bec	25. Wes case referred to medical				26. Place of Dea				
f V	ToE	exeminer? 1 ☐ Yes 2 No	Hospital: 1 Inpatient 2	□ ER/Outpatie	ent 3 DOA	Whore	ome 5 Resi		er (Specify)	
On of ding Phys h. After this funeral d	ii.	27. Manner of Death	28a. Dete of Injury (Month, Day Year,					how Injury occur		
ision ttandin death. ctor: Afr	atic	1 Netural 5 ☐ Pending investigetion	on	, injury		☐ Yes 2 ☐ No				
IVIS	Certification:	3 Sulcide 6 Could not to determined	28e. Place of Injury - Albuilding, etc. (Spe	t home, farm, s	treet, factory, office	9	28f. Location (	Street and Numi	per or Rural R	louta Number,
D state of the sta	Ce		Sallowing, Sto. (Sp.	, only ,			0.1, 0. , 0.	, 0.0.07		
DIVISION To the Hospital or Attance within 24 hours after dead with To the Funeral Director: complately filled in by the	Medical	29a. Certifier (Check only one) 12 Certifying Pl	nysician: To the best of my k miner: On the basis of exami end manner steted.	knowledge, dea ination and/or i	th occurred at the ovestigation, in my	time, date and place opinion, death occu	, and due to the rred at the time,	cause(s) and modate and place,	enner es stete and due to th	ed. e ceuse(s)
ompl	Me	29b. Signeture end title of certifier			29c. Lice	nse number	1-	29d. Dete signe	d (Month, Da	y, Year)
->-		Andrewk	owaleon.	201	up Do	2889	6	_		
d	}	30. Name and address of person who			Print)	0809 5 N. M		00110	~~/	, , , ,
	- 1	ANDAGN NO	WAKRUS KI	M	120	- NN	AIN S	T BE	TAI	R HIDDIN
\		// - /- / / / / / / / / / / / / / / / /			, .	, , , , , ,			0 / ) ! !	11/1/1/1/2011/1
Sta	te	31. Date filed (Month, Day, Year)	a Begistrar's Si	nature	/	, , , , ,				יווצישיין

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** RIDENDUR ROBERT 10.04 AM 1996 JUNE 20 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner SAMARITAN HOSPITAL BALTIMORE n/a H Undar 1 Year H Undar 24 Hrs. 8. Data of Birth (Months, Day, Year)

Min. July 21, 15 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthpiace (State or Foreign Country) **Funeral** 1 M 2 F 55 Yrs. 213-36-4984 1940 Director unknown Usuai Rasidance of Decedani the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 12 Yas 2 No Director Maryland n/a Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? deeth with 6116 Bel Air Road 21214 unknown Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No 14. Race - American indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status should be filed within 72 hours after and Mental Hyglene. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 ☑ No Specify: White by 3 ☐ Widowed 4 ☑ Divorced Completed Decedent's Usual Occupation
 (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Collega (1-4or 5+) Elementary/Secondary (0-12) unknown unknown unknown unknown 17. Fathar's Nama (First, Middle, Last) permit. Peges 1 and 2 should be file Department of Health, and Mental Hy Important: if flem 27 is marked other any liqury or other treumatic event pobes. 16. Mothar's Nama (First, Middla, Maldan Sumama) unknown unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Debbie Howard/Neice 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Ramoval from State
4 Donation 5 Nother (Specify) State rem. 21. Signature of Funeral Service Licensee S. 22. Nama and Addrass of Facility State Anatomy Board-655 W. Baltimore Street Wade, Dir. mone De Baltimore, Maryland 21201-1559 e 23a part. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, much, or near failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** /Medical Immediata Causa (Final SEPSIC 2 days diseasa or condition resulting in death) Examiner Dua to (or as a consequence of): STAGE UVER DISEASE 5 years attending physician and for use es the bunal-transit The lew requires that the death certificate be executed Exam Sequentially tist conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): CIRRHOSIS. P.O. Box 68760. years Physician/Medical Dua to (or as a consequance of): EHRONIC ALCOHOLISM. 20 years ed by the a Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 □Probably 4 □ Unknown COPD. Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy RENAL INSUFFICENCY cate hes (L) CVA. 1 Yas 2 No 1 ☐ Yas 2 No certificate Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certificately filled in by the funeral director; [ 25. Was casa rafarred to medical axaminar? 26. Piaca of Death (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To 1 Npatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. tnjury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 6 ☐ Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of injury - At homa, farm, streat, factory, offica building, atc. (Specify) 4 T Homicida To the Hospital c within 24 hours al To the Funeral D completely filled 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and piace, and due to the causa(s) and manner as stated.

| Medical Examtner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and piace, and due to the causa(s) and manner stated. edical 29a. Certifian (Check only one) 29b. Signatura and titla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) 20, 1996 PO 9307 MD Same JUNE 30. Nama and addrass of person who complated cause of death (ttam 23a) (Type, Print)

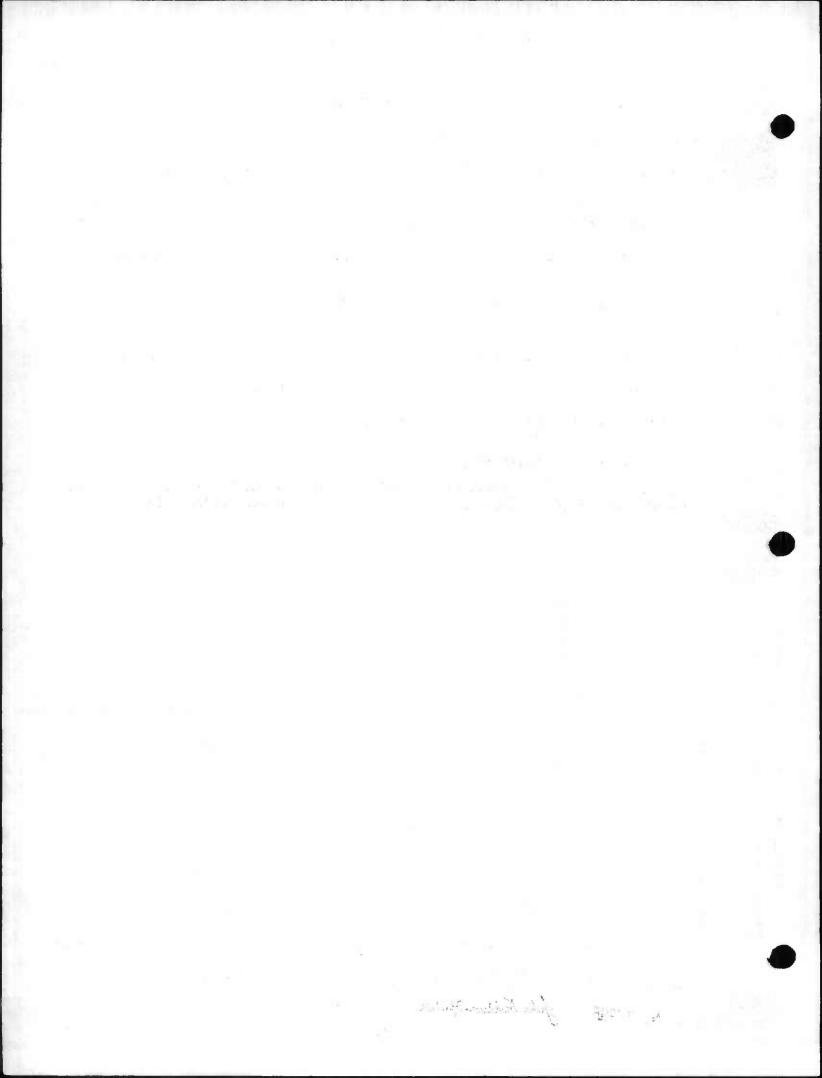
BALTIMORE

HOSPITAL

State Registrar

31. Data filed (Month, Day, Year)
JUN 2. 7 1996

RANI, GOOD SAMARITAN Julia Deir Gristrar's Signatura



								nd Mental Hy	giene 9	96	19151
	Film	G7	36 item 1 per FH 6-27-96  1. Decedent's Name (First, Middle, Last)	rja	Ce	rtificate of	Death	O. Data at D.	Reg. No.		O. The of Death
П	Physici		HELEN RULEY	Helen L.	Rulev			2. Dete of De Month	Day	Year 96	3. Time of Deeth 2:40 pm
	/Medic Examir		4a. Facility Neme (If not institution, give street				4b. City, Town	, or Location of Deal	24 th 4c. County		a lopin
1	Exami		Johns Hopkins Bayvier	N			Baltim	ore		N/A	
	Funeral		5. Social Security Number 6. Sex 1 ☐ M 2	OF	rs. last birthday)	If Under 1 Yee Months Days		Hrs. 8. Dete of Bi Min. (Month, D Aug.	rth sy, Year)	Countr	ace (State or Foreign
	Director		Usuel Residence of Decedent	X 90	Yrs.			Aug. 1	3, 1905	Mary	Land
	fand ow		10a. State 10b. County	10c.	City, Town or Lo	ocation				10	d. Inside City Limits
	Man	tor	Maryland N/A		Baltim	ore					1 Ves 2□ No
	or 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of \	What Countr	ry?
	23a	ral	8046 East Bank Stree	t		212			u.s		
0	d within 72 hours after death with the Maryland jiane. r than "natural", or items 23s or 28s-f show tre Medical Exercited result be notified at	Funeral	Ar	as Decedent Ever In med Forces? ⊒Yes 2⊠No Yes, Give		Wes Decedent of If Yes, specify Cu  1 ☐ Yes 2 ☑ No		r? (Specity Yes or No Puerto Rican, etc.)		ce - America ck, White, et	tc.
005	iral,	d by	3 X Widowed 4 □ Divorced Ye	ear or Dates:		TILL TOS ZESINO	э эреспу:		Specify	" Whi	te
15-(		Completed	15. Decedent's Education (Specify only highest grade com	pleted)	16a. Dece (Give	dent's Usual Occu kind of work done DO NOT use retir	upation a during most o	f working	16b. Kind of B	usiness/Indu	istry
12	filed within Hygiane. ther than "	duic	Elementary/Secondary (0-12) Co 8th grade	ollege (1-4or 5+)		Maker	eu)		Hat Co	mnautt	
D	€£€£	Be Co	17. Father's Name (First, Middle, Last)		Tiuc I	Mureet	18. Mother's	Name (First, Middle			
/lar	D = 0	To B	Unknown					Unknown			
Maryland 21215-0020	2 she and and s m		19a. Informant's Name/Reletionship (Type, Pr		19b. Meili	ing Address (Stree	et and Number	or Rural Route Numb	er, City or Town,	State, Zip (	Code)
			William G. Ruley (So)					Fork, Mar			
JOL	ages 1 annt of Haall Hitem 2: From their		20a. Method of Disposition  1X Burial 2 Cremetion 3 Remov	ai irom State		osition (Name of matory or other pl		Date	20c. Location		
Baltimore,	pemit. Pages 1 an Department of Heal Important: If item 2 any Injury or other once.		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Seption Licensee	100		e Cemete 2. Name end Add		6-28-96	Baltimo	re, M	aryland
Ba	Depa Impo any la		111	111.	S	chumunek	tunera	l Home , Baltimo	re. Maru	land	21213
	۰		23a. Part1. Enter the disease, or complication shock, or heart failure. List only one cau	s that caused the de							Approximete Interval Between
	Physician /Medical Examiner	ner	Immediate Cause (Final disease or condition resulting in death)		S with	Quence of):	ringitio	lis		1	Onset and Death
oʻ	ata be axecuted hysician and tha burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to	(or es a conse	quence of):			31		
68760,	incata be g physici as the bu	Physician/Medical	Cause (Disease or injury that initiated events resulting in death) Last	Due to	(or es a consec	quence of):					
Box	Ton \	and	d								
	( %)	sici	Part II. Other significant conditions contributi	ng to death but not r	esulting In the u	inderlying cause g	iven in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
, P.O.	igned to be dead	by Ph						1	Yes 2 No	3 ☐ Probe	ably 4 Unknown
of Vital Records,	aw requir	Completed b							s an autopsy ormed?	aval	re autopsy findings llable prior to apletion of cause eath?
<u>=</u>		Con						1 🗆	Yes 2 No	10	Yes 2□ No
Ĭ.	cartific ector	Be	25. Was case referred to medical examiner?	M·		0	thorn	Death (Check only			
5	this rai di	<u>۲</u>	TE TOS ZENTO	1 Inpatient 2 b. Date of Injury	☐ ER/Outpatie	III JUDA		ng Home 5 ☐ Res	how injury occur		
O	Attending Physician: Ir death. ector: After this cartific by the funeral director,	tlor	1 Netural 5 Pending 2 Accident Investigation	(Month, Day Year)	Injury	W	ork? ∃Yes 2⊟No		,,		
Division	> 월등 드	Certification:	3 Sulcide 6 Could not be	e. Placa of Injury - At building, etc. (Spe	t home, farm, st ecify)	reet, factory, office	9		(Street and Numb own, State)	per or Rural	Route Number,
	To the Hospital within 24 hours a To the Funeral I completely filled	edical	29a. Certifler 1 Certifying Phyatcian: (Check only one) 2 Medical Examiner: O at	To the best of my k n the basis of exami nd menner steted.	nowledge, death netion and/or in	h occurred at the i vestigation, in my	time, date and p opinion, deeth	place, and due to the occurred at the time	cause(s) and ma date and piece,	anner as sta end due to (	ted. the cause(s)
	To th To th comp	M	29b. Signature and select of certifier			29c. Licer	nse number		29d. Date signe		
			Danue MD			950	11		June	24,1	996
	5	Ī	30. Name and address of person who complete						0 .		
	- 500	•	Johns Hopkins Bay 31. Dete filed (Month, Day, Year)	32. Registrar's Sig	nature		e, Balt	umore, Ma	rykand 2	.1224	
	Sta Registr		JUN 27 1996	Julia De	widson-A	anders		1			

DHMH 16 Rev 6/95

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death Month Year 450gm tie Mae JUNE 20 4a. Facility Name (If not institution, giva street and number) BAYVIEW GERIATRICS TIMORE 4c. County Birthplace (Stata or Foreign N. CAROLINA 5. Sociel Security Number If Under 1 Yaar | If Under 24 Hrs. 6. Sex 7. Aga (In yrs. last birthday) 243-32-4599 Days 1 M 2 X K 69 Yrs. Usual Residance of Decedent 10c. City, Town or Location MORE 10a. Stete 10b. County 10d. Inside City Limits MD n/a XX Yes 2 No 10e. Street and Number 10g. Citizen of What Country? UNITED STATES 10f. Zip Code 21224 5505 HOPKINS BAYVIEW CIRCLE 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes X &☐ No If Yes, Giva Yeer or Dates: Wes Dacedant of Hispanic Origin? (Specify Yas or Notif Yes, specify Cuben, Mexicen, Puarto Ricen, atc.) 14. Race - Amarican Indien, Bleck, Whita, atc. 11. Maritat Status 1 Never Merried 2 Married 1 ☐ Yes 2 ☐XNo Specify: Specify: BLACK 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) RESTAURANT COOK 10 th 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) ROSIE CHARLES **PURCELL** 19a. tnforment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zio, Code) 2239 PENTLAND DRIVE, BALTIMORE, MD 21234 CHARLES KENT 20b. Pieca of Disposition (Neme of cematary, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 Øremetion 3 ☐ Removei from Stata GREENMOUNT CREMATORY BALTIMORE, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funarel Service Licenses 22. Name end Address of Fecility **AVENUE** WM. C. MARCH FH.-1101 E. NORTH 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediate Cause (Finel mos disease or condition resulting in deeth) Due tq (or es e consequence of): Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Causa (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): e 115100 Due to (or as a consequence of): Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown 24b. Were autopsy findinga available prior to completion of ceuse of death? 24a. Was en autopsy performed? 1 Yas 2 LING 1 Yes 2 No 25. Wes case referred to medical 26. Place of Death (Check only one) Other Nursing Home 5 Rasidence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA

**Physician** /Medical Examiner -transit and

**Physician** 

/Medical

Examiner

Director

Funeral

2

Completed

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f show traumetic event, the Medical Examiner name be notified at

pemit. Peges 1 and 2 should be filed within 72 hours after death 1 Department of Heelth end Meniel Hygiene. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Examiner mast once.

Baltimore, Maryland 21215-0020

with the Maryland

Physician/Medical by Completed Be

2

Certification:

Medical

Examiner

been signed by the attending should be detached for use After this certificate Attending Physician: To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral of

Division of Vital Records,

6 Could not be

exeminer? 1 Yes 2 No 27. Menner of Deeth

28e. Dete of Injury (Month, Day Year) 5 Pending investigation

28b. Time of

28e. Piece of Injury - At home, ferm, straat, factory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No 28d. Describe how injury occurred

29a. Cartifier

Naturel

2 Accident

3 ☐ Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) end menner es stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete and pieca, end due to the cause(s) end mennar statad.

29b. Signatura and title of certifian

29c, Licansa number

29d. Date signed (Month, Day, Year)

28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)

who completed cause of deeth (Item 23e) (Type, Print)

BAYVIEW CIRCLE BALTIMORE, MO 31. Dete filed (Month, Day, Year)

Registrar

JUN 2 7 1996

All the second of the second o

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3 Time of Death Month **Physician** rodgers une /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HOSPITAL SINAI BALTIMORE CITY n/a if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 8. Dete of Birth (Month, Day, Year)
9. Birthpiece (State or Foreign Country)

9. Birthpiece (State or Foreign Country)

9. Birthpiece (State or Foreign Country) 5. Sociei Security Number if Under 1 Yeer 7. Age (In yrs. lest birthday) **Funeral** XXM 2□F Months Days 427-14-1165 81 Yrs. Director Usuel Residence of Decedent 10e State 10h County 10c. City. Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at MD MYYes 2□ No Director n/a BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5 4608 PARK HEIGHTS **AVENUE** 21215 Nerns 23a UNITED STATES Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ Mo if Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Maritel Stetus Pages 1 and 2 should be filed within 72 hours efter or the filed within 27 la marked other than "natural", or fler nt: If them 27 la marked other than "natural", or fler 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: BLACK Specify: þ 3 Niwidowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) INGLAND yrs. shipbuilder 17. Fether's Neme (First, Middle, Last) 16. Mother's Name (First, Middle, Maiden Sumame) Be WILLIAM RODGERS LOVELLA CURRY 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Health an Important: if Item 27 is any injury or other trau JOYCE. STANTON RAVENWOOD AVENUE, BALTIMORE, MD 21213 20e. Method of Disposition 20b. Pieca of Disposition (Name of cemetery, crematory or other piece) 20c. Location - City or Town, State N Burial 2 ☐ Cremetion 3 ☐ Removel from State STRANTON CEMETERY 6-29 PASCAGOVLA, MS 4 ☐ Dorlation 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility WM. C. MARCH FH. 1101 E. NORTH eman machlo **AVENUE** 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one seuse on each line. Approximete Intervel Between Onset and Deeth Physician /Medical Immediate Cause (Finel 10 4 Cars disease or condition resulting in deeth) Examiner Physician/Medical Examiner Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760 Due to (or es a consequence of) 2 attending i Pert Ji. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No RCINOMA ROSTATE 3 Probably 4 Unknown signed I þ 24b. Wera autopsy findings evailable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed page 2 s 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director, 25. Wes case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospitel: 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 Maturat 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier 🔀 🕶 artifying Physician: To the best of my knowledge, deeth occurred at the time, dete and plece, and due to the cause(s) and menner as stated. Medical Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, dete and piece, and due to the cause(s) end menner steted. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 196 30. Name and address of person who completed cause of deeth (Item 23a) (Type Pant) 22. Registrer's Signeture 31. Dete filed (Month, Day, Year) State Registrar

**DHMH 16 Rev 6/95** 

\*\*\*

State of Maryland / Department of Health and Mental Hygiene

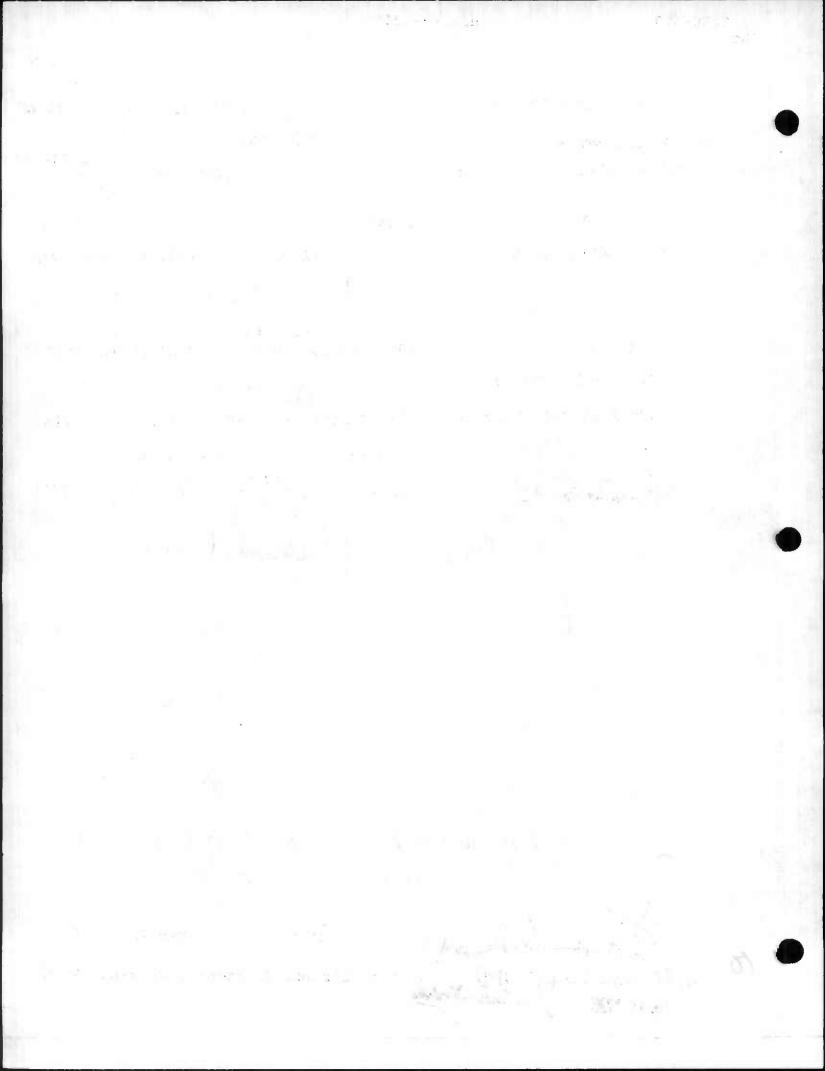
19151

					viaryiari	-	rtificate				ioniai iii	Reg. No.	20	19104
	Physic /Medi		Decedant's Name (First, Middle, La.     LUIS ROLANDO								2. Date of Do Month JUNE	Day	Year 996	3. Time of Death 09:18 A
	Exami		4a. Facility Name (If not institution, give	street end numbe	er)				4b. City, To	vn, or Lo	ocation of Daa		nty of Death	
L	1000		101 GAY STREET				W Handali d		BALT				N/A	
ı	Funeral		5. Sociel Security Number 6. S 2 2 0 - 31 - 0 3 8 8	ex ☑M 2□F	Age (In yrs. ie 28	est birthday) Yrs.	If Under 1 Months	Days	If Under :	Min.	8. Date of Bi	rth ey, Year)	9. Birth	place FUTOI FOR PO
	Director		Usuel Residence of Decedent	Λ	20						02-	01-68		NCHO
	/land		10a. State 10b. County		10c. City	Town or Lo	cation						HOH	DURAS 10d. Insida City Limits
	Mar Mar	tor	MD N/A		BA	LTIMO	) R E							1 ☐ Yes 2 ☐ No
	or 28	lrec	10e. Street and Number				10f. Zip C	Code				10g. Citizen o	of Whet Cou	intry?
	th wi	Funeral Director	4013 WHITE A	VE A-1					2120	6		JUTICA	LPA	HONDURAS
	r dea	Jue	11. Maritai Stetus	12. Wes Deceder Armed Force	57	3. 13. V	Was Decede	nt of F	lispanic Orig	in? (Sp	ecify Yes or N Ricen, etc.)		ece - Ameri lack, White	can Indian,
21215-0020	72 hours effer death with the Maryland naturel', or items 23s or 28s-f show neaf Evansiner mant be notified at	by	1 ☐ Never Married 🏖 Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ if Yes, Give Year or Date:	<b>X</b> No						DURIA			NDURIAN
15-	n 72 h	lete	15. Decadent's Ed (Specify only highest gra	ucation de completed)		16a. Deced (Give	lent's Usual kind of work DO NOT use	Оссир <i>доле</i>	ation during most	of work	ing	16b. Kind of		
212	within ene.	Completed	Elamentary/Sacondary (0-12)	College (1-4c	or 5+)	PROF	ESSI	ON A			R ACTOR		RTME	NT AL COMPLI
P	Hygied pther ent,	Be C	17. Fether's Name (First, Middle, Last)			- 1001	2001	0 1.12				, Melden Sum		AL COMPLI
Maryland	fental fental rked o	To B	CRISTINO E. 1	ROMERO					EVA	NGE	LINA E	ROMERO		
any	s man		19a. Informant's Name/Relationship (7			19b. Mailin	g Address (	Street	end Numbe	r or Run	el Route Numb	per, City or Tox	m, Stete, Zij	o Code)
	and 2 paith 27 i		SANTOS ROMERO	-BROTI	HER	303	5 CH	ESI	ERFI	ELD	AVE I	BALTO.	, MD	21213
ore	ges 1 and of Healt		20a. Method of Disposition  1 Burial 2 Cremation 3 D	Communal from Char	20b. Pia	netery, crem	sition (Neme	of er ple	ce)		Date	20c. Location		
Ë	Pe Tien		4 Donation 5 Other (Specify		ta	HOND	URAS			6	-28-9	6 HON	DURA	S
Baltimore,	permit. Pe Departmen Important: any Injury		21. Signature of Funeral Service Licen				Name end				2 W NO	ORTH A		ALTO, MD. 21217)
	200		23e. Part1. Entar the disease, or comp shock, or haart failure. List only	lications that caus	ed the deeth.									Approximata Interval Between Onset and Death
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. C	orto	4	rensi	6	2 00	~-	aluf	Hoe		Onset and Death
	- 1	- E	Toolston,		Due to (or	as a consequ	uence of);							
	uted snsit	Medical Examiner		b										
Ć,	icate be executed physician end s the buriel-transit	Exa	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury		Due to (or	as a consequ	uenca of):						i	
68760,	e be sicia e bur	cal	thet initiated events	c	Due to /or /	es e consequ	topos of):							
	tificat ng phy as th	Pe	resulting in deeth) Last		Due 10 (01 6	as a consequ	Jerica Oi).							
Box	death certificate be executed e attending physician end of for use as the buriel-transit	an/N		d			_					-		
		Physician/N	Part II. Other significant conditions co	ntributing to death	but not result	ting in the un	iderlying cau	ise giv	en in Part I.		23b. Dld	tobacco use o	ontribute t	o the cause of death?
0	res that the designed by the a	Phy									10	Yee 2 X No	3 □ Pro	bably 4 Unknow
	law requires that the as been signed by th 2 should be detache	by												
Records,	v require been sign	Completed									24a. Was	an autopsy ormed?	av	ara autopsy findings rallable prior to emplation of cause
360	has b	m p									X		of	death?
	cate h										X	Yes 2□No	1	Yes 2□ No
Division of Vital	Physician: rthis certific rral director,	Be	25. Was case referred to medical examiner?	Hospital:	i	11125-735-716	-	Oth			(Check only			
o	Phys ral di	. To	XIXYes 2 No 27. Manner of Death	1 ☐ Inpa 28a. Date of In	tient 2 E	R/Outpatient 28b. Time of			4 LI NUI			dance 6x00		SCENE
O	Attending ir death. ector: After by the fune	ertification:	1 ☐ Natural 5 ☐ Pending 2 ☐ Accident Investigation	(Month, D	Dey Year)	Injury	м	. Injur Wor			SILe	A d.	for	1/
18	Attendir r death. cctor: A	fica	Sulcide 6 ☐ Could not be	28e. Place of li	njury - At hom	ne, farm, stre	et, factory,				28f. Location (	Street end Nur	nber or Run	al Route Number,
	afor A aftar Direct	er	4 Homicide determined	building, e	etc. (Specify)	101	2-5				City or To	wn, Stete)	5	
	ospitu houn inera ly fille	Cal	29a. Certifier 1 Certifying Phy	elclan: To the bes	t of my knowl	edga, daath	occurred at	the tin	ne, date and	piace,	and due to the	causa(s) and	nanner as s	tated.
	To the Hospital or Attending Physician: The is within 24 hours after death.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edica	(Checkonly 25 Medical Exam	ner: On the basis and manner s	of axaminatio	n and/or inve	estigation, Ir	my o	pinion, death	occurr	ed at tha time,	data and place	a, and due to	o the ceuse(s)
	To t com	2	29b. Signature fine fittle of certifier	1.0	.0	\			M.E.			29d. Date sign	2.5 -	Dey, Year) 1996

10

State Registrar

111 Penn Street, Baltimore, Maryland 21201



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Year 5:15 P.M. 1ARGARST 1996 200 E 26 /Medical 4a. Facility Nama (If not institution, giva straat and numbar) HAVRE OF CRAZ HE

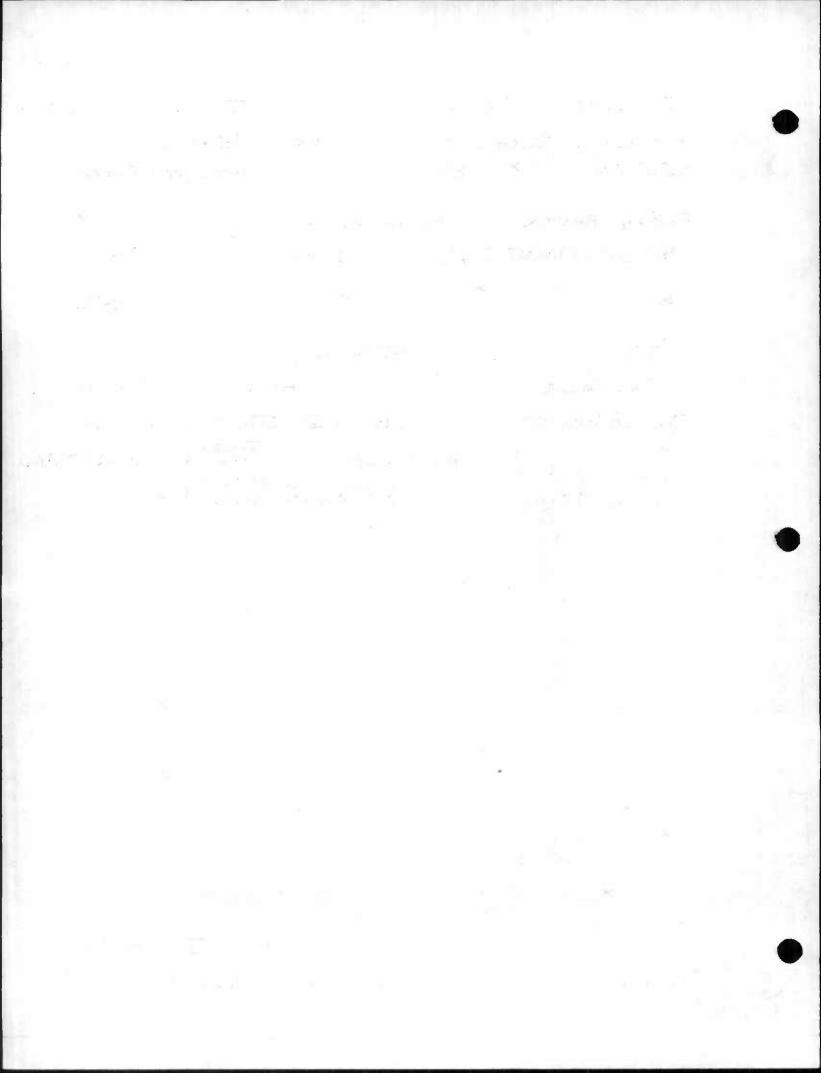
ar If Undar 24 Hrs. 8. Data of Birth
(Month, Day, Yaar)

APRIL 1907 4b. City, Town, or Location of Daath 4c. County of Daath **Examiner** JURSING Home HARFORD 2020111-If Undar 1 Yaar 9. Birthplaca (Stata or Foraign Country) 5. Social Sacurity Numbar 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Months Days 1 M 2 F 216 16 4701 89 Yrs. Director Usual Residence of Dacadant 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show 154 Yas 2 No Director JUSA FULL HARFORD HAVRE 10e. Straet and Number 10g. Citizan of What Country? 6 415 SOUTH MARKET STRUE items 23a 31018 US.F 12. Was Decedant Evar In U,S. 11. Marital Status Was Dacedant of Hispanic Origin? (Spacify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarlcen Indien, Black, Whita, atc. Armed Forcas?
1 ☐ Yas 2 ☑ No
If Yas, Giva
Yaar or Datas: filed within 72 hours after 1 Navar Married 2 Married 21215-0020 8 1 ☐ Yas 2 € No Specify: Specify: WHILE py 3€ Widowad 4 Divorced "natural" Completed Decedent's Usual Occupation
 (Giva kind of work dona during most of working lifta. DO NOT usa ratired) the Medical 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "na any injury or other traumatic event, the Medit one. Elamantary/Secondary (0-12) Collega (1-4or 5+) 9YRS. AT Home HOUSE WIFE Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Unknown JOHN FABER 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) PARIS H. GAUNT VIRGINIA 510 B 51135512 STAUNTON 20c. Location - City or Town, Stata 20b. Place of Disposition (Nema of cematary, cramatory or other place) Data 20a. Mathod of Disposition PESNUL Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata Bossner 4 ☐ Donation 5 ☐ Othar (Specify) 1996 BALIMORE MARYLAND 21. Signature of Funarai Service Ly 22. Nama and Address of Facility Emoriss BSOO HARFORD 15000 23a. Part1. Entar the disease, or complications that a used the death. Do not entar the mode of dying, such es cerdiac or respiretory errest, shock, or heart failure. List only one cause in each line. Approximate Intarval Betwe Onset and Death **Physician** /Medical Immediata Causa (Final neumonia lodays disaasa or condition resulting in daath) Examiner Due to (or es a consequence of) Physician/Medical Examiner The law requires that the death certificate be executed buriel-trensit Sequentially list conditions, if any, leading to immediata ceuse. Entar Underlying Causa (Disease or Injury that initiated avents rasulting in daeth) Last Dua to (or as a consequence of): Box 68760, Dua to (or as a consequance of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of deeth? e, live 1 ☐ Yes 235 No 3 Probably 4 ☐ Unknown artive. Records, þ director, page 2 should 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy complation of causa of daath? this certificate 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica Be 25. Was casa rafarrad to medicel 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatlant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: Nursing Homa 5 Rasidence 6 Othar (Specify) 2 1 Yas 2 No the funerai 27. Mannar of Death 28a. Deta of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred Division 5 Panding Invastigation 1 Netural 1 Yas 2 No 2 Accident 6 Could not be datermined 3 ☐ Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) filled in by 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the ceuse(s) and manner as stated.

| Comparison of the death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai completely (Check only onel 29b. Signatura and titla of/certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) un an 32600 mi 30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Type, Print) MITHANI M 703 Revolution ST HAVRE de Grace, Md 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State JUN 27 1996 Dav son-Randell

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM#8 film g737 7/1/96ag perFH 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month **Physician** 26 1996 Margy SHAUCK June 5:00 am /Medical 4e. Fecllity Nema (If not institution, give street end number) 4b. City. Town, or Location of Daeth 4c. County of Deeth Examiner Franklin Square Hospital Baltimore County Baltimore If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth | Months | Days | Hours | Min. | 8. Dete of Birth | Month, Day, Year) | 9 | 6 | 9. Birthplece (State or Foreign (Month, Day, Year) | 9 | 16 | Country) 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1 ☐ M 210 F Yrs. 78 Director 213-09-3817 Aug. 17, 1917 Maryland Usuai Rasidance of Decadent with the Merylend 10e State 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f ahow the Medical Examiner must be notified at 1 Yas 2 No Baltimore Director Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 21236 4315 Soth Avenue Herns 23a U.S.A. Peges 1 end 2 should be filed within 72 hours efter deeth vent of Health end Mentel Hygiene. nt: If Item 27 Is marked other than "natural", or Items 23 Funeral 12. Was Decedant Evar in U,S Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yes or No. If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Biack, Whita, atc. 11. Marital Status 1 ☐ Yas 2 🗓 No If Yas, Giva Yaar or Detes: 1 Nevar Marriad 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: by Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Eiamentary/Secondary (0-12) Coilaga (1-4or 5+) Can Manufacturing Supervisor 12th grade 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maldan Surnama) Be Weredyck E11a Jaworsky Andrew 2 19a. Informent's Neme/Raiationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Department of Health en Important: If item 27 Is any injury or other trait once. 4315 Soth Avenue, Baltimore, MD Harry Leroy Shauck (husband) 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State WBurial 2 □ Cremetion 3 □ Ramoval from State 6/29/96 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Schimunek Funeral Homes, Inc. 5. The state of th Approximate Interval Between Onset and Death **Physician** /Medical Immediata Causa (Final Respiratory Failure and Hypoxemia immediate diseasa or condition resulting in death) Examiner Dua to (or es a consequance of): Examiner Cerebrovascular Accident The law requires that the death certificate be executed Sequentially list conditions, if eny, laeding to immadiate cause. Enter Underlying Cause (Disaase or injury that initiated evants rasuiting in death) Last Dua to (or as e consequança of): and Division of Vital Records, P.O. Box 68760. physician Physician/Medical the Dua to (or es e consequence of) for use es signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2₺ No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to complation of cause of deeth? been si 24a. Was an autopsy periomed? Be Completed page 2 s 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificate the Hospital or Attending Physician: 25. Was casa refarred to medical 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 2 1 Yes 2 No 1 ☑ Inpatiant 2 ☐ ER/Outpatlent 3 ☐ DOA this Certification: 27. Mannar of Deeth 28a. Date of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? After 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No death. investigation ofter death Director: A d in by the f 2 Accident 6 Could not be detarmined 3 ☐ Sulcide 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide To the Hospital or within 24 hours eft To the Funeral Di completely filled in Certifying Physician: To tha best of my knowledge, death occurred at tha tima, data and place, and due to tha cause(s) and menner as steted.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29a. Certifia: Medical 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) June 26, 1996 RD 1898 30. Nama and addrass of parson who eted causa of death (Item 23e) (Type, Print) Andrew Ferguson M.D. 9000 Franklin Square Drive Baltimore, MD 31. Data filed (Month, Day, Yaar) 32. Registrar's Signetura State Gulia Davidson Registrar

**DHMH 16 Rev 6/95** 

JUN27

Franklin Square Hospital

X 78

Aug.17,1917 Maryland

U.S.A.

Maryland Baltimore

213-09-3817

Andrew

4315 Soth Avenue

X

Baltimore

White

X

Supervisor 12th grade

Weredyck

X

Can Manufacturing

Baltimore

21236

Jaworsky Ella

Harry Leroy Shauck (husband) 4315 Soth Avenue, Baltimore, MD 21236

Oak Lawn Cemetery 6/29/96 Baltimore, Maryland

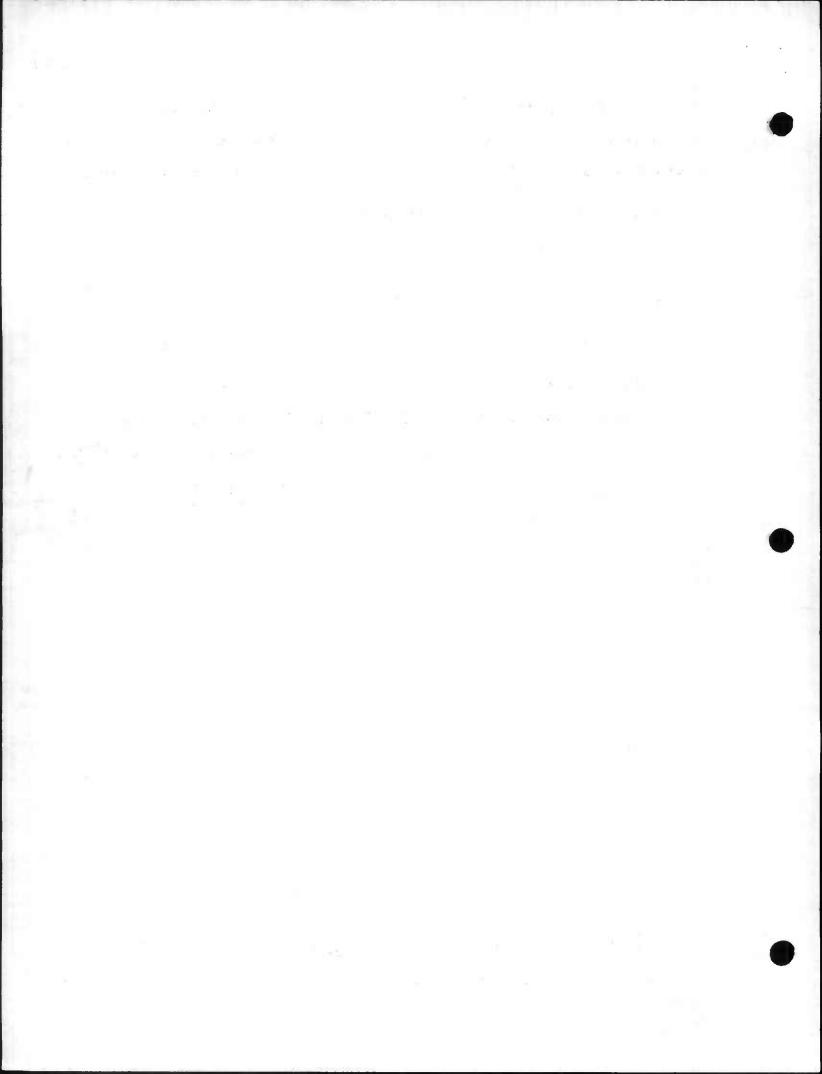
Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

19157

Physici	an	1. Decedent's Neme (First, Middle								2. Dete Mon	of Deeth	Dev	Year	3. Time of
/Medic			a More		aeffer						6	26	96	1550
Examir	ner	4e. Facility Neme (If not institution			,		1 1	c. City, To			Deeth	4c. County		
		North Au					1 -	Hen						munde
Funeral		5. Social Security Number	6. Sex 1 ☐ M 2 ☐ F	7. Age (In yrs. 93	lest birthdey) Yrs.	Months D	eys	if Under Hours	24 Hrs. Min.	8. Date (Mon	of Birth th, Dey, Y	ear)	9. Birth	piece (Stete ontry)
Director		Usuel Residence of Decedent	75	93	115.					03	31	03	Mar	yland
eug .		10a. Stete 10b. County		10c. Ci	ty, Town or Loc	cation								10d. Inside C
f show	5	Md. N/	A		Balti	imore								1 ☑ Yes
n the Maryler or 28a-f show	Director	10e. Street and Number				10f. Zip Co	de				100	. Citizen ot	What Cou	intry?
30 0	0	422 Imla S	treet				224					USA		,
deeth with the Marylend ms 23a or 28a-f show	Funerai	11. Meritei Stetus	12. Wes De	cedent Ever in U	J,S. 13. W	Ves Deceden Yes, specity	t of His	spanic Ori	gin? (Spe	ecify Yes	or No-	14. Re	ce - Ameri	can Indien,
or He	Ē	1 Never Merried 2 Merri	Armed F led 1 ☐ Yes	2 XNo					, Puerto	Rican, et	c.)		ck, White,	
urs urs	b	3 ☐Widowed 4 ☐ Divorced	it Yes, G Yeer or		. 1	□ Yes .25	No	Specify:				Specif	fy: WII	ite
illed within 72 hours enter Hygiene. ther than "netural", or the ort, the Medical Evaluation	Completed	15. Decedent (Specify only highes	's Education	0	16a. Deced	lent's Usuel C	ccupet	tion	t of mode	la a	16	b. Kind of B	Business/In	ndustry
Ne e	ple	Elementery/Secondery (0-12)	1	(1-4or 5+)	life. D	OO NOT use I	etired)	uning mos	O WOIK	viy		7 L 77	3.	
Hygiene. Hygiene. other than	5	- 8			Но	usewo	rk					At Ho	ome	
- 0 -	Be	17. Fether's Neme (First, Middle, I	•				1					iden Sumei	me)	
	2	John Reit	CZ					An	na	Glui	th			
and and		19e. Interment's Neme/Relationsh				g Address (S						-		p Code)
		Mayllison Day	wson,Da			Eliot		oad	Pas	ade	na,M	d. 2	1122	
		20e. Method of Disposition 1 ☑ Buriei 2 ☐ Cremetion	3 □Pamoual from		Plece of Dispos cemetery, crem	sition (Neme netory or othe	of r piece,	)		Dete		c. Location		
artment ortant: h Injury o		4 □ Donetion 5 □ Other (Sp		1 State	Oak La	iwn Ce	eme	tery	6	-28	-96	Eas	twoo	d, Md.
Department of important: If i any injury or once.		21. Signeture of Funerel Service L	icensee	0		Neme end A								
Dep in a		Charles	\$1.3	· Kn.	C	Charle	es S	S. Z	eil	er	& So	n Ind	C.	
hysician /Medical Examiner	ilner	23e. Pert1. Enter the disease, or shock, or heert feilure. List of immediate Ceuse (Finel disease or condition resulting in death)		cute	th. Do not ente	rdial						O., M.	d.	Approximet Interval Bet Onset end
hysician /Medical Examiner	Icai Examiner	immediate Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		Due to (c	th. Do not ente	uence of):						O , M		Interval Bet Onset end
hysician and universe of street of s	n/Medical	immediate Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (c	th. Do not ente	uence of):						<b>Θ.</b> γ Μα	d •	Interval Bet Onset end
hysician and universe of street of s	n/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	e	Due to (c	or as e consequence or as	uence of): uence of):	- State of the sta	Int		don				Interval Bet Onset end
hysician and universe of street of s	n/Medical	immediate Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	e	Due to (c	or as e consequence or as	uence of): uence of):	- State of the sta	Int		don		acco use co	ontribute 1	Interval Bet Onset end
hysician and physician and an action of the attending physician and people of the attending physician and people of the attending physician and people of the principle of the p	Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	e	Due to (c	or as e consequence or as	uence of): uence of):	- State of the sta	Int		don	. Did tobe	acco use co	ontribute 1	Interval Bet Onset end
hysician and physician and an action of the attending physician and people of the attending physician and people of the attending physician and people of the principle of the p	by Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	e	Due to (c	or as e consequence or as	uence of): uence of):	- State of the sta	Int		238	o. Did tobe 1 □ Yes	acco use co 2 ll No	ontribute 1 3 Pro	Interval Bet Onset end of Onset
by Action of the Control of the Cont	by Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	e	Due to (c	or as e consequence or as	uence of): uence of):	- State of the sta	Int		238	a. Did tobs	acco use co 2 ll No	ontribute 1 3 Pro	Interval Bet Onset end i
by Action of the Control of the Cont	by Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	e	Due to (c	or as e consequence or as	uence of): uence of):	- State of the sta	Int		238	o. Did tobe 1 □ Yes	acco use co 2 ll No	ontribute 1 3 □ Pro	lo the cause obably 4 []
ate has been signed by the attending physician and majority page 2 should be detached for use as the buriel-transit	Completed by Physician/Medical	immediate Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or injury that initiated events resulting in death) Last	e	Due to (c	or as e consequence or as	uence of): uence of):	se giver	n in Pert I	eve.	231	a. Did tobs 1 ☐ Yes . Wes an a performe	autopsy	ontribute 1 3 □ Pro	lo the cause of beauty 4   Vere autopsy 1 veilable prior of death?
Andrew in the last the unit of the state of	Be Completed by Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b  c  d  Hospital:	Due to (c	or as e consequence or as	uence of): uence of): uence of):	se giver	n in Pert I	of Deetl	23h	Did tobe 1 Yes Wes an a performe 1 Yes only one)	autopsy	24b. Was co	lothe cause obably 4   left of completion of cidenth?
this certificate has been signed by the attending physician and relative to the page 2 should be detached for use as the burlet-transit use of the burlet-transit use the burlet-transi	To Be Completed by Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Pert II. Other significant condition  25. Wes case reterred to medical examiner?  1 Yes 2 No  27. Mennar of Deeth	b c d ns contributing to define the contributing to define the contributing to define the contributing to define the contributing to define the contributing to define the contribution of	Due to (c  Due to (c  Due to (c  death but not res	or as e consequence or as	uence of):  uence of):  uence of):  uence of):  t 3 DOA	Othern	n in Pert I	of Deetl	23b	Did tobe  1 Yes  Wes an a performe  1 Yes  only one)	acco use co 2 ll No sutopsy d?	24b. Water of their (Special Special S	lothe cause obably 4   left of completion of cidenth?
When this certificate has been signed by the attending physician and uneral director, page 2 should be detached for use as the buriel-transit	To Be Completed by Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Pert II. Other algnificant condition  25. Wes case reterred to medical examiner?  1 Yes 2 No  27. Mennay of Deeth  1 Meturei 5 Pending investig	b  c  d  Hospitel: 1 Figure 1	Due to (c	or as e consequent or as e consequent of the unit of t	uence of):  uence of):  uence of):  uence of):  t 3 DOA	Other Injury Work?	n in Pert I	of Deeth	23b	Did tobe  1 Yes  Wes an a performe  1 Yes  only one)	acco use co 2 ll No autopsy 2 ll No	24b. Water of their (Special Special S	lothe cause obably 4   left of completion of cidenth?
Amount of the continue of the	To Be Completed by Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Pert II. Other algnificant condition  25. Wes case reterred to medical examiner?  1	b  d  Hospitel: 1 = 28e. Determined to be 28e. Plear	Due to (c  Due to (c  Due to (c  death but not res	or as e consequence or as	uence of):  uence of):  uence of):  uence of):  t 3 □ DOA  28c.	Other linjury 1	28. Piece	of Deetlersing Ho	23b 24e (Check me 5 [ 28d. Des	. Did tobe  1 Ves  Wes an a performe  1 Ves  only one) Residence	autopsy  2 1 No  2 1 No  2 1 No  2 1 No  2 1 No  2 1 No  2 1 No  2 1 No  2 1 No  3 1 No  4 No  4 No	pontribute 1 3 Pro  24b. Water contribute of the	lothe cause obably 4   left of completion of cidenth?
Amount of the continue of the	edical Certification: To Be Completed by Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Pert II. Other algnificant condition  25. Wes case reterred to medical examiner?  1 Yes 2 No  27. Menna of Deeth  1 Neturei 5 Pending investig 3 Suicide 6 Could n determi	b	Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)	or as e consequence or as	uence of):  uence of):  uence of):  uence of):  uence of):  t 3□ DOA  28c.  M  occurred et t	Other Injury to Work?	28. Piece T: 4 Nu at 7 es 2	of Deeth	23t 24e 24e 28d. Des	Did tobs  1 Yes  Wes an a performe  1 Yes  only one)  Residence cribe how	autopsy d?  2 1 No  autopsy d?  2 1 No  en 6 1 Ott injury occu et end Num State)	pontribute 1 3 Pro  24b. Was continued of the continued o	Interval Bet Onset end in Onset
Amount of the continue of the	Certification: To Be Completed by Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last  Pert II. Other algnificant condition  25. Wes case reterred to medical examiner?  1	b	Due to (c)  Due to	or as e consequence or as	uence of):  uence of):  uence of):  uence of):  t 3 DOA  28c.  M  occurred et t estigetion, in	Other Injury Information of the time improper improper in the time improper improper in the time improper improper improper improvement im	28. Piece T: 4 Nu at 7 es 2	of Deeth	23t 24e 24e 28d. Des	Did tobe  1 Yes  Wes an a performe  1 Yes  only one)  Residence or Town, See the ceutime, date	autopsy d?  2 1 No  autopsy d?  2 1 No  autopsy d?  2 1 No  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?	ontribute 1 3 Pro  24b. Water of the contribute	Interval Bet Onset end in Onset
octor: After this certificate has been signed by the attending physician and by the funeral director, page 2 should be detached for use as the buriel-transit and by the funeral director, page 2 should be detached for use as the buriel-transit.	edical Certification: To Be Completed by Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Pert II. Other algnificant condition  25. Wes case reterred to medical examiner?  1	b	Due to (c)  Due to	or as e consequence or as	uence of):  uence of):  uence of):  uence of):  t 3 DOA  28c.  M  occurred et t estigetion, in	Other Injury to Work?	28. Piece T: 4 Nu at 7 es 2 I	of Deeth	23t 24e 24e 28d. Des	Did tobe  1 Yes  Wes an a performe  1 Yes  only one)  Residence or Town, See the ceutime, date	autopsy d?  2 1 No  autopsy d?  2 1 No  autopsy d?  2 1 No  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?	ontribute 1 3 Pro  24b. Water of the contribute	lo the cause obably 4   death?  Vere autopsy veilable prior to death?  If yes 2   death?  If yes 2   death?
Amount of the continue of the	Medical Certification: To Be Completed by Physician/Medical	immediete Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Pert II. Other algnificant condition  25. Wes case reterred to medical examiner?  1	b	Due to (c)  Due to	th. Do not enter  or as a consequence or a consequence or a consequence or a consequen	uence of):  uence	Other Injury to Work?	28. Piece T. 4 Nu at Pes 2 e, dete en	of Deeth	23t 24e 24e 28d. Des	Did tobe  1 Yes  Wes an a performe  1 Yes  only one)  Residence or Town, See the ceutime, date	autopsy d?  2 1 No  autopsy d?  2 1 No  autopsy d?  2 1 No  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?  autopsy d?	ontribute 1 3 Pro  24b. Water of the contribute	io the cause obably 4   Vere autopsy veilable prior ompletion of cideath?   Yes 2   Vere Aroute Number 1   Vere Ar



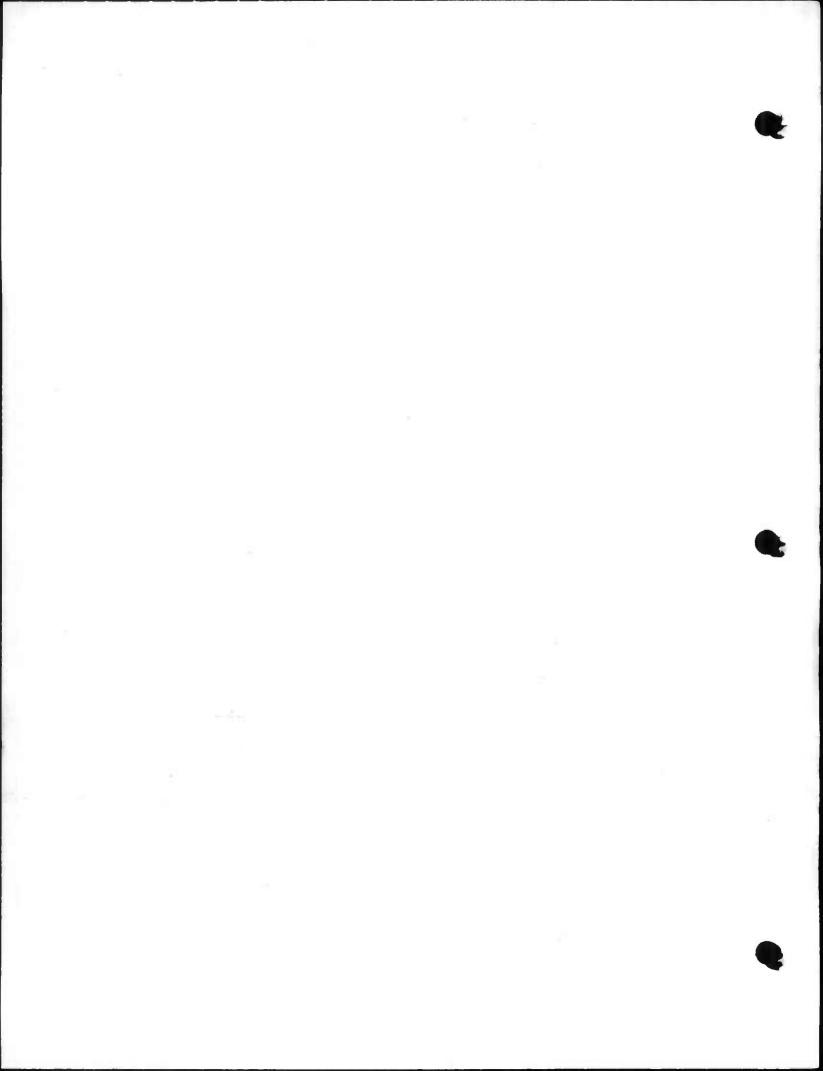
The control of the co

Film G736 item 20b.c 6-27-96 rja per crematory

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		ERTIFIC	ATE OF	DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN	· · · · · ·	3. TIME OF DEATN
	GORDON FO	LEDERIUL	SHE	CK FU	ITR	MONTH D	1996	5=05 P M
		SEX 8. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF BUREN	1	NPLACE (State or Foreign
		Ø M 2 □ F 55	YRS. MO	NTHS DAYS	HOURS MIN.	March 27,	1941 M	wyland
~	9e. FACILITY NAME (If not institution, give street			CITY, TOWN	OR LOCATION OF D	ATH	9c. COUNTY OF	DEATN
DIRECTOR	PESIDENCE OF DECEDENT	191mock D	R	JAC	CELL?	いししょ	HARFO	100
Ä	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TION			10d. INSIDE CITY
	Maryland Harfo	rd	Fal	lston				LIMITS?
AL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	3215 Ascot Lane				21047		U.S.A	
5	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2	ARMED	13. WAS DEC	ENDENT OF NISPAI	IC ORIGIN? (Specify Ye	or No- 14. RAC	E — American Indian,
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	7no		2 NO Specifi	n, Puerto Ricen, etc.)	Spec	k, White, etc.
	15, DECEDENT'S EDUCATION		DECEDENT'S USI	JAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTRY	White
	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	ist of working			
COMPLETED			Salesma	n		Insura	nce Compa	any
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Malden	Surneme)	
BE (	Gordon Frederick S	heckells Sr.			Elaine	Lorrene L	eonard	
0	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
-	Elizabeth Ann Shec					illston, M		
	20e METNOD OF DISPOSITION  1.0 Buriel 2 Cremetion 3 Removal	I from State 20b. PLAC	Nount C	rematory	Gardens	OATE 20c. LO	CATION — City or T	own, statealtimore laryland
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENT		not Me			6/25/98 3	et AUC, N	laryland
	· Royal Halas	. Qu		Schu	nunek Fur Munek Fur MacPho	ieral Home	of Bel A	ir, Inc.
П	23. PART I. Enter the diseases, or com	aplications that caused the	death. Do not	enter the mo	de of dying, auc	h as cardiac or reap	iratory arrest.	Approximeta
J	shock, or Heart failure. List IMMEDIATE CAUSE (Final	t only one cause on each ile	ne.				,,	interval Batween
	The state of the s	A			4 = 1 34 /		-	Onset and Death
İ	resulting in death) a	DUE TO (OR AS A CONS	EOUENCE OF):	24 1	THENY	Dizeas	A	
z		ADWD.						
CERTIFICATION		DUE TO (OR AS A CONS	EOUENCE OF):					
2	CAUSE (Disease or Injury							
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):					
H	d							
	PART II. Other aignificant conditions conditions	ontributing to deeth but not	reaulting in ti	ne underlyin	g ceuse given in	Part I. 24s. WAS AN		. WERE AUTOPSY FINDINGS
MEDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							- I	OF DEATH?  1 YES 2 NO
=	DID TOBACCO USE CONTRIB	SUTE TO CAUSE OF DE	ATH YES		UNCERTAIN	1 M		1 123 2 1 100
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PL	ACE OF OEATH (C					
Sic	A COLUMN A COLUMN	OSPITAL:  Inpatient 2 ER/Outpatient	3 DOA 4	HER: Nursing Non	e 5 🗆 Residence	s K Other (Specify)	LAT GROU	40
Ě	27. MANNER OF DEATN	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	URY AT	28d. DESCRIBE HOW I		
BY	1 Natural 5 Pending 2 Accident Investigation	NA	NO		RK? /ES 2 NO	~ 1	۵	
	3 Suicide 6 Could not be	26e. PLACE OF INJURY — At I building, etc. (Specify)	homa, ferm, atree	t, fectory, offic		26f. LOCATION (Street	and Number or Rural	Route Number,
	4 Homicide determined			NA		City or Town, State)	A-	
			4	the time, date	end place, end due	to the cause(s) and mer	oper as stated.	
2	290. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, o	oemin occurred M					
OMPLE	(Check only 1 CERTIFYING PNYSICIAL	N: To the best of my knowledge, on the beste of exemination and/o						s) end menner es statad.
	(Check only 1 CERTIFYING PNYSICIAL	N: To the best of my knowledge, on the beste of exemination and/o			eath occured at the	time, date end piece, an	d due to the cause(	
띪	(Check only one)  1 CERTIFYING PNYSICIAN MEDICAL EXAMINER: O	On the besie of exemination and/o	r investigation, in		eath occured at the 29c, LICENSE NUM	time, date end piece, an	29d. DATE SIGNED	(Month, Day, Year)
	(Check only 2 MEDICAL EXAMINER: 0  29b. SIGNATURE AND TITLE OF CERTIFIER	On the beste of exemination and/o	r Investigation, in	my opinion, d	eath occured at the	time, date end piece, an	29d. DATE SIGNED	
TO BE COMPLETED	(Check only 2 MEDICAL EXAMINER: 0  29b. SIGNATURE AND TITLE OF CERTIFIER  G	On the beste of exemination and/o	r Investigation, in	my opinion, d	eath occured at the 29c. LICENSE NUM	time, date end piece, an	29d. DATE SIGNED	(Month, Day, Year)





State of Maryland / Department of Health and Mental Hygiene 0.5 LOIFO

									-	0 1	9139				
	Physic /Medi		Decedent's Name (First, Middle, La     JOE     W	st) ALTER	SCRUGGS			Month	Dey	Year 6	3. Time of Deeth				
	Exami		4e. Facility Name (If not institution, given 3810 GWYNN C	Company of the contract of the		JUNE 22, 1996	of Deeth								
	Funeral Director		223 20 0000	Sex 7. Ag	76 Yrs.						lece (State or Foreig try) RGINIA				
	Marylend 4 show	To Be Completed by Funeral Director	Usuel Residence of Decedent  10e. Stete 10b. County  MARYLAND N/2	10c. City, Town or L				10d. Inside City Limit X ☐ Yes 2 ☐ No							
	filed within 72 hours effer deeth with the Marylend Hygiene. ther than "natural", or items 23a or 28a-f show int, it a Medical Exertine must be notified at		10e. Street and Number 3810 GWYNN OA	K AVENUE		21:	207		U.S.	Α.					
0200	ours efter de rai', or item		11. Maritei Status  1 ☐ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☒ Divorced	1 ☐ Yes 2 ☐ No Specify:			Specify:		k, White,	etc.					
21215-0	within 72 hours lene. than "natural",		15. Decedent's E (Specify only highest gra- Elementery/Secondery (0-12)	ducation	16a. Dece (Giv. life.										
yland 2	d a b		17. Fether's Neme (First, Middle, Last, SAM MORGAN		1011		18. Mother's Neme	e (First, Middle, M	laiden Sumam	Θ)					
	nd 2 in the contract of the co		19e. Informent's Neme/Reletionship (Type, Print)  LLEWELLYN SCRUGGS-SON  19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3810 GWYNN OAK AVE. BALTO, MD. 21207												
Itimore	t. Peges rtment of rtant: If it		20e. Method of Disposition  1 ☑ Buriel 2 ☐ Cremetion 3 ☐  4 ☐ Donetlon 5 ☐ Other (Specif	0 (8)	GARRIS	omatory or other poor on FORE	ST VET.								
Ba	Depariment important		CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 21213												
5	Physician /Medical		23e. Pert1. Enter the disease, or com shock, or heert feilure. List only fmmediate Ceuse (Finel disease or condition	plications thet come ceuse on the course of the course on the course of the course on the course of	2 A IN			or respiratory arre	st,		Approximate Interval Between Onset and Deeth				
200	Examiner	by Physician/Medical Examiner	resulting In deeth)	b. C .	Due to (or es e conse										
,092	te be executed ysician end ne buriel-transit		hysician/Medical	ical Exar	ical Exa	icai Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	C	Due to (or as e conse						
	death certificete I e attending physi od for use es the b			resulting in deeth) Lest	d										
P.O. Box 68760,	y the			Pert II. Other significant conditione of	ontributing to death b	ut not resulting in the	underlying cause (	given in Part f.			atribute to	21			
Records,	ew requires been so should	Completed b						24e. Wes an		ava	ere autopsy findings aileble prior to inpletion of cause death?				
Vital R	F eg	Be Con	25. Wes case referred to medical				26. Place of Deetl	1 Ye		1 🗆	Yes 2□No				
of Vi	5 00	ToB	exeminer? 1 ☐ Yes 2 No	Hospitel: 1 Inpatie	nt 2 ER/Outpetie	nt 3 DOA	ther: 4 Nursing Ho	1	nce 6 Oth	er (Specity	")				
Division o	ding h. After	ertification:	27. Menner of Death  1 Neturel 5 Pending 2 Accident investigation		y Year) 28b. Time of Injury	W	ury et ork? ☐ Yes 2 ☐ No	28d. Describe ho	w injury occur	ed					
Divi	or Atten efter deel Director:	ertiff	3 Sulcide 6 Could not b 4 Homicide determined	e 28e. Plece of Injubulding, etc	ury - At home, farm, si c. (Specify)	reet, fectory, office	9	28f. Location (Str. City or Town,	eet and Numb State)	er or Rura	Route Number,				

Be Medical Certification: To

29a. Certifier

Cartifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner as steted.

Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner stated.

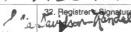
29b. Signature and title of certified

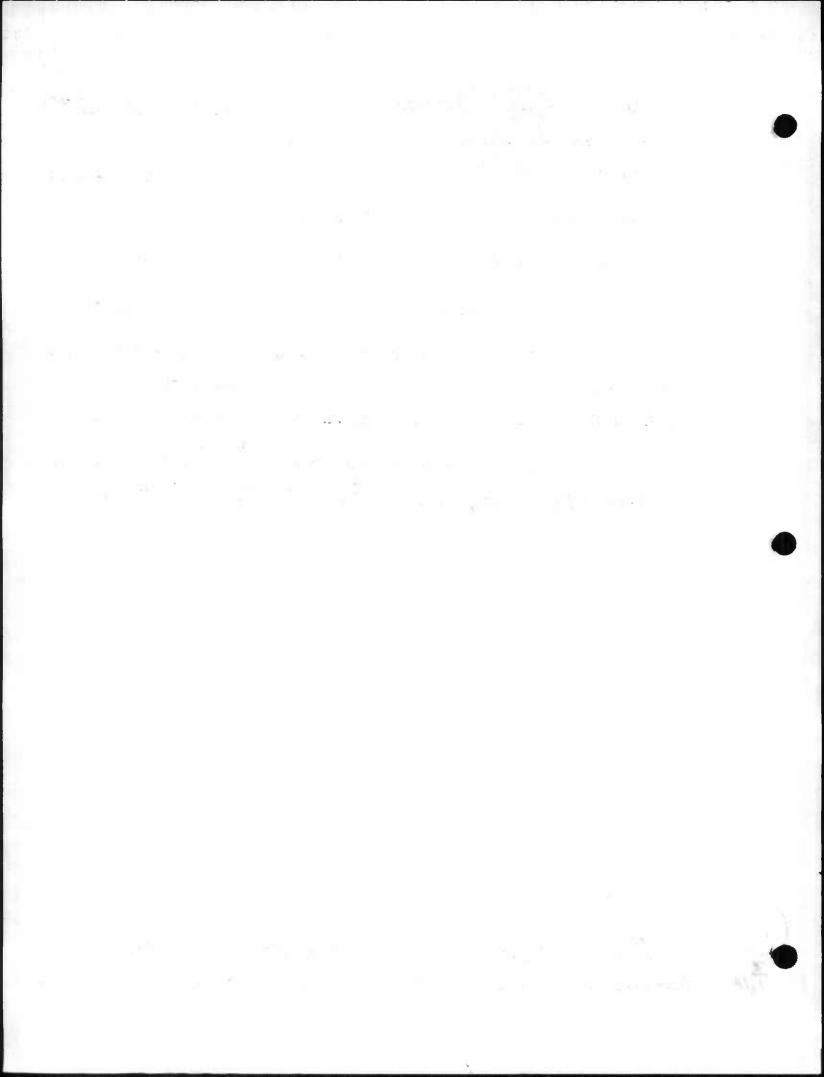
29c. License number D34184

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

RAYMOND A WZE MDPA, 780/ YUNKRD #300, TOWSON M D21204 31. Dete filed (Month, Day, Year)

State Registrar





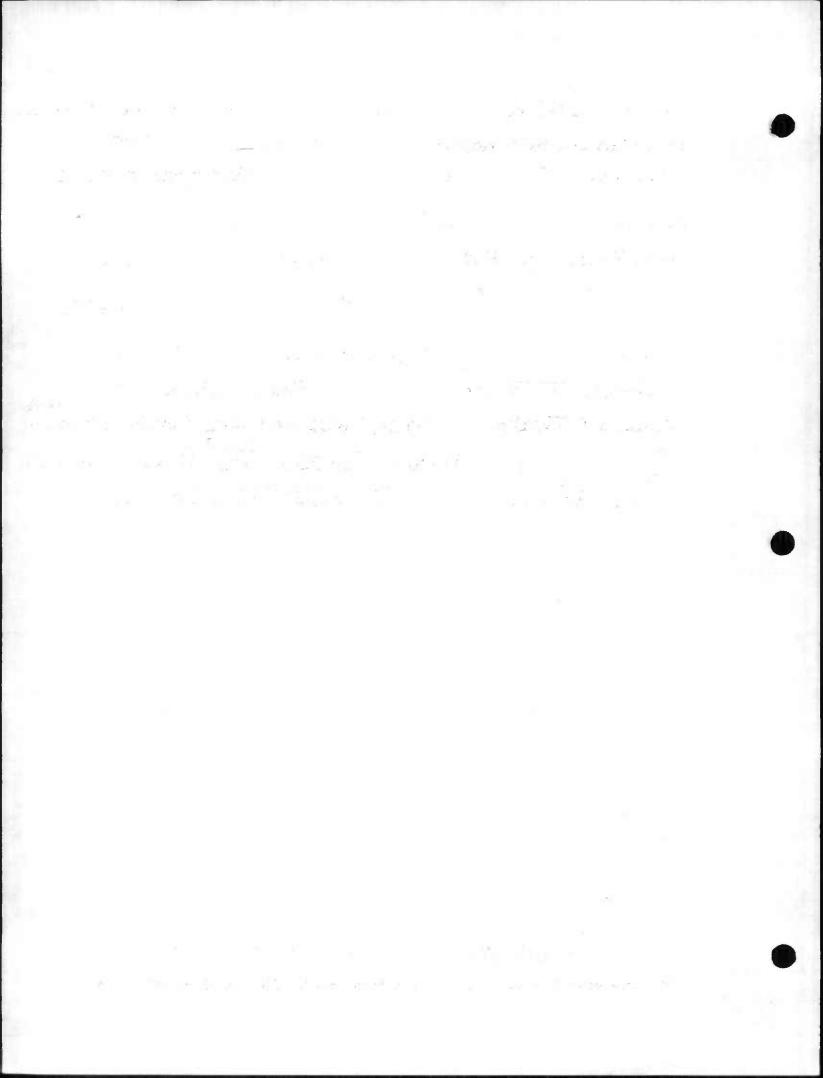
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

19160

Physici						Death		Reg. No.				
Physici		1. Decedent's Name (First, Middle, Last)	)				2. Date of D			3. Time of Death		
45.5 11		Stanley ()AI	SS	TYSZK	· O		June	26 19	Year	0:10 a.1		
/Medic	_	4e. Facility Neme (If not institution, give :	street end number)	11041	.0	4b_City, Town, o				U:1U a.i		
Examir	ier		0 11 000				100000000000000000000000000000000000000	Balti				
			ARE HOSPI	IAL		150550						
<b>Funeral</b>		5. Social Security Number 6. Sex	7. Age (In yr.	s. last birthdey)	If Under 1 Yes Months Day			irth	9. Birthpled	e (Stete or Foreig		
Director		217 16 0661	82	Yrs.			J287.	2 1910	MARY	LAND		
2		Usual Residence of Decedent						1				
ms 23a or 28a-f show		10a. Stete 10b. County	10c. (	City, Town or Loc	cation				10d	. Inside City Limit		
28a-f ahow	ō	MARYLAND	U	MILLA	ORS					Yes 2 N		
288	8	10e. Street end Number				10f. Zip Code			10g. Citizen of Whet Country?			
0.8	ā					2 . 0 )		Tog. Onizati of What of				
230	ra l	OW ISCAH OESH		1.			41306		D.7.4.			
	Funeral Director	11. Meritel Stetus 12. Wes Decedent Ever in U,S. 13. Wes Diff Yes,				Decedent of Hispenic Origin? (Specify Yes or s, specify Cuban, Mexican, Puerto Rican, etc.)			r No- 14. Reca - American Indi- Black, White, etc.			
then "natural", or items 23s or 28s4 sho be Medical Examiner must be notified at	T	1 ☐ Never Married 2 Married	1 Yes ZR No				,,					
- 3	þ	3 Widowed 4 Divorced	3 ☐ Widowed 4 ☐ Divorced				☐ Yes 🐉 No Specify:			Specify: (A)4115		
	9	15. Decedent's Educ	cation	16a. Deced	ent's Usual Occ	upation		16b. Kind of B	usiness/indus	stry		
- 8	Set	(Specify only highest grade	e completed)	(Give k	kind of work don OO NOT use reti	e during most of w	rorking			,		
the s	To Be Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	_			2	Bax.	0.7			
14.0		drez.		SELF	Emp.			BAKE				
nd Mental Hygiene. merked other than umatic avant, the M		17. Father's Neme (First, Middle, Last)				18. Mother's N	ame (First, Middl	e, Meiden Sumer	ne)			
rke dic s		SIANLEY J.	iys2Ko			Ann	A W	WINZA	(-)			
am si		19a. Informent's Name/Relationship (Ty)		19b. Mailing	g Address (Stre	et and Number or I	Rural Route Num	ber, City or Town	Stete, Zip Co	ode) 2120		
2 8		KATHER OF BITT	cnka	1100	- 1100	socula	2210	anti	2.02 C	20 Delace		
itam 27 other tr		20a. Method of Disposition	7 TI/C	Place of Disnos	sition (Name of			20c. Location	Chicago	INK)THE		
0 - 5		Buriai 2 Cremetion 3 R	emoval from State	Place of Dispos cemetery, crem	netory or other p	lece)	July 1	20c. Location	- City of Town	, State		
Department Important: I any injury o		4 ☐ Donation 5 ☐ Other (Specify)		ARKWOO	25/ 00	SURY	1996	MARKY	13/11	ARVIAN		
Department of important: If any injury or poce.		21. Soriatura of Funeral Service Dicense	10	22.	Name end Add	ress of Facility	0		1			
Departr importa any inju		160017		51	AUR CA	100TOE	TEUGG	12				
	_	Mande De ME	0			ARFORS	14040	- HEUK	with			
		23a. Part1. Enter the disease, or compli- shock, or heart feilure. List only on	cations that caused the de- ne ceuse on each line.	eth. Do not ente	er the mode of d	ylng, such es cardi	ac or respiretory	errest,	i A	pproximete itervel Between		
ysician					4				0	nset and Deeth		
Medical		Immediate Cause (Finel	PAIDI	MUSIN	11.							
aminer		disease or condition resulting in death)										
	4		Due to	(or as a consequ	uence of):							
## 90	듣	<b>a</b> 6	SUPU	us.								
tra	Examiner	Sequentially list conditions,										
urial												
ysic	6	Cause (Disease or injury that initiated events are utilities of death) lest										
	$\sim$	thet initiated events	resulting in deeth) Last									
F th	edicai	that initiated events resulting in deeth) Last		d								
ding ph	/Medic	Cause (Disease or injury that initiated events resulting in deeth) Last										
ittending physicien end for use as the burial-transit	3	Cause (Disease or Injury the Initiated events resulting in deeth) Last	1.									
	3	Cause (Disease or Injury that initiated events resulting in deeth) Last	I. tributing to death but not ry	suiting in the un	derlying cause	given in Part I.	23b. Die	I tobacco usa co	entributs to th	ne cause of dear		
by the atter	3	resulting in deeth) Last	tributing to death but not re	suiting in the un	derlying cause	given in Part I.		tobacco uss co	entributs to the			
by the atter	Physician/M	resulting in deeth) Last	I.  Influting to death but not a	suiting in the un	dertying cause	given in Part I.						
gned by the atter be deteched for u	by Physician/M	resulting in deeth) Last	I.  Intributing to death but not n	suiting in the un	aderlying cause	given in Part 1.	10	Yss ŽE No	3 ☐ Probat	oly 4 ☐ Unkno		
gned by the atter be deteched for u	by Physician/M	resulting in deeth) Last	itributing to death but not n	suiting in the un	derlying cause	given in Part 1.	1 [ 24e. We		3 ☐ Probat	sutopsy finding		
s been signed by the atter 2 should be deteched for u	by Physician/M	resulting in deeth) Last	itributing to death but not n	suiting in the un	derlying cause	given in Part I.	1 [ 24e. We	Yes 25 No	3 ☐ Probat	sutopsy finding		
hes been signed by the atter je 2 should be deteched for u	by Physician/M	resulting in deeth) Last	itributing to death but not n	esuiting in the un	derlying cause	given in Part I.	1 C 24e. We per	Yes 25 No	3 Probate  24b. Were eveile comp of det	sutopsy finding		
ate hes been signed by the atter pege 2 should be deteched for t	Completed by Physician/M	Pert II. Other significant conditions con	itributing to death but not n	esuiting in the un	derlying cause		24e. We per	Yes 25 No s an eutopsy omned? Yes 25 No	3 Probate  24b. Were eveile comp of det	autopsy finding		
certificate hes been signed by the atter rector, pege 2 should be deteched for i	Be Completed by Physician/M	Pert II. Other significant conditions con  25. Was case referred to medical examiner?	limins &	Semi	ntra	28. Place of D	24e. We per	Yes 25 No s an eutopsyormed? Yes 25 No one)	3 Probat  24b. Were eveile comp of dec	autopsy finding able prior to letion of cause ath?		
certificate hes been signed by the atter rector, pege 2 should be deteched for r	To Be Completed by Physician/M	Pert II. Other significant conditions con  25. Was case referred to medical examine?  1 Yes 25 No	lumus d	□ ER/Outpatient	ntra	28. Place of D Wher: 4□ Nursing	24e. We per 1 Ceeth (Check only Home 5 🗆 Ret	Yes 25 No s an eutopsyormed?  Yes 25 No one)	3 Probab  24b. Were evelia comp of det  1 1 Y	autopsy finding		
certificate hes been signed by the atter rector, pege 2 should be deteched for u	To Be Completed by Physician/M	Pert II. Other significant conditions con  25. Was case referred to medical examiner?  1  Yes 25 No  17. Manner of Deeth 15. Natural 5 Pending	limins &	Semi	3 DOA C	28. Place of D Wher: 4□ Nursing ury et ork?	24e. We per 1 Ceeth (Check only Home 5 🗆 Ret	Yes 25 No s an eutopsyormed? Yes 25 No one)	3 Probab  24b. Were evelia comp of det  1 1 Y	autopsy finding		
certificate hes been signed by the atter rector, pege 2 should be deteched for u	To Be Completed by Physician/M	25. Was case referred to medical examiner?  1  Yes 25 No H  27. Manner of Deeth 15 Natural 5 Pending investigation	Iospitel: 12 Inpatient 2(	□ ER/Outpatient 28b. Time of	3 DOA C	28. Place of D Wher: 4□ Nursing	24e. We per 1 Ceeth (Check only Home 5 🗆 Ret	Yes 25 No s an eutopsyormed?  Yes 25 No one)	3 Probab  24b. Were evelia comp of det  1 1 Y	autopsy finding		
certificate hes been signed by the atter rector, pege 2 should be deteched for u	To Be Completed by Physician/M	25. Was case referred to medical examiner?  1 Yes 25 No  27. Manner of Deeth 12 Natural 5 Pending investigation 3 Sulcide 6 Could not be	lospitel: 12 Inpatient 20 28a. Date of Injury (Month, Dey Year) 28e. Placa of Injury - At	BR/Outpatient 28b. Time of Injury	M 1 1	28. Place of D hther: 4□ Nursing ury et ork? □ Yes 2□ No	24e. We per 1 Check only Home 5 Ret 28d. Describe	Yes 25 No s an eutopsyomed?  Yes 25 No one) Idence 8 Ott how injury occur (Street end Num.	3 Probab  24b. Were evelle comp of deal  1 Y	sutopsy findingsible prior to lettion of cause ath?		
certificate hes been signed by the atter rector, pege 2 should be deteched for u	To Be Completed by Physician/M	Pert II. Other significant conditions condit	Iospitel: Minpatient 2( 28a. Date of Injury (Month, Dey Year)	BR/Outpatient 28b. Time of Injury	M 1 1	28. Place of D hther: 4□ Nursing ury et ork? □ Yes 2□ No	24e. We per 1 Check only Home 5 Ret 28d. Describe	Yes 25 No s an eutopsy ormed?  Yes 25 No one) Ildence 8 Ott	3 Probab  24b. Were evelle comp of deal  1 Y	sutopsy findingsible prior to lettion of cause ath?		
certificate hes been signed by the atter rector, pege 2 should be deteched for u	Certification: To Be Completed by Physician/M	25. Was case referred to medical examiner?  1  Yes 2 No  27. Manner of Deeth 1 Natural investigation 3  Suicide 4 Homicide	lospitel: Impatient 2( 28a. Date of Injury (Month, Dey Year)  28e. Placa of Injury - At building, etc. (Spec	BER/Outpatient 28b. Time of Injury home, farm, stre	3 DOA C 28c. Ini M 1	28. Place of D hther: 4☐ Nursing ury et ork? ☐ Yes 2☐ No e	24e. We per 1 Check only Home 5 Res 28d. Describe 28f. Location City or To	Yes 28 No s an eutopsyomed?  Yes 28 No one) Idence 8 Ott how injury occur (Street end Num. wn, Stete)	3 Probab  24b. Were eveile comp of det  1 Y  her (Specify) rred	sutopsy findingsible prior to letton of cause ath?  'es 2 No		
certificate hes been signed by the atter rector, pege 2 should be deteched for u	Certification: To Be Completed by Physician/M	25. Was case referred to medical examiner?  1  Yes  No  H  27. Manner of Deeth 12  Accident 3  Suicide	lospitel: Inpatient 2( 28a. Date of Injury (Month, Dey Year)  28e. Placa of Injury - At building, etc. (Special Control of the basis of examination of the basis of the ba	DER/Outpatient 28b. Time of Injury home, farm, stre	3 DOA 28c. In W 1 1 pet, factory, office occurred et the	28. Place of D Wher: 4 Nursing ury et ork? Yes 2 No e	24e. We per 1 Check only Home 5 Ret 28d. Describe 28f. Location City or To	Yes 25 No s an eutopsy ormed?  Yes 25 No one) Idence 8 Ott how injury occur (Street end Num. wm, Stete)	3 Probab  24b. Were eveile comp of deal of the comp of deal of the comp of deal of the comp of deal of the comp of deal of the comp of the	sutopsy findings ble prior to letton of cause ath?  Yes 2 No		
certificate hes been signed by the atter rector, pege 2 should be deteched for r	Certification: To Be Completed by Physician/M	Pert II. Other significant conditions condit	lospitel: Impatient 2( 28a. Date of Injury (Month, Dey Year)  28e. Placa of Injury - At building, etc. (Specialistics)	DER/Outpatient 28b. Time of Injury home, farm, stre	M 1 28c. Inj.  M 1 28c. Inj.  M 1 2	28. Place of Dither: 4 Nursing ury et ork?  Yes 2 No e	24e. We per 1 Check only Home 5 Ret 28d. Describe 28f. Location City or To	Yes 28 No s an eutopsy ormed?  Yes 28 No one) Ildence 8 Ott how injury occur (Street end Num. own, Stefe) c cause(s) and m	3 Probab  24b. Were evelle comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of t	sutopsy findings ble prior to letion of cause ath?  'es 2 No		
certificate hes been signed by the atter rector, pege 2 should be deteched for u	To Be Completed by Physician/M	25. Was case referred to medical examiner?  1  Yes  No  H  27. Manner of Deeth 12  Accident 3  Suicide	lospitel: Inpatient 2( 28a. Date of Injury (Month, Dey Year)  28e. Placa of Injury - At building, etc. (Special Control of the basis of examination of the basis of the ba	DER/Outpatient 28b. Time of Injury home, farm, stre	M 1 28c. Inj.  M 1 28c. Inj.  M 1 2	28. Place of D Wher: 4 Nursing ury et ork? Yes 2 No e	24e. We per 1 Check only Home 5 Ret 28d. Describe 28f. Location City or To	Yes 25 No s an eutopsy ormed?  Yes 25 No one) Idence 8 Ott how injury occur (Street end Num. wm, Stete)	3 Probab  24b. Were evelle comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of t	sutopsy findings ble prior to letion of cause ath?  'es 2 No		
certificate hes been signed by the atter rector, page 2 should be deteched for u	Certification: To Be Completed by Physician/M	Pert II. Other significant conditions condit	lospitel: Inpatient 2( 28a. Date of Injury (Month, Dey Year)  28e. Placa of Injury - At building, etc. (Special Control of the basis of examination of the basis of the ba	DER/Outpatient 28b. Time of Injury home, farm, stre	M 1 28c. Inj.  M 1 28c. Inj.  M 1 2	28. Place of Dither: 4 Nursing ury et ork?  Yes 2 No e	24e. We per 1 Check only Home 5 Ret 28d. Describe 28f. Location City or To	Yes 28 No s an eutopsy ormed?  Yes 28 No one) Ildence 8 Ott how injury occur (Street end Num. own, Stefe) c cause(s) and m	3 Probab  24b. Were evelle comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of t	sutopsy findings ble prior to letion of cause ath?  'es 2 No		
certificate hes been signed by the atter rector, pege 2 should be deteched for u	Medical Certification: To Be Completed by Physician/M	Pert II. Other significant conditions conditions:  25. Was case referred to medical examiner?  1	lospitel: Impatient 2( 28a. Date of Injury (Month, Dey Year) 28e. Placa of Injury - At building, etc. (Special Control of the basis of examined manner stated.	ER/Outpatient 28b. Time of Injury home, farm, stre	DOA Coocurred et the estigation, in my	28. Place of Dither: 4 Nursing ury et ork?  Yes 2 No e	24e. We per 1 Check only Home 5 Ret 28d. Describe 28f. Location City or To	Yes 28 No s an eutopsy ormed?  Yes 28 No one) Ildence 8 Ott how injury occur (Street end Num. own, Stefe) c cause(s) and m	3 Probab  24b. Were evelle comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of dee to the comp of t	sutopsy findings ble prior to letion of cause ath?  'es 2 No		
ate hes been signed by the atter pege 2 should be deteched for t	Medical Certification: To Be Completed by Physician/M	Pert II. Other significant conditions condit	lospitel: Inpatient 2( 28a. Date of Injury (Month, Dey Year)  28e. Placa of Injury - At building, etc. (Special Control of the basis of examinating and manner stated.	ER/Outpatient 28b. Time of Injury home, farm, stre	M 11  28c. Inj W M 11  occurred et the estigation, in my  29c. Lice	28. Place of Dither: 4 Nursing ury et ork?  Yes 2 No e	24e. We per 1 Check only Home 5 Res 28d. Describe 28f. Location City or 7d.	Yes 25 No s an eutopsy ormed?  Yes 25 No one) Idence 8 Ott how injury occur (Street end Num. wm, Stete)  c cause(s) and m , date end place, 29d. Dete signe	3 Probab  24b. Were evelia comp of dei 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	sutopsy findings ble prior to letion of cause ath?  'es 2 No		

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene item #2, filmg 736, 6/28/96,cyw, per Film G736 irwm 2 per DR. 6-27-96 rja Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Dete of Death Month **Physician** Thoma. 06 Clarence /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** York RD Tow Son
If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) multi med 7700 Genesis Eldercare Baltimore 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1 M 2 □ F Yrs. Director 215-42-7457 Usual Residence of Decedent with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 ie marked other than "natural", or items 23a or 28a-f show traumatic event, tra Medical Example, must be notified al 1 Yes 2 No Director andall strum 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2113 , S.A death v Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Meritel Stetus permit. Pages 1 and 2 should be filled within 72 hours after to Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or itel imports or other than "natural", or itel say injury or other traumatic event, its Medical Essenties. 1 Never Married 2 Merried Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Value City Furniture College (1-4or 5+) Representive 12th grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) homas James Lenre 2 19e. Informant'a Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Shinley 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Ø Buriei 2 ☐ Cremetion 3 ☐ Removal from State 4 Donetion 5 □ Other (Specify) Crematury 22. Neme end Address of Fecility Avenue 212 Walrest Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete tnterval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in deeth) /Medicai DNeunionia weeks Examiner Examiner euzfeld dossa attending physician end for use as the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of) Box 68760 8 Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown Resistant Entococcus ð should l 24b. Were autopay findinga avellable prior to completion of cause of death? 24e. Wes en autopsy performed? Completed 1 Yea 2 No cartificata 1 ☐ Yea 2 No Division of Vital 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 5 Residence 8 Other (Specify) 1 Yes 25 No funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of Injury 28d. Describe how injury occurred al or Attending PI s after death. I Director: After ti Certification: 28c. Injury at Work? Natural 5 Pending investigetion 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital o within 24 hours at To the Funeral Di 1 Sertifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as atated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. 29a. Certifier

State Registrar

Medical

(Check only one)

29b. Signuture and tillion continer

31. Date filed (Month, Dey, Year)

06

JUN27 1996

Rd 32. Registrer's Signature who Davidson

Hendina

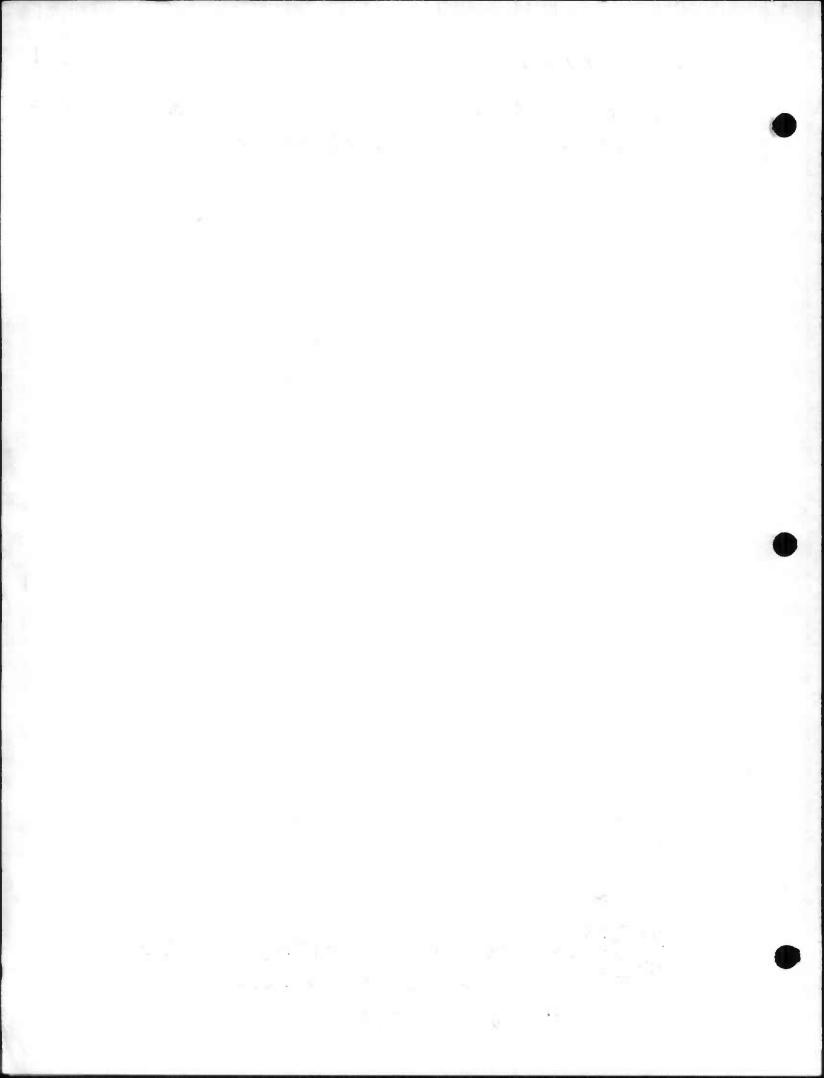
address person who completed cause of deeth (Item 23e) (Type, Print)

29c. License number

203

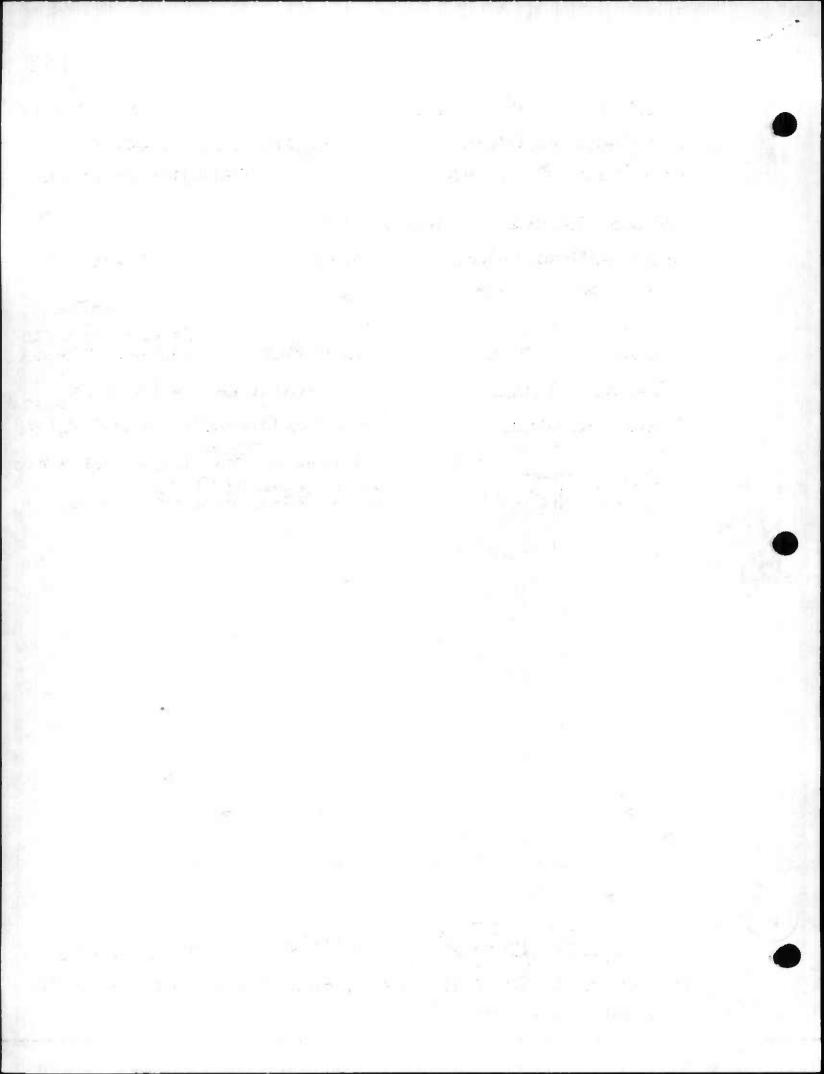
29d. Dete algned (Month, Dey, Year)

6/21/96



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Certific	ate of	Death		Reg. No.	16 1	9162			
hysician /Medical	1. Decedent's Name (First, Mid-	Idle, Last)	May	S			2. Dete of De Month	Dey	Yeer	Time of Deeth			
aminer	4e. Fecllity Neme (If not instituti		r)		4	b. City, Town, or	Location of Deet						
	573 1 ARS	HALL ORIV	vs. last b	interior If Un	der 1 Year	U STM	NSTER	A2	RROLL				
neral ector	215 56 9318 Usuel Residence of Decedent	0.59X 19≸.M 2□F	42	Yrs. Monti		Hours Mir	. (Month, De	by, Year)	9. Birthplece Country)	(Stete or Foreign			
10	10a. Stete 10b. Count	ty	10c. City, Tov	vn or Location					10d. I	Inside City Limits			
Director	MARYLAND I	ARROLL	W	intes	2720	R				I ☐ Yes 2 No			
	10e. Street end Number			10f.	Zip Code			10g. Citizen of	Whet Country?				
Funeral	573 MARS	HALL ORI			2115	]	Canaita Van an Ma	U	· S.A.	a dla a			
by Fun	1 Never Married 2 Ma	Armed Forces	? KNo		pecify Cube	Specify:	Specify Yes or No no Ricen, etc.)	Bled Specify	ce - American II ck, White, etc.	ndian,			
Pe	15. Decede	ent's Educetion		Decedent's U	suel Occup	etion		16b. Kind of B	usiness/industr	115			
Completed	(Specify only high Elementery/Secondary (0-12)	nest grede completed) College (1-4or	5+)	(Give kind of life. DO NO	work done of use retired	furing most of we	orking			E United			
So	12785.	TYRS		OHTZS	0137	- PAST	OR			CHURW			
Be	17. Fether's Name (First, Middle	1 2 .				_	me (First, Middle,	_					
To	19e. Informent's Neme/Relation	nehin (Type Print)	101	h Mailing Adds	non (Stroot)	Anni	LAV		ORFOL				
	JOADOL K.	125116	C1	~	125h		Rive	1. 15 CONT	31818, 21p Coc				
	20a. Method of Disposition			of Disposition (/	Verne of		Dete	20c. Location -	City or Town,	State			
	1 Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (	n 3 ☐ Removel from State (Specify)	Sout		Or other piec		252001	0 4	· nu	mand.			
	21. Signature of Funeral Service		3001	22. Name	end Addres	S of Fecility	1996	DOUL	TISK	PARYLA			
OUCE.	1/20	12-64		5V4	407	LAAPL	LOFM	(5 m/0 kg	1127				
	23e. Pert1. Enter the disease, of shock, or heert failure. Lis	or complications that cause	the deeth. Do	not enter the m	ode of dyin	g, such es cardia	ic or respiretory e	rrest,	Apr	proximate			
in	snock, or neer lailure. Lis	st only one cause on e	line.						Inte Ons	rvel Between set end Deeth			
ai er	Immediate Cause (Final disease or condition SARCOMA								11	YEARS			
	resulting In deeth)	8. 071	Due to (or es a	consequence	of):					100			
- je		- HODE	KIN'S I	DISEA	SE				121	YEARS			
Examiner	Sequentially list conditions, if any, leading to immediate												
Medical Examin													
	d												
sicia	Pert II. Other significant conditi	lons contributing to death t	out not resulting i	n the underlying	n ceuse nive	n in Pert I	23h Did	lobacco use co	ntribute to the	cause of death?			
Physician/			The state of the s	ir trio arraonym	g oodso gire	77 W 1 T O 1 C 1.	1□			4 ☐ Unknowr			
by													
							24e. Wes	an eutopsy med?	24b. Were a	utopsy findings le prior to			
Completed									comple of deet	tion of cause			
5							101	res 2MNo	1 ☐ Yes	2 No			
Be	25. Was cese referred to medical exeminer?						eth (Check only o	ne)					
P	1 ☐ Yes 25 No	Hospitel: 1 Inpati	DOA Othe	4 Li Nursing nome 525 Hesidence 6 Li Other (Specify)									
	27. Menner of Deeth		(Month, Dey Year) Injury Work?						28d. Describe how Injury occurred				
0	1 Neturel 5 ☐ Pendi	2 Accident investigation 3 Suicide 6 Could not be											
ication	2 Accident investi		determined 286. Place of Injury - At home, farm, street, fectory, office 28f. Lo							Location (Street end Number or Rural Route Number, City or Town, State)			
ertification	2 Accident investi 3 Suicide 6 Could	mined 286. Place of In	jury - At home, ta lc. <i>(Specity)</i>	ırm, street, fect	ory, office		City or Tov	ri, Siele)					
al Certification:	2 Accident invest 3 Suicide 6 Couid 4 Homicide determ	mined 286. Place of In building, el	tc. (Specify)			a data and all	- 3						
dical Certification	2 Accident invest 3 Suicide 6 Could 4 Homicide determ	ng Phyaician: To the best Examiner: On the basis of	of my knowledge	deeth occurre	ed at the tim	e, dete end plece	and due to the	couse/s) and mo	nner es steted and due to the	ceuse(s)			
Medical Certification	2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only) 2 Madical	mined 286. Place of In building, el	of my knowledge	o, deeth occurre d/or Investigeti	ed at the tim	Inion, deeth occi	e, end due to the curred et the time,	ceuse(s) end me dete end place, e	and due to the	ceuse(s)			
edical	2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)	ng Phyaician: To the best Examiner: On the basis of	of my knowledge	o, deeth occurre d/or Investigetic	ed et the tim on, in my op 29c. License	number	e, end due to the curred et the time,	ceuse(s) end me dete end place, o 29d. Dete signed	and due to the	Year)			
Medical Certification	2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of certifier	ng Physician: To the best Examiner: On the basis of end menner st	of my knowledge of examinetion en eled.	o, deeth occurre d/or Investigetion	ed et the tim on, in my op	number	e, end due to the curred et the time,	ceuse(s) end me dete end place, o 29d. Dete signed	and due to the	Year)			
pletely fill	2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of certifier	ng Phyaician: To the best Examiner: On the basis of	of my knowledge of examinetion en eled.	o, deeth occurre d/or Investigetie	ed et the timon, in my op	number	e, end due to the curred et the time,	ceuse(s) end me dete end place, o 29d. Dete signed	and due to the	Year)			



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** Month canette WESTPHAL 1835 06 18 76 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner University T. Age (In yrs. last birthday)

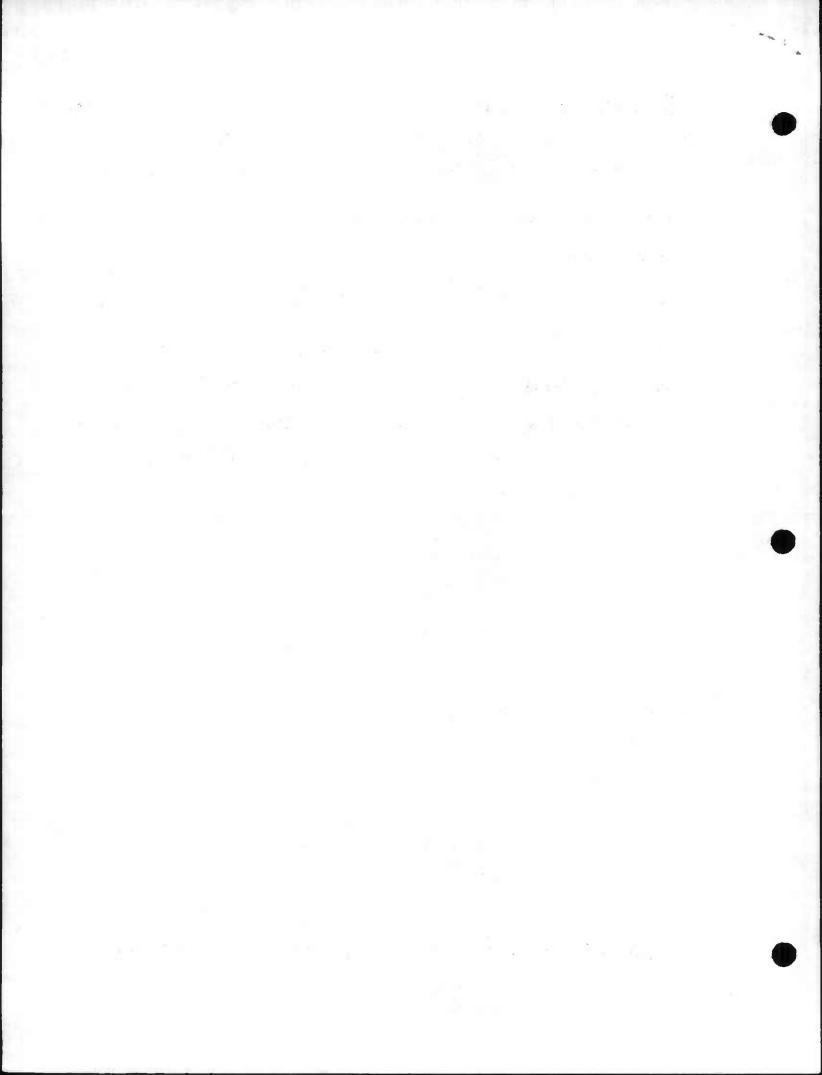
H Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) maryland 8 6. Sex 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 1□M 20 F 96 214-03-1767 Yrs Director March 9, 1900 MARYLAND Usuel Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. tnside City Limits 28a-f show treumetic event, the Medical Examiner must be notified at Director BALTIMORE 1 Yes 2 No MD PARKVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8 items 23a 2805 JOMAT AVE 21234 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If item 27 le marked other than "naturel", or flet may Injury or other treumetic event, the Medical Examines page. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 35 Widowed 4 Divorced WHITE Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Home HOUSEWIFE 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Mary M. Rosenberger MAURICE Hoxter 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Doris Stricker 3406 E. JOPPA Rd. Balto Md. 21234 20e. Method of Disposition 20b. Plece of Disposition (Name of cometery, cremetory or other plece) Dete 20c. Location - City or Town, Stete June 22 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete PARKVIlle, Md 4 ☐ Donetion 5 ☐ Other (Specify) PARHWOOD Bemetery 1996 21. Signeture of Funeral Service Licent 22. Neme end Address of Pacility & MEMORIES CHAPEL ANS HARFORD Rd. 0088 Balto, Md. 21234 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in death) MYOCARDIA Examiner Due to (or es a consequence of): Examiner URonary DLSEASE physician and s the buriel-transit The lew requires that the death certificete be executed Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last Due to (or es e consequence of) P.O. Box 68760, Physician/Medical Due to (or es e consequence of): attending for use as USB BS been signed by the s should be deteched Pert It. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No Records, þ Completed 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? page 2 2 PNo 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 1 ENaturel 5 Pending investigation To the Hospital or Attendin within 24 hours after deeth.

To the Funeral Director: At completely filled in by the fu deeth. 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner as steted.

2 Medicat Examtner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, end due to the cause(s) and menner steted. edicai 29e. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Re endolyn 30. Nepre end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Gwendolyn Plu umms 225 greenes 31. Dete filed (Month, Pey, Year) JUN 2 7 1996 82, Registrar's Signature

**DHMH 16 Rev 6/95** 

Registrar



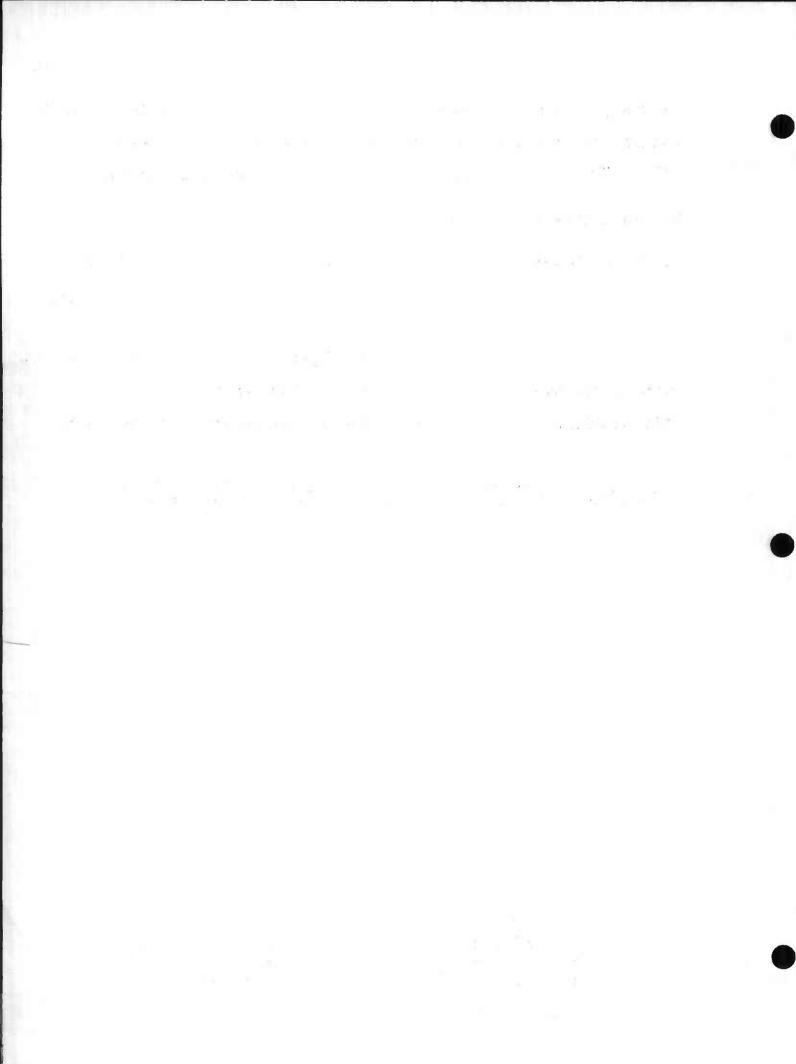
#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Film G736 item 16a per ME 6-27-96 rja 1. Decedant's Nama (First, Middla, Last) 2. Deta of Deeth 3 Time of Death **Physician** GEORGE NEWTON WEBB JUNE 1996 4:40PM /Medical 4e. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE Hours Min. 8. Data of Birth (Month, Day, Year) Coun 7. Aga (In yrs. last birthday) If Under 1 Yeer Months Devs 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 273-16-6926 1 M 2 □ F Director 76 Usual Rasidance of Decedant with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show r than "natural", or items 23a or 28a-f shorted at the Medical Examiner must be notified at Maryland Baltimore Cockeysville 1 ☐ Yas 27 No Director 10e. Street and Number 10f. Zlo Code 10g. Citizan of What Country? permit. Peges 1 and 2 should be filed within 72 hours effer deeth v
Department of Heelth and Mental Hygiene.
Important: If item 27 is merked other than 'natural', or items 23a
any injury or other traumatic event, tra Medical 13801 York Road-Apt. G12 21030 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Meritel Stetus 14. Race - Amarican Indian, Bleck, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Give Year or Datas: 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: White þ Specify. 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) Bio-Medical Engineer Bto Meedcal Engenner 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Johns Hopkins Hosp. 17. Fether's Nema (First, Middle, Lest) 16. Mothar's Neme (First, Middle, Meiden Surname) Willis Suitor Webb Julia Moore 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Eleanor Webb/Wife 13801 York Road-Cockeysville, Maryland 21030 20b. Placa of Disposition (Nama of cematery, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Lo 22. Neme and Address of Facility State Anatomy Board-655 W. Baltimoer Street Wade Dir udu ell Baltimore, Maryland 21201-1559 Part Enter the disease, or complications that caused the deeth. Do not antar tha mode of dying, such as cardiac or raspiretory errest, shock, or haert fallura. List only one cause on each line. Approximate Interval Betw Physician Immedieta Ceusa (Final disaasa or condition rasulting In death) /Medical IWK Examiner Physician/Medical Examiner physician end s the buriel-transit The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immadiate cause. Enter Underlying Ceuse (Disaase or Injury that initiated evants rasulting in daeth) Last Due to (or as a consequence of): 6m03. Division of Vital Records, P.O. Box 68760 Due to (or as a consequence of) 98 for use es signed by the e Part II. Other eignificant conditions contributing to death but not rasulting in the undarlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ģ should 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed coman ander page 2 s certificate 1 Yes STAN 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was casa refarred to medical axaminar? 26. Placa of Death (Check only ona) To Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 Ho 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 28a. Dete of Injury (Month, Day Yaar) 27. Manner of Death Certification: 28h Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending 24 hours efter death. investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28a. Place of Injury - At home, ferm, street, factory, office building, atc. (Specify) filled in by 4 Homicida Hospitat 29e. Certifier (Check only one) edicai Cortifying Physician: To the best of my knowledga, daeth occurred at tha tima, data and placa, and dua to tha cause(s) end menner es stated. To the Hosp within 24 ho To the Fune completely f 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signatura end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D2600C 6/20/36 30. Neme and add ass of person who complated causa of deeth (Item 23a) (Type, Print) Piesec Shell Juston 2120 20 Luss 31. Data filed (Month, Dey, Year) 32. Registrar's Signature State

Registrar

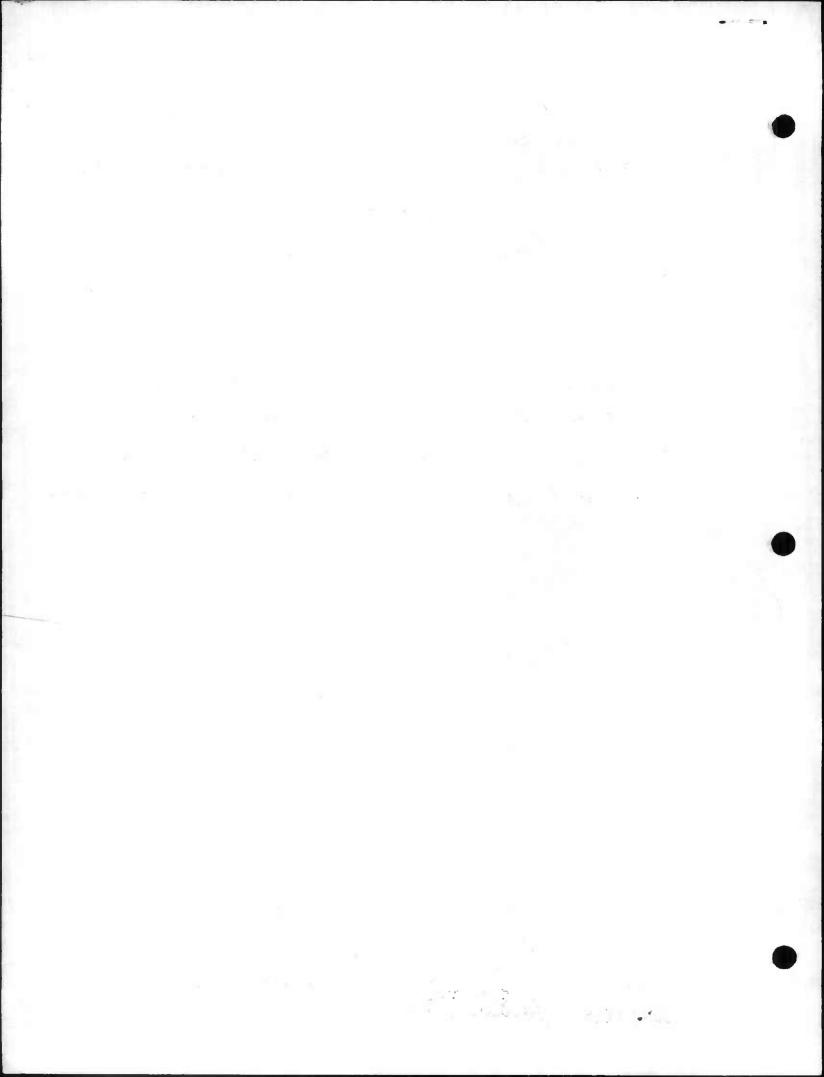
JUN 27 1996

Wha Davidson



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					Cert	tificate of	Death		Reg. No.		
	Physic	ian	1. Decedant's Nama (First, Middla, Las	W. WILL	/AMS			2. Data of D Month	Day ,	996	3. Tima of Death 4. 04 P.m
à	/Medi Examii		4a. Facility Nama (If not institution, give				4b. City, Town, o	Location of Dea	th 4c. Count		7,01717
	Funeral Director		5. Social Security Number 6. S 2 40 - 20 - 1646 1		last birthday) Yrs.	if Under 1 Year Months Days	if Undar 24 Hr Hours Mir		, 1 <sup>7</sup> 9°1'9	9. Birthp	oleca (Stata or Foreign
	Maryland H ahow	tor	Usual Rasidance of Decedant  10a. Stata 10b. County  MD N/a		y, Town or Loca BALTIM					1	0d. Insida City Limits
	h with the 23a or 28a	al Director	10e. Street and Number  8 N. SPRING	STREET		10f. Zip Coda	21231		10g. Citizan of UNIT	What Cour	STATES
020	72 hours after death with the Maryland "natural", or flams 23a or 28a-f ahow edical Examiner must be notified at	by Funeral	11. Marital Status	12. Was Dacedant Evar in U. Armed Forces? 1 ☐ Yas 21.7No If Yas, Giva Yaar or Datas:		as Decedant of H Yas, specify Cuba	lispanic Origin? ( an, Maxicen, Pua Specify:	Specify Yas or N rto Rican, atc.)	0- 14. Rac Bia Specif	ce - Amaric ck, Whita, y: BL	
Maryland 21215-0020	d within jene. r then	Completed	15. Decedent's Ed (Specify only highast gra Elementery/Secondery (0-12) 6 X N	ucetion da completed) Collaga (1-4or 5+)	(Giva kı lifa. Di	int's Usuai Occup ind of work dona O NOT usa ratired SORER	pation during most of w d)	orking	16b. Kind of B		
/land	should be filed and Mental Hygid marked other imatic avent, the	To Be C	17. Fathar's Nama (First, Middla, Last) DAVID WILL	_IAMS			18. Mother's Na	ama (First Middle Y BARNE	Maidan Sumar	na)	
	nd 2 sh aith and 27 is m r traum		19a, informant's Name/Ralationship (1 RUBY MC (	CR AE		Addrass (Street PINEWO	and Number or F OD AVEN	UE, BAL	MURE,	MD 2	f214
Baltimore,	9 = 9		20a. Mathod of Disposition  1∕XBurial 2 ☐ Cramation 3 ☐  4 ☐ Donation 5 ☐ Other (Specify	Ramovai from Stata	Place of Disposi ematary, crama NG MEM	ition (Nama of atory or other plac ORIAL PA	RK 6-	Data 29	20c. Location RANDA		OWN, Stata OWN, MD
Ball	permit. Pa Departmen Important any injury		21. Signature of Funaral Sarvice Licen	Saa	22.	Nama and Addra	ess of Facility MARCHF	1 100	1 E. NO	RTH	AVENUE
68766,	Physician /Medical Examiner	Medical Examiner	23a. Part T. Enter the disease, or compshock, or haert feilura. List only of immediate Causa (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated evants resulting in death) Last	a. Sepsis, Dua to (o  b. Metasta  Dua to (o		y Tray  ence of):  A sees  ance of):				1=	Approximate Intraval Batween Onsat and Deeth
P.O. Box	the death or y the attend ached for us	Physician/N	Part II. Other significant conditions co	dontributing to death but not rase	ulting in tha unc	darlying causa giv	van in Part I.		tobacco use co		o the cause of death?
ords,	aw requisite per section of the sect	Completed by							s an autopsy ormed?	SV:	ara autopsy findings allable prior to mpletion of causa daath?
<u>a</u>	E as a							1 🗆	Yas 22 No	10	Yas 2□ No
Ž	Physician: this certific ral director,	o Be	25. Was cesa rafarred to medicel axaminar?  1⊠ Yas 2□ No	Hospitai: 1 ☐ inpatlant 2	ER/Outpatient	3□ DOA Oth	ar.	eath (Check only Homa 5 Res		ver (Snacih	w)
Division of	To the Heepital or Attanding Physician: white 24 hours after death. To the Funeral Director. After this certific completely filled in by the funeral director.	Certification: T	27. Mannar of Death    Natural   5   Panding	28a. Data of injury (Month, Day Year)	28b. Tima of injury	28c. Injur Wor M 1 🗆		28d. Describe	how Injury occur	rred	
2	To the Hospital or Attanding I within 24 hours after death.  To the Funeral Director: After completely filled in by the funer		4 Homicida determined  29a. Cartifiar Certifying Phy	28a. Place of Injury - At he building, atc. (Specify	v)		ne dete end nier	City or To	iwn, Stata)		
	he Hou in 24 h he Fun pletely	edicai	(Check only 2 Medical Exam	curred at the time	, data and place,	and dua to	tha causa(s)				
	To the Total	×	29b. Signatura and titla of certifiar	11		29c. Licans			29d. Data signe		
	^		1 Sunix	April and		D28	762		June	24,	1996
	5		30. Nama and addrass of person who of	150 /		D28	y BI	7 LTI MOI	LE MO	21	-31
	Sta Registr		31. Date flied (Month, Day, Year) JUN 2 7 1996	Julia Dandon Ru	de 22						



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

	-		_	-
- 1	0	- 1	-	6
- 1	4		n	13
- 1	2		U	U

						Ce	ertificate	of	Death			Reg. No.		
Dhyni	oion.	1. Decedent's Nema (First, Mic	idie, Last)								2. Date of D	eath Day	Yeer	3. Time of files
Physic /Med		JERRY		1		EATHERS					JUNE	25,1996		08:10
Exam	iner	4e. Facility Nama (if not instituted) THE JOHNS HOP							BALT	IMORE	cation of Dea	th 4c. Count	n/a	
Funera Directo	_	5. Social Security Number 245-22-5355	6. Sex	M 2□F	7. Aga (In y	rs. iast birthday 79 Yrs.	If Under 1     Months   [	Year Days	If Under Hours	24 Hrs. Min.	8. Dete of Bi	1,1917	9. Birth S.Cou	place (State or For CAROLINA
ith the Marylend or 28a-f show	tor	Usual Residence of Decedent  10a. State MD  10b. Cour	n.a		10c.	City, Town or L BAL	ocation TIMORE							10d. Insida City Lir
ith with the Maryle 23a or 28a-f eho	Funeral Director	10e. Street end Number 2137 E.	eder	al S	TREET		10f. Zip Co	ode	21213	}		10g. Citizan of UNITE	What Cou	Intry? STATES
ar dee	by	11. Marital Status 1 □ Never Married 2 🕅 🕅 3 □ Widowed 4 □ Divorce	arried	2. Was Dec Armed Fo 1 Yas If Yas, Gi Yaar or D	edant Evar In orces? 2 ☑ We iva Datas:	U,S. 13	Was Decedar If Yes, specify		lispanic Orl an, Maxicar Specify:	gin? (Spe , Puarto I	cify Yes or N Rican, atc.)	o- 14. Ra Ble Speci	eck, White Bl	Ican Indian, , atc. _ ACK
semit. Pages 1 and 2 should be filed within 72 hours at bepartment of Health and Mentel Hygiene. mportant: if item 27 is marked other than "netural", or my injury or other treumatic event, the Medical Examiny injury or other treumatic event, the Medical Examination.	Be Completed	15. Deced (Specify only hig Elamantary/Secondary (0-12 12 th		com <i>pleted)</i>	(1-4or 5+)	(Giv.	edant's Usual C a kind of work of DO NOT usa ORER/PU	dona. retire	during mos d)			16b. Kind of E		ndustry BRICKYARD
12 should be filed within h and Mentel Hygiene.	o Be Co	17. Fethar's Nema (First, Midd HENRY WE		S		27.0	J(L() - 0		18. Mothe			a, Maidan Suma	ma)	
and 2 should eaith and Mer n 27 is marke wer treumatic	To	19a. Informant's Name/Ralatic	nship (Type WEA	Print) THERS		19b. Mai	ing Addrass (S	Street	EDER/	or Aura	Bouta Num	BALCIPIMOR	E <sup>State</sup> M	g Cod# 212
permit. Pages 1 and 2 s Depertment of Health ar Important: If item 27 is any injury or other treu		20a. Mathod of Disposition 1 ☑ Kurial 2 ☐ Cramatio 4 ☐ Donation 5 ☐ Other		movai from	State	Place of Disp cemetery, cre ARBUTS	osition (Nema ematory or othe MEMOR	r pla		K 7-	Data 1	20c. Location ARBUT	-	
Depention imports any Injection		21. Signature of Funaral Service	Licenses	and	)	2	2. Neme end / WM . (		ss of Fecilit	*	-1101	E. NORT	ГН А	VENUE
Physician	_	23a. Part 1. Enter the disaasa, shock, or haart failure. L	or complice st only ona											Approximata Intarval Between Onset end Deeth
/Medica Examine		Immediate Causa (Final diseasa or condition resulting In daath)	a.	Ku	ptures Dua to	o (or as a conse	quance of):	or	tic i	anei	ingsn	2		minute
partiticate be asscuted ding physician end se es the burial-transit	/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Entar Undardying Cause (Disease or Injury that Initiated evants rasulting in death) Last	6			(or as a conse			•		-			y ear
the deeth or y the atten	Physician/	Pert II. Other significant condi	tions contri	buting to d	eath but not re	esulting In tha	undarlying caus	se giv	ren in Pert I			tobacco uss co		to the cause of de
requires that been signed be should be det	þ										24a. Wa:	s an eutopsy ormed?	24b. V	Vara autopsy findin
he lew e has b	Completed											Yes 20 No	0	ompletion of cause f death?
Physician: The this certificate ral director, pag	To Be	25. Was case rafarrad to mediaxaminar? 1 Yas 2 No	1111			☐ ER/Outpatie		Oth	ler: 4□ Nu	rsing Hon		ldance 6 □Ot		ify)
After fune	edical Certification:	3 ☐ Suicida 6 ☐ Coul	tigation d not be		nth, Day Year)		М		yat k? Yas 2□	No		how injury occu		ral Route Number,
To the Hospital or Attention 24 hours effer deat To the Funeral Director: completely filled in by the	al Certif	4 D Homicida	mined		1960	homa, farm, s			na deta an		City or To	wn, Stata)		
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	Medic	(Check only 2 ☐ Medicione)  29b. Signatura and titla of certi	il Examine	r: On tha b	asis of examinar stated.	nation and/or Ir	nvastigation, in	my o	pinlon, dae	th occurre	id at the time	data and place	, and dua	to the causa(s)
F * F 8		1		al	H	ML			11000			-		
S+	ate	31. Data filad (Month, Day, Yea	16	e	sa of death (It	s Hy	Kins 1	7/0	spita	l	Ba	tinore	m	1996 DZ12
Regist	trar		996	Jali	March	Rocket								
HMH 16 Rev 6/	2	,												

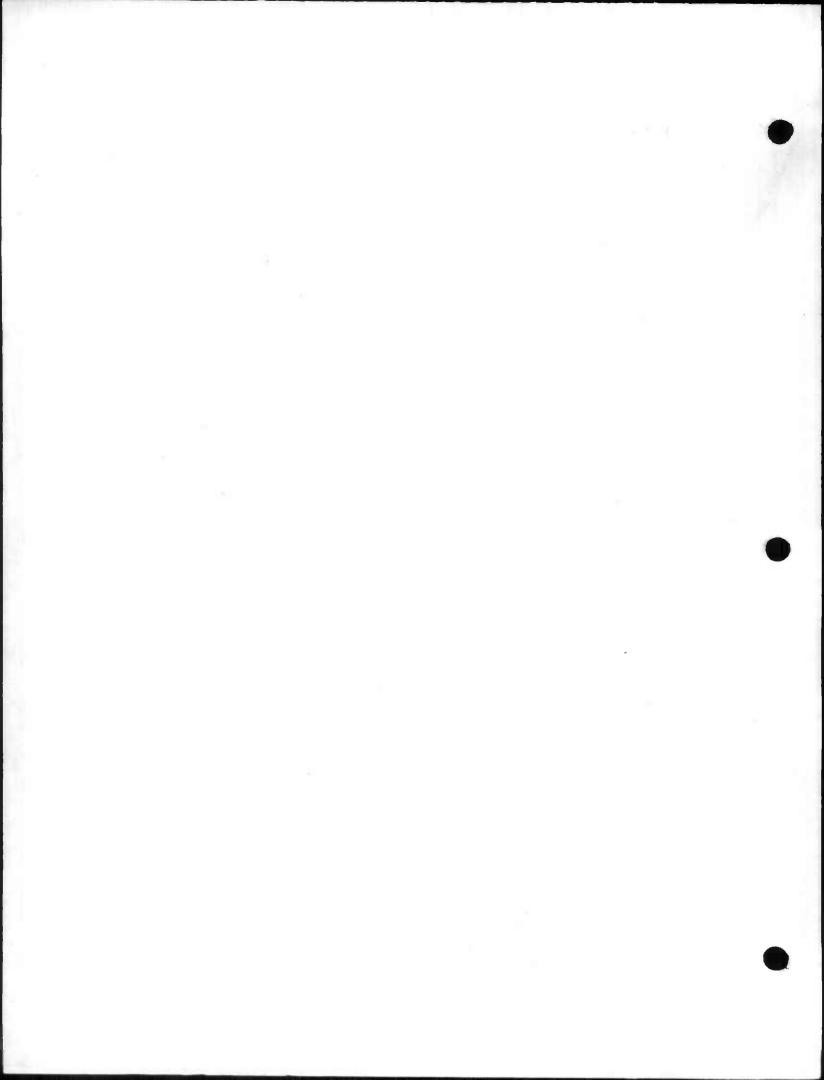
3 (40)

0	5
~	- 6
24	4
9	-
0	- 5
1	410
S	9
<u></u>	100
C	200
-	7
O	-
-	45
	. 5
=	2
-	è
6	-
	4
_	3
>-	Z
Pr.	7
	2
4	- 2
-	-1
- 45	- 9
Dil	-
04	- 6
ш.	- 8
0	4.0
$\overline{\mathbf{Q}}$	-
5	- 8
	8
	12
	7
1	Ì
-	-
000	à
	- 6
	Ē
	3
-	£
	13
	П.
	-
100	-
70	3
9	7
100	. 5
00	- 7
99	5
99	- Const
X 68	aven.
39 XC	ha aven
0X 68	a ha avan
BOX 68	nto he aven
BOX 68	ing he ason
BOX 68	lifered he aven
O. BOX 68	artificate he even
.O. BOX 68	cardificate he associ
P.O. BOX 68	th cardificate he assess
P.O. BOX 68	out andificate he associ
, P.O. BOX 68	least serliforts he mon
S, P.O. BOX 68	death cardificate he associ
38, P.O. BOX 68	he death serliforts he even
DS, P.O. BOX 68	the death cardificate he assess
RDS, P.O. BOX 68	to the death andifficults he man
NDS, P.O. BOX 68	hat the death cardificate he asser-
ORDS, P.O. BOX 68	that the death andificate he even
<b>CORDS, P.O. BOX 68</b>	on that the death andificate he even
CORDS, P.O. BOX 68	mone and attenditions describe the soul
ECORDS, P.O. BOX 68	cuired that the death andifficults he made
RECORDS, P.O. BOX 68	consison that the death antificate he mon
RECORDS, P.O. BOX 68	more shot that death antificate he man
L RECORDS, P.O. BOX 68	my consistent that the death antificate he many
AL RECORDS, P.O. BOX 68	I'm consison that the death andificate he assess
AL RECORDS, P.O. BOX 68	he lan consises that the death andifficults he even
TAL RECORDS, P.O. BOX 68	The last consises that the death cardificate he assess
ITAL RECORDS, P.O. BOX 68	1. The face consises that the death cardificate he even
VITAL RECORDS, P.O. BOX 68	all. The face consises that the death cardificate he even
VITAL RECORDS, P.O. BOX 68	"Itali. The last consises that the death cardificate he assess
F VITAL RECORDS, P.O. BOX 68	"ICHANI. The law consises that the death cardificate he assess
<b>3F VITAL RECORDS, P.O. BOX 68</b>	MCICIANI. The last consises that the death saddificate he associ
OF VITAL RECORDS, P.O. BOX 68	AMCHOLAN. The last consises that the death cardificate he assess
I OF VITAL RECORDS, P.O. BOX 68	DEMONSTRAIN. The farm commises that the death cardificate he means
N OF VITAL RECORDS, P.O. BOX 68	O DENCEDERAL The last consises that the death cardificate he many
ON OF VITAL RECORDS, P.O. BOX 68	1810 Detactionally. The face comices that the death cardificate he assess
ON OF VITAL RECORDS, P.O. BOX 68	Chair Durich all. The feet comices that the death cardiffered he assert
SION OF VITAL RECORDS, P.O. BOX 68	"AIDISIO DEINOTOTABLY The feet comittee that the death cardiffered he assert
SION OF VITAL RECORDS, P.O. BOX 68	Translato Baryon and The last consises that the death cardificate he assess
<b>IISION OF VITAL RECORDS, P.O. BOX 68</b>	properties of the College of the state of the state of the state of the state of the state of the state of
VISION OF VITAL RECORDS, P.O. BOX 68	STTP SIGNAL PRINCIPLES. The last consises that the danch sandiffered he assess
IVISION OF VITAL RECORDS, P.O. BOX 68	on artificial Deliving I. The forest ownion that the descriptions he among
DIVISION OF VITAL RECORDS, P.O. BOX 68	OR STORING DENDERORM. The last consists the description of the plants cardiffered he assess
DIVISION OF VITAL RECORDS, P.O. BOX 68	11 OF STREETING PRINCIPALITY The less occurred the danch sandfords he seeds
DIVISION OF VITAL RECORDS, P.O. BOX 68760	one attended national and the last of the state of the density and the density and the second
DIVISION OF VITAL RECORDS, P.O. BOX 68	mores on several similar Deliverable. The last securious shot the danger and find the most
DIVISION OF VITAL RECORDS, P.O. BOX 68	someons on attribute partitionals. The last securious shot the deads sardificate he assess
DIVISION OF VITAL RECORDS, P.O. BOX 68	
DIVISION OF VITAL RECORDS, P.O. BOX 68	
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	in a comment of armed the table of the form of the charge of the danger and the manufacture for a second

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA	ATE OF DEATH	REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last) ROBIN	l	Nalker	2. DATE OF DEATH DATE OF TUNE 2		
	214-86-1121 10 M2 DF	GE (In yrs. lest birthday) IF I MON	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	8. BIRTHPLACE (State or Foreign Country) Balto. Md.	
OR	Bay View Medical C	enter 96.	Baltimore		Sc. COUNTY OF DEATH	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	1 40 - 01TV TO			16d. INSIDE CITY	
DIRECTOR	MARYLAND	(BAL	, ,	more	1 FYES 2 NO	
FUNERAL	815 N. Streeper	Street	21205	-	10g. CITIZEN OF WHAT COUNTRY?  USA	
	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	ES 2 PNO	13. WAS DECENDENT OF HISPAI If yea, specify Cuban, Maxica 1 YES 2 NO Specifi	Black, White, etc.		
B	1 Midowed 4 Divolced				Specify: BLack	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	CAShi	Jone during most of working red.)	Depo	cetment Store	
0 0	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BE C	Edward Lomax		Patr	ica Sr	nith	
임	NAThaniel Walker	8/5	NESS (Street and Number or Aural N. Streeper	-1	Balto.ml. 21205	
	20a. WETHOO OF OISPOSITION  1	20b. PLACE AND DATE OF DI cemetery gramatory or other p	elece) /	6/28/96 La	CATION - City or Town, State ASdowne, Md	
	21. SIGNATURE OF PUNETIAL BETSHED LICENSEE		22. NAME AND ADDRESS OF FA	hu m	1639 N. Bacadwa	
Ш	( ) Grahaller		Jeff Mill	ex P.C. F/1	Bacto. md.	
	23. PART I. Extent the diseases, or complications that can be completed in the complete compl	used the deeth. Do not o	enter the mode of dying, suc	h se cerdisc or respi	fratory srrest, Approximats interval Between	
	IMMEDIATE CAUSE (Finsi		M # 3 #0 2		Onset and Death	
	resulting in death) s. ACSTE DUE TO (OR	AS A CONSEQUENCE OF):				
-	E. CIVIN	9516				
CERTIFICATION	Convention to that conditions	AS A CONSEQUENCE OF):				
<u>*</u>	csuse. Enter UNDERLYING					
트		AS A CONSEQUENCE OF):				
E	resulting in death) LAST					
H						
AL	PART II. Other significent conditions contributing to das	th but not resulting in ti	ne underlying cause given in	Pert I. 24s. WAS AN PERFOR	RMED? AMAILABLE PRIOR TO	
EDICAL	WASTING SYNDOME , DIS	SEMINATED N	yesombring.	1 _ YES 2	COMPLETION OF CAUSE OF DEATH?	
	AVINM INFECTION				1 - YES 2 - 16	
Ξ.	DID TOBACCO USE CONTRIBUTE TO CAUS	OF DEATH YES	□ NO ☑ UNCERTAI	N 🔲		
A	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (				
PHYSICIAN:	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER		HER: Nursing Home 5 - Residence	8 Other (Specify)		
≚	27. MANNER OF DEATH 28a. DATE OF INJU	IRY 26b, TIME O	26c. INJURY AT	28d. OEŞCRIBE HOW	INJURY OCCURED	
	1 Natural 5 Pending (Month, Day, Ye	NJURY	WORK?  M 1 YES 2 NO			
BY	2 Accident Investigation	JURY — At home, farm, stree		281 LOCATION (Street	and Number or Rural Route Number,	
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	(Specify)	t, vactory, office	City or Town, State		
7	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my	snowledge, death occurred a	the time, data and place, and du	e to the cause(a) and ma	nner as stated.	
Z	(Check only one) 2 MEDICAL EXAMINER: On the basis of examine					
8						
BE	29b. SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE NU		29d. DATE SIGNED (Month, Day, Year)  6-25-96	
0	My July MD		1)50	3 30	F 6-23-76	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O					
		TLAND AVE	FM1159 BAltu	with wa	21205	
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S					
	JUN 27 1996 Julia David	son-Randallo				
					DHMH-16 Bey 1/F	





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 b Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth 3.50 PM 25 9 Fecility Nama (If not Institution, giva street end number, 4b. City, Town, or Location of Death 4c. County of Deg ltimore MOR 0 If Under 1 Months If Under 24 Hrs. Hours Min. 5. Sociel Sacurity Number 7. Age (In yrs. lest birthday) 6. Sax ice (State or Foreign 1 M 2 XF 218-10-9186 Yrs. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? SA 2 12. Was Decedent Ever in U,S.
Armed Forces?
1 Yas 2 No
If Yes, Give 14. Race - American Indian, 11. Meritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) Black, White, etc. 1 Nevar Married 2 Married 1 Yas 2 10 Specify Slack 3 ◯ Widowed 4 □ Divorced Year or Detes 16e. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Ke Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) 19a. Informent's Neme/Ralationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City Zip Code 1102 20e. Mathod of Disposition 20b. Plece of Disposition (Neme of 20c. Location - City or Town, Stata emetary, cremetory or other place) Burial 2 Cremetion 3 Removel from State
Donetion 5 Other (Specify) e of Funeral Service Licensee 22. Nama and Address of Facility
JOSEPH L. KUS Joseph L. Russ 2222 W. North Ho e disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or raspiratory arrast failure. List only one cause on each line. Approximete Intervsl Between Onset end Deeth Left pleural Immediete Causa (Finel diseese or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting In death) Lest Dua to (or es a consequance of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I 23b. Did tobacco use contribute to the cause of desth? 1 ☐ Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? 2 No 1 🗆 Yes

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

10a. Steta

**Funeral** 

Director

or 28a-f show

238

or Herns

"naturel",

I Hygiene.

other

permit. Pages 1 and 2 should be file. Department of Health and Mental Hyg important: If Item 27 is merked other any Injury or other traument.

Director

Funeral

by

Completed

other traumatic event, the Medical Examiner must be notified at

filed within 72 hours after death with the Maryland

Baltimore, Maryland 21215-0020

Physician/Medical Examiner funeral director, page 2 should be detached for use as the burial-transit Completed Be Certification: To

þ

I ex Attending Physician: The law requires that the death certificate be executed when death.

Director: After this certificate has been signed by the attending physician and

Division of Vital Records, P.O. Box 68760,

Cancer of the heelins.

26. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical exeminer? 1 Yes 2 No 27. Menner of Deeth

5 Pending investigation 6 Could not be determined

28a. Dete of Injury (Month, Day Year)

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

1 Yes 2 No

Other: 4 Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 28d. Describe how injury occurred

29e. Certifler (Check only one)

Netural

2 Accident

3 Suicide

4 - Homicide

1 Certifying Physicisn: To the best of my knowledge, death occurred et tha time, date end plece, end due to the cause(s) end mannar as stated.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) and manner stated.

29b. Signature and title of cartifian

29c. License number 027716 29d. Deta signed (Month, Day, Year) 6/25/96

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

M·D

5411 OLD FREDERICK RD. BALT IMORE. MD. 21229. 31. Dete filed (Month, Day, Year)

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

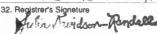
State Registrar

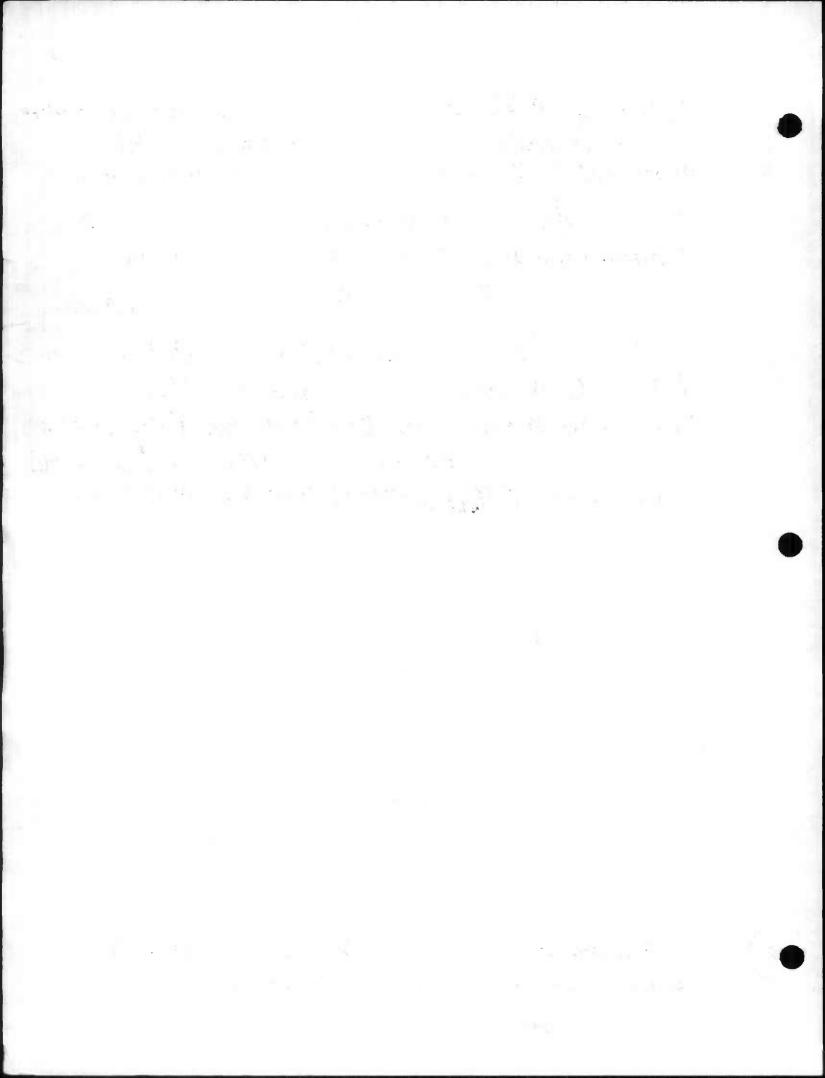
filled in by

Medicai

To the Funeral D

JUN 281996



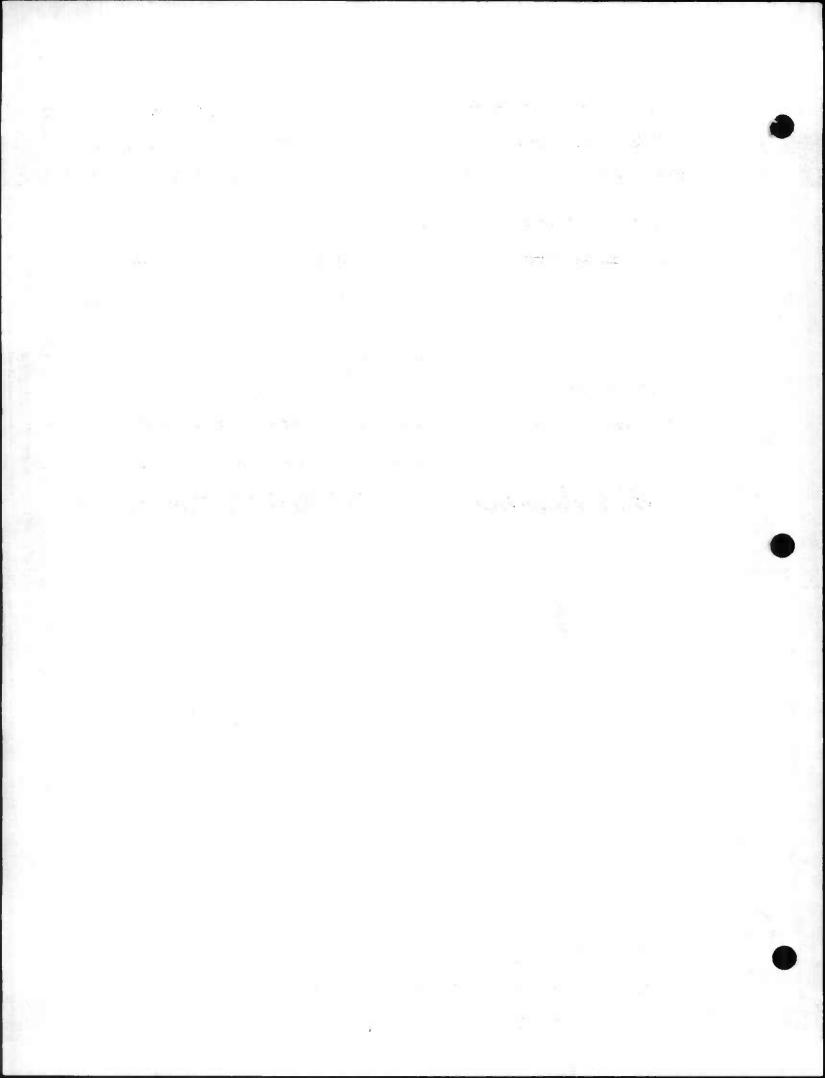


### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

9	1	6	9
400		0	

					Cei	rtificat	e of	Death		F	leg. No.				
Dharatatan		1. Decedant's Nama (First, Middle, I	ast)							2. Deta of Dea Month		Veer	3. Time	of Death	
Physician /Medical		Bertha M.	Alvather							June 2:		Year	1:50	DPM	
Examiner		4a. Facility Neme (If not Institution, g						4b. City, To	wn, or Lo	ocation of Death	4c. County	y of Death			
		12536 Merritt	Avenue					For	-			timor			
Funeral Director	1	212-12-1037	4 TH ATE	a (In yrs. las	Yrs.	If Undar Months	1 Yaar Deys		Min.	8. Data of Birtl (Month, Day Sept. 6,	1916	9. Birthpl Count Harrfor	aca (Stat try) CO.	Md.	
and and	- 1-	Usual Rasidance of Dacedant  10a. Stete 10b. County		10c. City.	Town or Lo	cation						10	Od toside	City Limits	
Aaryl Cebe	5 1	Maryland Baltin	nore		ork							'		as 2 N No	
vith the Marylan to or 28a-f show by notined at Director	3	10e. Street and Number	101 0		31 K	10f. Zip	Coda				Ing Citizen of	en of What Country?			
	9	12536 Merritt Av	·			2	105:				U.S./	U.S.A.			
ors after bearing	2	11. Marital Status  1 □ Nevar Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedant E Armed Forcas? 1  Yes 2 N If Yes, Give Yeer or Detes:		1	Was Deced f Yas, spec 1□ Yas			jin? (Sp , Puerto	ecify Yes or No- Rican, etc.)	Black, White, etc.  Specify: White				
natural,	3	15. Decedant's (Specify only highast of	Education rade complated)		16e. Deced	dent's Usue	el Occu	pation during most	of work	ina	16b. Kind of 8	lusinass/Ind	ustry		
L		Elementery/Secondery (0-12) 9th.	Coilege (1-4or 5		Waitr		sa retire	during most ed)	or work		Court S	urt Square Restauran			
Mental Hygis arked other artic event, tr		17. Fathara Nama <i>(First, Middi</i> a, <i>La:</i> Charles B. Marti	•					18. Motha		a (First, Middla,		· · · · · · · · · · · · · · · · · · ·			
4 E E	-	19a. Informant's Name/Raiationship	(Type, Print)					t and Numbe	r or Aur	al Route Numbe			Code)		
and n 27			Son)					Aveni	Je	Fork,Md. 21051					
permit. Pages 1 and 2 Department of Haelth s Important: if Item 27 is eny Injury or other tra once.	1	20a. Mathod of Disposition 1 ⊠ Buriai 2 □ Cremetion 3 4 □ Donation 5 □ Other (Spec		cen	e of Disponetery, crem	netory or o	thar pla	y June	26.19	Data 1996	Hvdes				
mit.	-	21. Signeture of Funeral Sarvice Lie	**				d Addr	ass of Facility	/						
Depa Impo eny is		1 = 2%	and had		Ę	11750	Las	ssahn	Fune	eral Hom Kingsv	e				
	+	23a. Part1. Entar tha disaasa, dr co shock, or haart failura. List on	mplications that caused	tha daath.			Be.	Lair H	Oad cardlac	Kings v	ille,Mo	1. 210	Approxim	nate	
Physician /Medical Examiner		immediata Causa (Final disaasa or condition rasulting in deeth)		Due to (or a	s a conseq	juance of);							<2,	MENTYS	
death certificats be assected eatherding physician and of for use as the burist-transit sician/Medical Examiner		Sequentially list conditions, if any, leading to immediata cause. Entar Underlying Cause (Disasse or injury that initiated evants	c	Dua to (or a								1			
anding phy usa as the		rasulting in death) Last	l d	Dua to (or a	s a consequ	uence or):									
seath ce attend of for usi	-	See It Other elemitions conditions	and the star to double be	A (A)						ant Dista				44.44	
that the death or ed by the attend detached for us		Pert It. Other significant conditions	contributing to death bu	t not rasuiti	ng in tha ur	ndarrying c	ausa gr	van in Part I.			obacco use co 'es 2□No	3 Prob	1	Unknown	
ned in a det											2010	0   1100	aloly 4	Politicali	
The law requires that the death sate has been signed by the atterpage 2 should be detached for Completed by Physicia	-								-	24e. Wes a perfor	n autopsy med?	ava	re autops iiable prio npletion o leeth?	sy findings or to of cause	
The I										1□ Y	as 20 No	1□	Yes 2	.□ No	
s cartificata has but irector, page 2 s		25. Was casa refarred to medical						26. Piaca	of Deat	h (Check only o	na)				
		axaminar? 1 ☐ Yas 2 ☐ No	Hospital: 1 ☐ inpatier	nt 2 EF	VOutpatien	t 3□ DC	A Ot	har: 4 Nu	sing Ho	ma 5 Rasid	ence 8 Ott	nar (Specify	)		
Attending Pr r death. ector: After th by the funeral		27. Mannar of Death 1 Natural 5 Pending 2 Accidant investigati	28a. Data of injun (Month, Dey	Year) 21	Bb. Tima of injury	M 2	8c. inju Wo	ry et rk?		28d. Dascribe h					
विश्व में		3 Suicide 8 Could not 4 Homicida determine	28a. Place of inju building, etc.	M 1 ☐ Yas 2 ☐ No  28a. Place of injury - At homa, farm, street, factory, office building, etc. (Spacify)						28f. Location (S City or Tow	treet and Numi n, State)	ber or Rural	Routa N	umber,	
H pital m 2 mours a Fineral I piataly filled edical Ce		29a. Certifier 1 Certifying P (Check only one) 1 Medical Exa	hysician: To the best of minar: On the basis of end mennar stat	axamination	dge, daath end/or inv	occurred vastigation,	et tha ti	ma, data and opinion, daat	piace,	and dua to tha d ed at tha time, d	ausa(s) and m leta and piece,	anner es sta and dua to	ated. tha cause	e(s)	
M M		29b. Signeture end title of certifier				290	. Lican	se number		1	9d. Date signe	ed (Month, L	Day, Year	)	
F F F 8		Davel 5 Du					D3 2255				June 22, 155				
FEE 8		Davel 5	Su-				05	2219		,	JUNE 2	2,155	/		
8	3	30. Neme end addrass of person who	complated causa of da	ath (itam 2	3a) (Type, I	Print)	05	2219			JUNE 2	2,159			
8	3	30. Name and addrass of person who		ath (itam 2:				)			JUNE 2	2,159			



### ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM g-737 7/5/96 t.t Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0

	0	1	7 (	)
-	)	1	1	J

Certifica	te	of	Des	ath	

**Physician** /Medical Examiner

**Funeral** 

Director the Maryland items 23a or 28a-f show 72 hours efter ŏ "natural", al Hygiene. permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy important: if I lam 27 is marked other any fillury or other treumatic event

Baltimore, Maryland 21215-0020

П

**Physician** /Medical Examiner

The law requires that the death certificate be executed physician end s the buriel-transit Box 68760. USB BS ò P.O. signed t Records. page 2 should of Vital Physician: director, this the funeral After Division or Attending 24 hours after deeth.

Funeral Director: A filled in by

1. Decadent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month Year ROBIN LYNN 1996 AYCOTH JUNE 21 6:05P.M. 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death 419 MARYLAND AVE **ESSEX** BALTIMORE | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Dey, Year) | Sept • 11, 1962 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthpiaca (State or Foreign 1□ M 21 F Mary Land 220-86-8520 Yrs. 33 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. insida City Limits Essex Baltimore Md. Director 1 ☐ Yas 2 X No 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 21221 USA 419 Maryland Ave. 12. Was Dacadant Evar in U,S. Armed Forces?
1 ☐ Yas 2 XNo 11. Maritei Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 Naver Married 27 Marriad 1 ☐ Yes 2 No Specify: þ Specify. 3 Widowed 4 Divorcad White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) First NAtional Bank Investment Representative 12th 17. Fethar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Myrtle Ellis Carl Shipley 19a. informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 419 Maryland Ave. Baltimore Md. 21221 Robert Aycoth Jr. 20b. Plece of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1X Buriai 2 ☐ Cremation 3 ☐ Removal from State Belair Memorial Cemetery 6/25/96 Belair Md. 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signeture of Funarai Service Licensee 22. Nama and Address of Fecility Connelly Funeral Home of Essex onn 300 Mace Ave. Baltimore Md. 23a. Part 1. Enter the disease, or compositions that ceused the death / Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betwe Onset and Death Immediete Cause (Final CONTACT GUNSHOT WOUND OF HEAD disease or condition resulting in death) Due to (or as a consequence of) Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Last Due to (or es a consequence of) Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 225No 3 □ Probably 4 □ Unknown by Completed 24b. Wara autopsy findings evailable prior to completion of cause of death? 24a. Was an eutopsy performed? 1 X Yas 2 □ No 1 Yes 2□ No Be 25. Was cese referred to medical 26. Piace of Death (Check only ona) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ₹ Residence 6 ☐ Other (Specify) 1X Yes 2 No Certification: To 27. Manner of Death 28a. Date of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? 5 Pending investigation Fucialnjury 1: 1 Naturei 1-3-18 ALS P 1 ☐ Yes 2 No Subject shot SELF 6-21-96 2 Accident 6 Could not be determined 3XX Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 419 Maryles Ave. Essey 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Baltimore Co. MO A+ home 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the ceuse(s) end menner steted. Medicai (Check only 29b. Signetura and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Donald & Wright MD O.C.M.E. JUNE 22, 1996 30. Name and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

DONALD G. WRIGHT MO

JUN 2

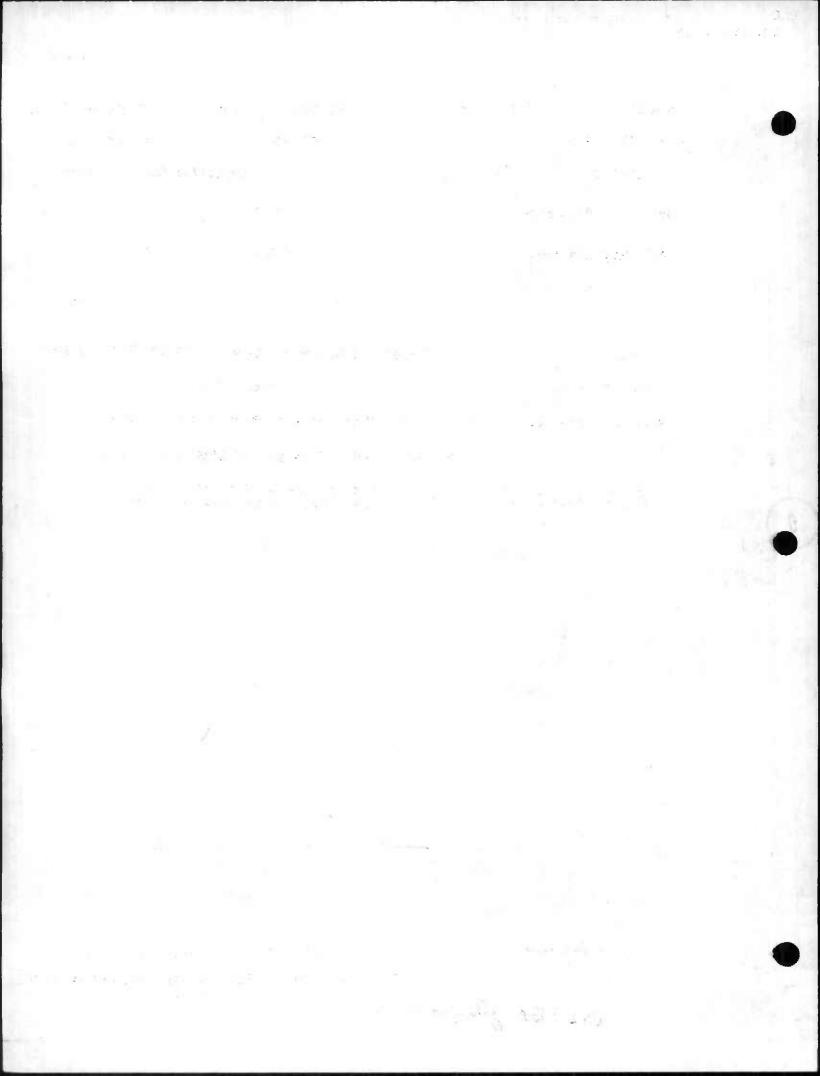
8 1996

32. Registrar's Signatura

31. Date flied (Month, Dey, Year)

Hospital

To the Hosp within 24 hou To the Fune completely fi



DIVISION OF VITAL RECORDS, P.O. BOX 68760

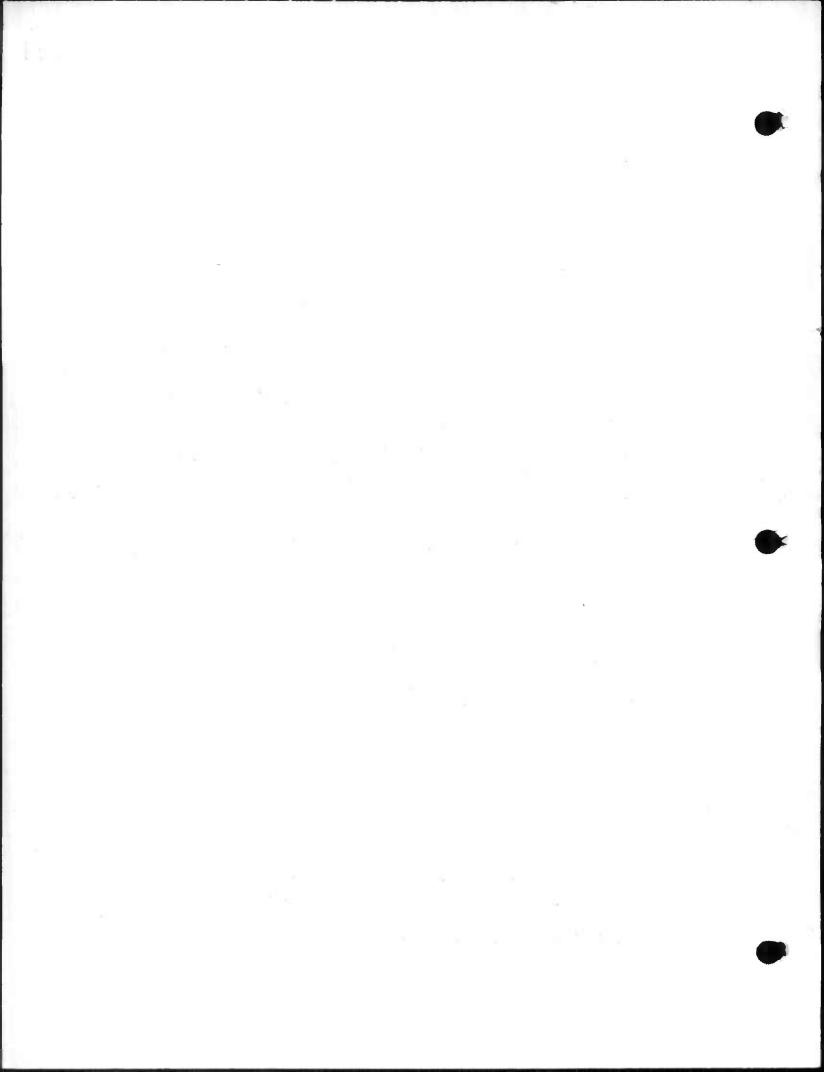
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within The think of the property of the property of the property of the property of the property filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	REGISTRAN	OL.		E OF DEA	4111	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Dotter A.	1J				MONTH DA		YEAR
		splund				June 26		9961 0145 M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last				7. DATE OF BIRTH		L BIRTHPLACE (State or Foreign
	7.18. 22.8652 10	M 2 SE 72	YRS. MONTHS	DAYS HOURS	MIN.	2 -15 - 6	211	Country)
	010-76-000							ank
	9a. FACILITY NAME (If not institution, give street and			Y, TOWN OR LOCA	TION OF DEA	ATH		Y OF DEATH
Œ	Deated moderal	ical Cente		BAIT	mor	. 0		VA
2	RESIDENCE OF DECEDENT	real cente		BHW1	mor	re		
DIRECTOR	10a, STATE 10b, COUNTY		Total areas areas					
2	IOD. COONTY		10c. CITY, TOWN					10d. INSIDE CITY LIMITS?
ō	IMO NA	_	Ba	Timo	re			YES 2 NO
	10s. STREET AND NUMBER		100					
4		1 00 -		101. ZIP CC	OE .	7	10g. CITIZE	N OF WHAT COUNTRY?
Ш	611 S. Charle	PC Stule	1		212	>0		ICH
FUNERAL		AS DECEDENT EVER IN U.S. ARI					-	771
3		ORCES? 1 YES 244		If was sneetly Cu	OF HISPANI	C ORIGIN? (Specify Yes Puerto Rican, atc.)	or No- 1	4. RACE — American Indian, Black, White, etc.
	IF.	YES, GIVE WAR OR DATES		1 YES 2				Specify:
ВУ	3- Orldowed 4 Divorced			7				aut it e
۵	15. DECEDENT'S EDUCATION	40- 000	CEDENT'S USUAL					white
Ш	(Specify only highest grade complete	ited) (Gir	ve kind of work done	during most of wor	kina	16b. KIND OF BUS	INESS/INDU	STRY
ÌЩ	Elementary/Secondary (0-12) Colle	ege (1-4 or 5 +)	Do NOT use retired.	)		1		
Б	INNK	NA	UN	V		UN.	K	
Σ	AT SATURDIA MANE ST. A MANE		Urr				_	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MC	THER'S NAM	E (First, Middle, Maiden	Surname)	
	UNK				UN	K		
BE	19a. INFORMANT'S NAME (Type/Print)	100						
2		1 1 1 1	MAILING ADDRES	S (Street and Numi	er or Hural Ho	oute Number, City or Town	-	ode)
	Cussie Lavell	le Guardian 8	61 Par	K Aur	Ba	Mimore, u	10. 1	21201
	20s. METHOD OF DISPOSITION		ND DATE OF DISPO	CITION (Name of	70,000			ty or Town, State
	Burlel 2 Cremation 3 Removal fro		matogy of other had			DATE 200. LOG	ATION - CI	ty or lown, State
	Donation 6 Other (Specify)		11111.	/10	M	6.214 La	rsdo	rune, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22	. NAME AND ADDE	ESS OF FACI			
	11111	,		Pl:	0 1	11.		638 N.Gilmor
	40000	2		Tradell	8	11) Vlip 1	1200	ral Home 21217
	22 MADY I Enter the disease and the		A	macr.	1 1	00/1101	OTIE	14110111 2/21/
	23. PART I. Enter the diseeses, ox complice shock, or heart failure. List on	Cations that caused the dec	eth. Do not ente	r the mode of c	ying, such	as cardisc or respi	ratory srres	
		my bile cease on each line.	•					interval Between
	MANAGOLATE CALLOG (CI)							Opens and Death
	iMMEDIATE CAUSE (Finsi	ENNE 101			- 1	-		Onset and Death
		CEREBROVA	Scuran	DISE	ASE			Onset and Death
		CERETAROVA  OUE TO (OR AS A CONSEO	SCUCALI	2 DISE	ASE			Onset and Death YEALS
		OUE TO (OR AS A CONSEC	SCUCAR	2 DISE	ASE			Onset and Death YEACS
NC	disease or condition resulting in death) s	OUE TO (OR AS A CONSEC	OUENCE OF):	2 DISE	45E			Onset and Death  YEAUS
TION		OUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF THE CONSECUT	OUENCE OF):	2 DISE	ASE			Onset and Death  YEALS
ATION	disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEC	OUENCE OF):	2 DISE	ASE			Onset and Death YEALS
FICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEO	DUENCE OF):	2 DISE	ASE			Onset and Death YEALS
TIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initieted events	OUE TO (OR AS A CONSEC	DUENCE OF):	2 DISE	ASE			Onset and Death YEALS
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEO	DUENCE OF):	2 DISE	ASE			Onset and Death YEARS
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEO	DUENCE OF):					Onset and Death YEARS
	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initieted events	DUE TO (OR AS A CONSEO	DUENCE OF):			arti. 24a, WASAN.		YEALS  24b. WERE AUTOPSY FINDINGS
	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contr	DUE TO (OR AS A CONSECUENCE OF TO (OR AS A CONSE	DUENCE OF): DUENCE OF): DUENCE OF):	inderlying cause	given in P	art f. 24e. WAS AN		YEALS  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEO	DUENCE OF): DUENCE OF): DUENCE OF):		given in P	art f. 24e. WAS AN	MED?	YEALS  24b. WERE AUTOPSY FINDINGS
EDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contributed in the condition contr	DUE TO (OR AS A CONSECUENCE OF TO (OR AS A CONSE	DUENCE OF): DUENCE OF): DUENCE OF):	inderlying cause	given in P	rart i. 24a. WAS AN. PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent conditions control.	DUE TO (OR AS A CONSECUENCE OF TO (OR AS A CONSE	DUENCE OF):  DUENCE OF):  esulting in the u	inderlying cause	given in P	Part I. 24a. WAS AN. PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions control of the conditions control of the cause of the caus	DUE TO (OR AS A CONSECUTION OF THE TO CAUSE OF DEAT	DUENCE OF):  DUENCE OF):  ESSUITING IN the U	nderlying couse  PENTER  NO UN	given in P	Part I. 24a. WAS AN. PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions control CONGESTIVE HEAD DID TOBACCO USE CONTRIBUT 25. Was case reference to medical.	DUE TO (OR AS A CONSECUENT OF THE TO CAUSE OF DEAT 26, PLACE	DUENCE OF):  DUENCE OF):  DUENCE OF):  ESUITING IN the U	NO UN	given in P	Part I. 24a. WAS AN. PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions control CONSCITIVE HEA  DID TOBACCO USE CONTRIBUT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	DUENCE OF):  DUENCE OF):  DUENCE OF):  TH YES   E OF DEATH (Check	NO UN	given in P	Part f. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions control CONGESTIVE HEAD DID TOBACCO USE CONTRIBUT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 M NO	DUE TO (OR AS A CONSECUTE DUE TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  BUSINESS IN THE UNITED STATES IN	NO UN K only one) Fig: Insing Home 5	given in P	Part f. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions control CONSESTIVE HEAD	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  PUENCE OF):  DUENCE  NO UN Conly one) FIE: Testing Home 5 □	given in P	Part f. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions control CONGESTINE  DID TOBACCO USE CONTRIBUT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 FANO  1 YES 2 FANO  27. MANNER OF DEATH  10 Natural 5 Pending	DUE TO (OR AS A CONSECUTE DUE TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  BUSINESS IN THE UNITED STATES IN	NO UN conly one)  28c. INJURY AT WORK?	given in P	Part f. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent conditions control of the conditions contro	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  TH YES   E OF DEATH (Check  DOA	NO UN conly one) 28c. INJURY AT WORK? 1 YES 2	given in P	24a. WAS AN. PERFOR  1 YES 2  Other (Specify) 28d. DESCRIBE HOW IN	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions control of the conditions contro	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  TH YES   E OF DEATH (Check  DOA	NO UN conly one) 28c. INJURY AT WORK? 1 YES 2	given in P	Other (Specify)  24a. WAS AN PERFORM  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IN	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions control CONGESTIVE  DID TOBACCO USE CONTRIBUT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  TH YES   E OF DEATH (Check  DOA	NO UN conly one) 28c. INJURY AT WORK? 1 YES 2	given in P	24a. WAS AN. PERFOR  1 YES 2  Other (Specify) 28d. DESCRIBE HOW IN	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions control CONSCITIVE HEA  DID TOBACCO USE CONTRIBUT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   NO   1   No   1   No   Notural   5   Pending Investigation   2   Accident   3   Suicide   6   Could not be determined	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  BUSINESS IN THE UP TO THE U	NO UN  To only one)  28c. INJURY 2  1 YES 2	given in P	Other (Specify)  28d. DESCRIBE HOW IN City or Town, State)	MED? NO NUMBER OF	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions control CONSCITIVE HEA  DID TOBACCO USE CONTRIBUT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   NO   1   No   1   No   Notural   5   Pending Investigation   2   Accident   3   Suicide   6   Could not be determined	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  BUSINESS IN THE UP TO THE U	NO UN  To only one)  28c. INJURY 2  1 YES 2	given in P	Other (Specify)  28d. DESCRIBE HOW IN City or Town, State)	MED? NO NUMBER OF	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions control of the conditions conditions control of the condit	DUE TO (OR AS A CONSECTION OF AS	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  TH YES   E OF DEATH (Check  DOA   4   Nu  26b. TIME OF INJURY  M  The, farm, street, feel  ath occurred at the	NO UN Conly one) Fit: reing Home 5  28c. INJUNEY 1 VORK? 1 VES 2 story, office	given in P	Other (Specify)  28d. DESCRIBE HOW IN City or Town, State)	MED?  NO  NO  NO  NO  NUMBER OF	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the con	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  TH YES   E OF DEATH (Check  DOA   4   Nu  26b. TIME OF INJURY  M  The, farm, street, feel  ath occurred at the	NO UN Conly one) Fit: reing Home 5  28c. INJUNEY 1 VORK? 1 VES 2 story, office	given in P	Other (Specify)  28d. DESCRIBE HOW IN City or Town, State)	MED?  NO  NO  NO  NO  NUMBER OF	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions control of the conditions conditions control of the condit	DUE TO (OR AS A CONSECTION OF AS	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  TH YES   E OF DEATH (Check  DOA   4   Nu  26b. TIME OF INJURY  M  The, farm, street, feel  ath occurred at the	NO UN conty one) Fit: work? 1 YES 2 story, office	given in P	Other (Specify)  Other (Specify)  286. DESCRIBE HOW IN  City or Town, State)  o the cause(s) and man me, data and place, and	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the con	DUE TO (OR AS A CONSECTION OF AS	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  TH YES   E OF DEATH (Check  DOA   4   Nu  26b. TIME OF INJURY  M  The, farm, street, feel  ath occurred at the	NO UN conty one) Fit: work? 1 YES 2 story, office	given in P	Other (Specify)  Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)  the cause(s) and man me, data and place, and	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  REO  Rural Route Number,  couse(s) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  BUENCE  Inderlying cause  PENT E  NO UN  conly one)  ER: raing Home 5    28c. INJURY AT  WORK?  1 YES 2  ctory, office  time, data and plate opinion, dasth occ	given in P	Other (Specify)  24a. WAS AN. PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street a City or Yown, State)  to the cause(a) and man me, data and place, and	MED?  ANO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  REO  Rural Route Number,  couse(s) and manner as stated.	
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS A CONSECTION OF AS	DUENCE OF):  DUENCE OF):  DUENCE OF):  BUENCE  Inderlying cause  PENT E  NO UN  conly one)  ER: raing Home 5    28c. INJURY AT  WORK?  1 YES 2  ctory, office  time, data and plate opinion, dasth occ	given in P	Other (Specify)  24a. WAS AN. PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street a City or Yown, State)  to the cause(a) and man me, data and place, and	MED?  ANO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  REO  Rural Route Number,  ceuse(s) and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  BUENCE  Inderlying cause  PENT E  NO UN  conly one)  ER: raing Home 5    28c. INJURY AT  WORK?  1 YES 2  ctory, office  time, data and plate opinion, dasth occ	given in P	Other (Specify)  24a. WAS AN. PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street a City or Yown, State)  to the cause(a) and man me, data and place, and	MED?  ANO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  REO  Rural Route Number,  ceuse(s) and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  DID TOBACCO USE CONTRIBUT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   No.   1   No.   1   1   1   1   1   1   1   1   1	DUE TO (OR AS A CONSECT DUE TO	DUENCE OF):  DUENCE OF):  DUENCE OF):  BUENCE  Inderlying cause  PENT E  NO UN  conly one)  ER: raing Home 5    28c. INJURY AT  WORK?  1 YES 2  ctory, office  time, data and plate opinion, dasth occ	given in P	Other (Specify)  24a. WAS AN. PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street a City or Yown, State)  to the cause(a) and man me, data and place, and	MED?  ANO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  REO  Rural Route Number,  couse(s) and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  DID TOBACCO USE CONTRIBUT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   No.   1   No.   1   1   1   1   1   1   1   1   1	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  BUENCE  Inderlying cause  PENT E  NO UN  conly one)  ER: raing Home 5    28c. INJURY AT  WORK?  1 YES 2  ctory, office  time, data and plate opinion, dasth occ	given in P	Other (Specify)  24a. WAS AN. PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street a City or Yown, State)  to the cause(a) and man me, data and place, and	MED?  ANO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  REO  Rural Route Number,  ceuse(s) and manner as stated.	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene 0 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death 1996 Borcherdina 2130 June 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death 6387 Loudon Avenue Elkridae If Undar 1 Yaar Months Days 8. Data of Birth (Month, Day, JULY 22, 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) Months Hours Min 1□M 2□F 220-41-4243 Maryland Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Howard Elkridge 1 ☐ Yas 2 🕅 No 10a. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 6387 Loudon Avenue 21227 USA 12. Was Decedant Evar in U,S. Armad Forcas? 1 Yas 2 No 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian. Black, Whita, atc. 1 Navar Married 2 Married Yas, Giva 1 ☐ Yas 2 No Specify: white 3 Widowed 4 Divorced Yaar or Detas: 15. Decedant's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT use ratired) Eiamantary/Secondary (0-12) Collage (1-4or 5+) 0 Infant Infant 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Charles E. Borcherdina Carol D. James 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) Charles E. Borcherding - father 6387 Loudon Ave., Elkridge, 21227 Md. 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 XBuriai 2 7 mation 3 Ramoval from State 6/27/96 Meadowridge Memorial Pk. Other (Spegly) Elkridge, Maryland 22. Nama and Address of Facility Gary L. Kaufman Funeral Home of Elk., 5695 Main St., Elkridge, Md. 21227 or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, but phy one cause on each line. Part1. Enter the di-shock, or head fall Approximata Intarval Between Onset and Death Immediata Cause (Final diseesa or condition resulting In deeth) 2 days to (or as a consequence of) eukemio Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or injury that initiated events rasulting in daath) Last Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 200 No 1 Tyas 1 ☐ Yas 2 ☐ No Intection 28. Placa of Daath (Check only ona) Other: 4 Nursing Homa Hospital: 1 Inpatiant 3 DOA 5 Rasidance 8 Othar (Specify) 2 ER/Outpatient 28a. Deta of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred

Physician /Medical Examiner

important of Health and Mental Hygiene.
Important: If Nem 27 is marked other than any Injury or other traumatic accepance.

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

Be 2

**Funeral** 

Director

of other than "natural", or items 23a or 28a-f ahow event, the Medical Examiner must be notified at

filed within 72 hours efter deeth with the Maryland

Physician/Medical Examiner and

þ Completed Be

2

Certification:

Medical

State Registrar

ed by the ettending physician deteched for use as the burial been signed by certificate has To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this funeral

Illed in by

The law requires that the death certificate be executed

Box 68760,

P.0.

Division of Vital Records,

or Attending Physician:

tungal

25. Was base refarred to medical axaminer? 1 Yas 2 No

27. Manger of Death 1 Naturai 2 Accident

3 Suicida 4 Homicida

29a. Certifiar (Check only one)

5 Panding invastigation 6 Could not be determined

28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Spacify)

1 Yas 2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29b. Signatura and titla of certifiar

29c. Licansa number

11 Certifying Phyeician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

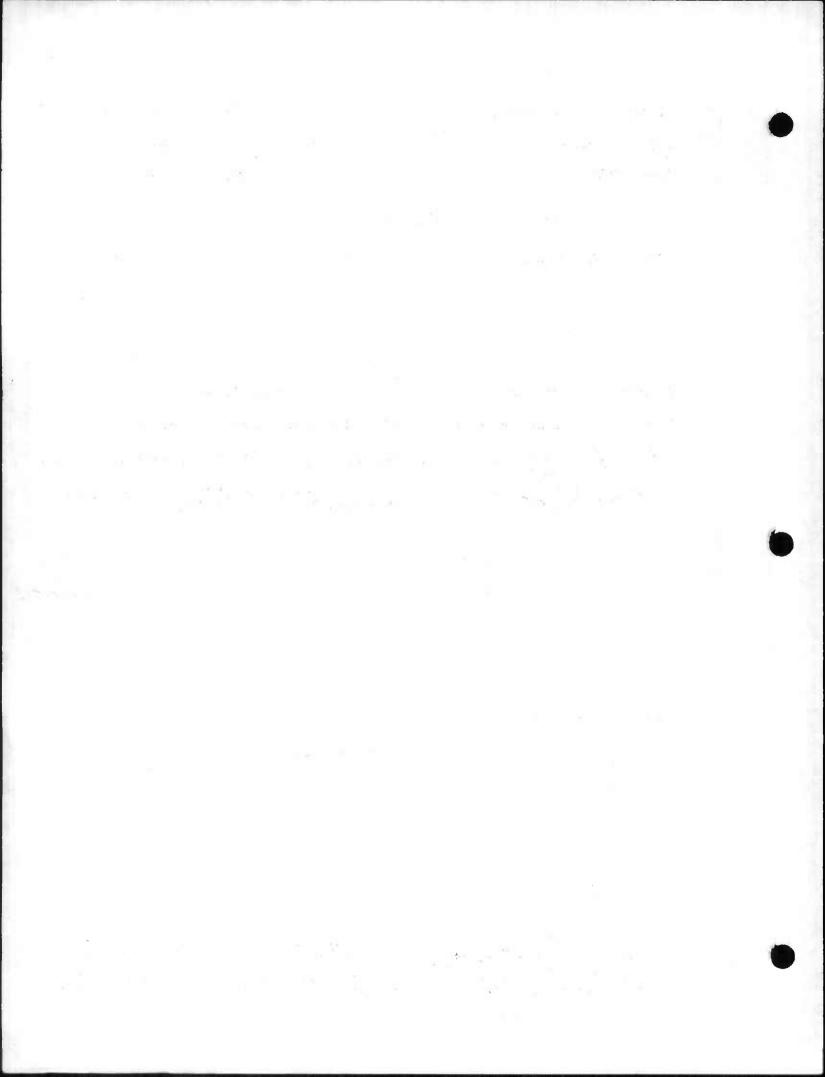
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year)

DUTTMD 30. Nama and addrass of person who c omplated cause of death (Itam, 23a) (Type, Print)

Johns Hopkins Hospital 32. Registrar's Signatura 31. Dete filed (Month, Day, Year)

600 N. Wolfe St., CMSC 800, Baltimore

DHMH 16 Rev 6/95



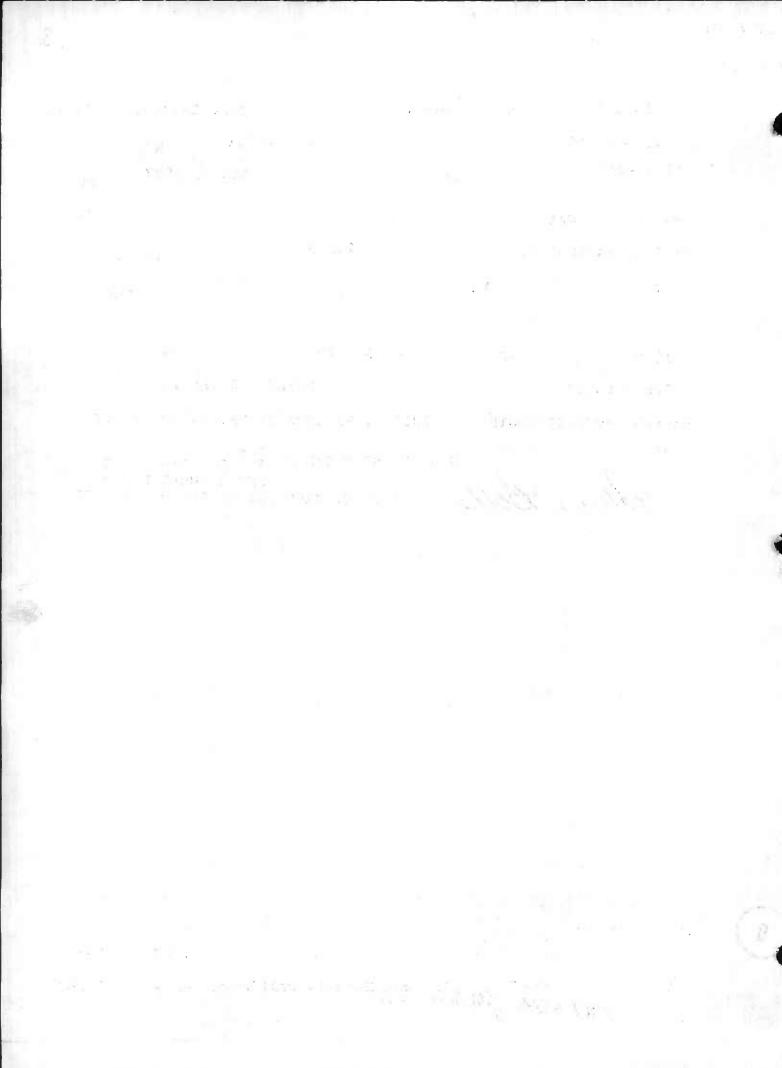
Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

### Discon Type or Brint in Pleak Indelible Ink. Accure All Conice

						Ce	ertificate	of L	Death			Reg. No	),		4.0
ysici	ian	1. Decedent's Ner	na (First, Middle, La	est)							2. Dete of De Month	eath De	v	Year	3. Time of Deeth
Medic		-	BERT	L.	BU	ILLOCK	<				june	23,	1996		13:22
amir	ner			re straat and number)				4			cation of Deet	th 4c.	. County	of Death	h
_		1 / 19 NO	OME ST.	7 40	a da ma	. In an h-India also	y) if Under 1	Vaar	BALT If Undar 2				N/A	0.00	
eral ctor		216-90-5		1 M 2□F	18	. <i>lest birthday</i> Yrs.		Days	Hours	Min.	8. Data of Bi (Month, De DEC 6	ou Voorl	977	9. Birth	hpiece (Stete or Fore untry)
_		Usual Residence of	of Decedent		10						DEC 0	, 1.			MD
i i	_	10a. Stete	10b. County		10c. Ci	ity, Town or L									10d. Inside City Lim
be notified at	Director	MD	N/A				BALTO					_			XiXi Yas 2□!
8		10e. Street end Nu 2812 E.		ST			10f. Zip C	2121	3				izen of W		untry?
Course	Funeral	11. Maritai Status	THEFT	12. Wes Decedent	Evar in I	IS 13	Was Decede	ent of His	enanic Orio	in? /Sno	cify Ves or No		J.S.		rican Indien,
aner.	臣		rled 2 Married	Armed Forces?	No	5,0.	. Was Decede If Yes, specif		n, Maxican,	Puerto I	Rican, atc.)		Bleck	k, White	e, atc.
Exa	þ	3 🗆 Widowed	4 Divorced	If Yes, Give Yeer or Datas:			1□ Yes 2	XNo	Specify:				Specify:	BLF	ACK
Olean	Completed	(Sne	15. Decadent's Ed	ducation ade completed)		16e. Dece	edent's Usuel	Occupa done d	ition	of workin	na	16b. K	ind of Bu	siness/l	ndustry
the Medical	mpi	Elementery/Seco		College (1-4or 5						. J. Jini			AT / 7		
יונל ווו		12th	(First, Middle, Last)	N/A		UN	1EMPLO			e Noma	(First, Middle		N/A	a)	
other traumatic event,	o Be	RENE BU									ROUL			w/	
metra	2		leme/Relationship (	Type, Print)		19b. Mail	ling Address (	Street e		-				Stete. Z	ip Code)
er tra				TE/MOTHER	2		2 E. M							212	, ,
any injury or other tra		20e. Method of Dis	position	-	20b. I	Pleca of Disp cametery, cre	position (Neme	e of ner place	a)		Dete	20c. Lo	ocation - (	City or 7	Town, Stete
o Aun		4 Donetion	5 Other (Specifi	Removel from State			N STAR			20	NE , 96	BA	LTO,	. MI	D
any injury once.		21. Signature of E	al Service Licar	nsee /		2	22. Name end	Addres	s of Fecility	BE			RAL	-	
ë 0		1 43	4.	Shel	/										
		100	WILLIA	DOL	2	1	1129 N	1. (	CAROI	INE	ST B	ALT	O, N	MD :	21213
ian		23e. Pen . Enter t shock, or hae	tha disealle, or come art feilure. List only	plicetions thet causad one cause on each lin		th. Do not an	nter the mode	of dying	, such as c	cardiac o	r respiretory e	errest,		MD :	Approximete Intervei Betwean Onset and Deeth
cal ner	er	23e. Pen . Enter t shock, or has Immediate Ceusa disease or condition resulting in death)	(Final	pilicetions that causad one cause on each lin eSWrg.o	un	th. Do not an	nter the mode	of dying	, such as c	cardiac o	r respiretory e	errest,		MD :	Approximete Intervei Between
cal ner	aminer	Immediete Ceusa diseese or condition resulting in deeth)	(Final	. Shotge	Oue to (c	th. Do not an	nter the mode  A-US equenca of):	of dying	, such as c	cardiac o	r respiretory e	errest,		MD :	Approximete Intervei Between
ical ner	Examiner	Immediate Causa disease or condition resulting in death)  Sequentially list confirmed from the cause. Enter Under	(Final on onditions, namediate arriving	. Shotge	Oue to (c	th. Do not an	nter the mode  A-US equenca of):	of dying	, such as c	cardiac o	r respiretory e	errest,		MD :	Approximete Intervei Between
ner private in a p	ca	Immediate Causa disease or condition resulting in death)  Sequentially list confirmly, leading to incause. Enter Unde Cause (Disease or that intileted events)	(Final on dittons, neediete artying injury s	b. Shotgo	Due to (d	th. Do not an	nter the mode	of dying	, such as c	cardiac o	r respiretory e	errest,		MD :	Approximete Intervei Between
ner private in a p	edical	Immediate Causa disease or condition resulting in death)  Sequentially list confirm, leading to in cause. Enter Unde Cause (Disease or Cause (Disease or Cause)	(Final on dittons, neediete artying injury s	b. Shotgo	Due to (d	th. Do not ar	nter the mode	of dying	, such as c	cardiac o	r respiretory e	errest,		MD :	Approximete Intervei Between
ner es the buriel-transit	edical	Immediate Causa disease or condition resulting in deeth)  Sequentially list confirm of the firm, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in deeth)	enditions, namediate strying injury street	e. Shorga b c	Due to (c	th. Do not ar	nter the mode	of dying	g, such as c	cardiac o	r respiretory e	errest,		MD :	Approximete Intervei Between
ner es the bunel-transit	edical	Immediate Causa disease or condition resulting in deeth)  Sequentially list confirm of the firm, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in deeth)	enditions, namediate strying injury street	b. Shotgo	Due to (c	th. Do not ar	nter the mode	of dying	g, such as c	cardiac o	r respiretory e	Sc.	ack	tribute	Approximete Intervel Between Onset and Deeth Onset and Deeth of the cause of dear
ical ical ical ical ical ical ical ical	Physician/Medical	Immediate Causa disease or condition resulting in deeth)  Sequentially list confirm of the firm, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in deeth)	enditions, namediate strying injury street	e. Shorga b c	Due to (c	th. Do not ar	nter the mode	of dying	g, such as c	cardiac o	r respiretory e	Sc.	ack		Approximete Intervel Between Onset and Deeth Onset and Deeth of the cause of death
De detached for use es the bunel-transit	by Physician/Medical	Immediate Causa disease or condition resulting in deeth)  Sequentially list confirm of the firm, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in deeth)	enditions, namediate strying injury street	e. Shorga b c	Due to (c	th. Do not ar	nter the mode	of dying	g, such as c	cardiac o	23b. Dld	tobacco Yes 2'	use con	tribute 3 □ Pro	Approximete Intervel Between Onset and Deeth Onset and Deeth to the cause of dear obably 4 Unknown
De detached for use es the bunel-transit	by Physician/Medical	Immediate Causa disease or condition resulting in deeth)  Sequentially list confirm of the firm, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in deeth)	enditions, namediate strying injury street	e. Shorga b c	Due to (c	th. Do not ar	nter the mode	of dying	g, such as c	cardiac o	23b. Dld	tobacco	use con	atribute 3 □ Pro	Approximete Intervel Between Onset and Deeth Onset and Deeth of the cause of death
c should be detached for use as the bunel-fransit	by Physician/Medical	Immediate Causa disease or condition resulting in deeth)  Sequentially list confirm of the firm, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in deeth)	enditions, namediate strying injury street	e. Shorga b c	Due to (c	th. Do not ar	nter the mode	of dying	g, such as c	cardiac o	23b. Did	tobacco Yes 2'	use cont	3 Pro	Approximete Intervel Between Onset and Deeth Onset and Deeth to the cause of deat obably 4 Unknown Union to completion of causa of deeth?
2 should be detached for use es the bune-transit and and a should be detached for use es the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use a should be detached for use as the bune-transit and a should be detached for use a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be detached for use as the bune-transit and a should be should be detached for use as the bune-transit and a should be d	e Completed by Physician/Medical	Immediate Causa disease or condition resulting in deeth)  Sequentially list confirmly leading to incause. Enter Unde Cause (Disease or that initiated eventure sulting in deeth)  Part II. Other significant in the condition of th	(Final on onditions, needide arrying injury s Lest	e. Shorga b c	Due to (c	th. Do not ar	nter the mode	of dying	g, such as c	cardiac o	23b. Did 1 □ 24a. Wes	tobecco Yes 2 en eutopormed?	use cont	3 Pro	Approximete Intervel Between Onset and Deeth Deeth Onset and D
director, page 2 should be detached for use as the bunel-transit and the contract of the contr	Be Completed by Physician/Medical	Immediate Ceusa disease or condition resulting in death)  Sequentially list confirm, leading to incause. Enter Under Cause (Disease or that intired eventuresulting in death)  Part II. Other significant conditions and conditions are conditions.	(Final on onditions, needide arrying injury s Lest	e. Shorga b c	Due to (c	th. Do not ar	nter the mode	of dying	n in Pert I.	ardiac o	23b. Dld 1 □ 24a. Wes	tobecco Yes 2 sen eutopormed? Yas 2 one)	use cont	tribute 3 □ Pro	Approximete Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Obabiy 4 Unknown Unknown Unknown Obabiy 4 Unknown Obabiy 6 Unknow
orfector, page z should be detached for use es the bune-transit	To Be Completed by Physician/Medical	Immediate Causa disease or condition resulting in deeth)  Sequentially list confirmly leading to incause. Enter Unde Cause (Disease or that initiated eventure sulting in deeth)  Part II. Other significant in the condition of th	onditions, needicte arriving injury street to medical No	e. Shorga b	Due to (co	th. Do not ar	equence of):  underlying cau	of dying	g, such as c  Head  In In Pert I.  26. Place c  If 4 Nurs	of Deeth sing Hon	23b. Did 1 □ 24a. Wes perfo	tobacco Yes 2 sen eutopormed? Yas 2 one) idence (how injur	use continued in the co	tribute 3 □ Pro	Approximete Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Obabiy 4 Unknown Unknown Unknown Obabiy 4 Unknown Obabiy 6 Unknow
orfector, page z should be detached for use es the bune-transit	To Be Completed by Physician/Medical	Immediate Causa disease or condition resulting in deeth)  Sequentially list confirmers and in deeth)  Sequentially list confirmers and in deeth list cause. Enter Under Cause (Disease or thet Initiated event resulting in deeth)  Part II. Other significant in deeth list cause (Disease or thet Initiated event resulting in deeth)  25. Was case reference and in the cause of the cause	onditions, needide arriving slaves lest   ficant conditions of the state of the sta	e. Swrg	Due to (co	th. Do not ar  WOU  or es e conse  or es e conse  or es a conse  sulting in the u  1 ER/Outpetie  28b. Time of Injury  1 3 2	equence of):  adjusted the mode of of the mode of the	Othe	n in Pert I.	of Deeth sing Hon	23b. Dld 1 1 24a. Wes performer 5 Resiled. Describe	tobecco Yes 2 en eutopormed? Yas 2 one) dence how injur	use cont No No No Shothery occurre	24b. V	Approximete Intervel Between Onset and Deeth Onset and Deeth obably 4 Unknown United United States of deeth?  Yes 2 No
led in by the tuneral director, page 2 should be detached for use as the bunel-transit	Certification: To Be Completed by Physician/Medical	Immediate Ceusa diseese or condition resulting in deeth)  Sequentially list confirm the cause. Enter Under Cause (Diseese or that initiated events resulting in deeth)  Part II. Other significance of the confirm the cause (Diseese or that initiated events resulting in deeth)  25. Was case reference of the cause (Diseese or the cause (Diseese or the cause (Diseese or the cause (Diseese or the cause (Diseese or the cause (Diseese or the cause (Diseese or the cause (Diseese or ca	onditions, needide arriving striping striping striping striping injury striping stri	b. Short g. d. b. c. d. d. d. d. d. d. d. d. d. d. d. d. d.	Due to (co	th. Do not ar  WOU  or es e conse  or es a conse  or es a conse  sulting in the u  28b. Time of Injury  13 2-  come, ferm, st	equence of):  adjusted the mode of of the mode of the	Othe	g, such as c  Head  In In Pert I.  26. Place c  If 4 Nurs	of Deeth sing Hon	23b. Dld 1 1 24a. Wes performer 5 Resiled. Describe	tobecco Yes 2 en eutopormed? Yas 2 how injur Street en wn, Stete	use continued in the co	24b. Ver or (Speed	Approximete Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Obabiy 4 Unknown Were eutopsy finding walleble prior to completion of causa if deeth?  Yes 2 No
led in by the funeral director, page 2 should be detached for use as the buriel-transit	Certification: To Be Completed by Physician/Medical	Immediate Causa disease or condition resulting in deeth)  Sequentially list condition of the cause (Disease or the United Cause (Disease or the United Cause (Disease or the United Cause (Disease or the United Cause (Disease or the United Cause (Disease or the United Cause (Disease or the United Cause (Disease or the United Cause (Disease or the United Cause (Disease or the United Cause Office Office or the United Cause Office Office or the United Cause Office O	red to medical  No  h  Could not be determined	b	Due to (co	th. Do not are  WOU  or es e conse  or es a conse  or es a conse  sulting in the in  28b. Time of Injury  132  ome, ferm, strong, erm, strong, come, ferm, strong, come, deep	equence of):  aquence of):  aquence of):  underlying cau  ant 3 DOA  of 286  2 M  treet, factory, of  th occurred et	Of dying  Of the c. Injury Work  1 Y	g, such as c  Recy  In In Pert I.  26. Place c  If 4 □ Nurs  et ?  Yes 2 ☑ Nurs  e, dete end	of Deeth sing Hon 2	23b. Dld 1 1 24a. Wes performent of the second of the seco	tobecco Yes 2 sen eutopormed? Yas 2 cone) idence (how injur www, Stete	use continued in the co	24b. V	Approximete Intervel Between Onset and Deeth Onset and Deeth Obebly 4 Unknown Unknown United States of deeth?  Were eutopsy finding walleble prior to completion of causa of deeth?  Were 2 No  WPT COMP
pletely filled in by the funeral director, page 2 should be detached for use es the buriel-transit and on	To Be Completed by Physician/Medical	Immediate Causa disease or condition resulting in death)  Sequentially list condition of the cause. Enter Under Cause (Disease or the timited eventures of the cause) (Disease or the timited eventures of the cause). The cause (Disease or the cause) of the cause (Disease or the cause) of the cause of the	red to medical  No h  S Pending Investigation  C Could not be determined	b	Due to (co	th. Do not are  WOU  or es e conse  or es a conse  or es a conse  sulting in the in  28b. Time of Injury  132  ome, ferm, strong, erm, strong, come, ferm, strong, come, deep	nter the mode  A S  equence of):  equence of):  equence of):  underlying cau  ant 3 DOA  of 286  2 M  treet, factory, 6  th occurred et  nvestigetion, in	Other Conjunction of the time in my opin	g, such as c  Recy  In In Pert I.  26. Place c  If 4 □ Nurs  et ?  Yes 2 ☑ Nurs  e, dete end	of Deeth sing Hon 2	23b. Dld 1 1 24a. Wes performent of the second of the seco	tobacco Yes 2' en eutopormed? Yas 2  one) idence (how injur Street en wm, Stete Num, Stete	No  No  No  No  No  No  No  No  No  No	24b. Vec	Approximete Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and
pletely filled in by the funeral director, page 2 should be detached for use es the buriet-transit and pletely filled in by the funeral director, page 2 should be detached for use es the buriet-transit and pletely filled in by the funeral director, page 2 should be detached for use es the buriet-transit	edical Certification: To Be Completed by Physician/Medical	Immediate Causa disease or condition resulting in death)  Sequentially list confirmed from the cause. Enter Under Cause (Disease or the thintied eventher the confirmed from the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause of the	red to medical  No h  S Pending Investigation  C Could not be determined	b	Due to (co	th. Do not are  WOU  or es e conse  or es a conse  or es a conse  sulting in the in  28b. Time of Injury  132  ome, ferm, strong, erm, strong, come, ferm, strong, come, deep	nter the mode  A S  equence of):  equence of):  equence of):  underlying cau  ant 3 DOA  of 286  2 M  treet, factory, 6  th occurred et  nvestigetion, in	of dying  Othe  C. Injury  Work  1   Y  office	g, such as c  Head  in In Pert I.  26. Place c  r: 4 □ Nurs et et et et et et et et et et et et et	of Deeth sing Hon 2	23b. Dld 1 1 24a. Wes performent of the second of the seco	tobecco Yes 2 sen eutopormed? Yas 2 sen eutopormed? Yas 2 sen eutopormed?  Yas 2 sen eutopormed?  Yas 2 sen eutopormed?  Yas 2 sen eutopormed?  Yas 2 sen eutopormed?	No Dsy No Other Show of Number of pieca, and pieca, and	24b. Veconomic (Spe)	Approximete Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Ons

State Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19174

N 59		Certificate of Death									l a p.:	Reg.	No.		1	1000
Physicia	ın	Decedent's Nama (First, Middle, Last)  JOHN BENNETT JONES—BATEMAN								2. Date of D Month		Day 1 0 4	Year		a of Death	
/Medic						AN						23			9:4	5 PM
Examine	er	4a. Facility Name (If not instituti									ocation of Dea		4c. County			
		SAINT JOSE	PH	MEDICA	L CEN	TER		TC	OWSON	, MA	ARYLAND BALTIMORE					
Funeral Director	F	5. Social Sacurity Number 122-22-3393	6.	.Sex 1MM 2□F	7. Aga (in yrs. 66	last birthday Yrs.	Months	1 Year Deys	If Undar: Hours	24 Hrs. Min.	8. Date of B	B. Date of Birth (Month, Day, Year) 9. Birthplace (Stefe AAR. 27,1930 New York			te or Foreign	
9		Usuei Residence of Decedent														
death with the Maryland me 23a or 28a-f show thrust be notified at		10a. State 10b. Coun	ty		10c. Ci	ty, Town or L	ocation.								10d. Insid	e City Limits
28a-f show	ō	Maryland Balti	mor	e County	Ba1	timore									1 🗆 🗅	es 2 No
28	Directo	10e. Street and Number			-		10f. Zip	Coda			10g. Citizen of				ntry?	
23a or	ā			_ 1			102.									
123	a	6901 Petwort	t h						212			L		5.A.		
Hems Der m	Completed by Funeral	11. Meritel Statua		12. Was Dece Armed For	dant Evar in U	var in U,S. 13. Was Decedent of If Yes, specify Cub			lispanic Orig	gin? (Sp	ecify Yas or N	0-			can Indier	),
2 2		1 ☐ Navar Married 2 🔀 Me	erried	1 Yes	2 No					,					White, atc.	
ene. then "natural", or he he Medical Examine		3 ☐ Widowed 4 ☐ Divorce	be	If The Giv	e ites: 1955—	1975	1□ Yes	ZĮĮĮ NO	Specify:				Specif	Wh	ite	
Heelth and Mentel Hygiene. frem 27 is marked other than *natural", or flems 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at		15. Decede	ent's				edent's Usua	ei Occun	ation			16b	. Kind of B	usiness/îr	dustry	
2 0		(Specify only high	est g	rade completed)		(Give k		dent's Usuel Occupation a kind of work done during most of wo DO NOT usa retired)			ting					
nd Mentel Hygiene. marked other than imatic event, the M		Elementery/Secondery (0-12)	)	College (1-	-4or 5+)							1	T	1 n	- f	
2 2 2		47 Falbada Nama (Pilat Attant				ALLO	rney	01	-		ofess				ores	STON
9 6 9	Be	17. Fathar's Nama (First, Middle									e (First, Middle, Melden Suman					
Mentel arked o	To Be	John Bennett Jones-Bateman, Sr.							Mildred Van d					er Voort		
S me	•	19e. Informent's Name/Reletion	nship	(Type, Print)		19b. Mel	ling Address	(Street	and Numbe	r or Aur	Rural Route Number, City or Town, Stete, Zip Code)					
train train		Margarot Dunn	To	nos-Bato	man / rri	Fo 6001	Dotros	th Do	vol Bo	1+im	no More	-T on	4 2121	2		
om 27 ther tr	ŀ	20a. Method of Disposition	JU	nes-bate			osition (Ner		du, la	TUIL	re, Maryland 21212  Deta 20c. Location - City or Town, Stete					
0 = k		1 Buriai 2 □ Cramation	1 3	□Removel from S	State C	ematary, cri	emetory or o	ther plac		1						
Important: I any injury o		4 ☐ Donetion 5 ☐ Other (			Gar	rison F	orest V	etera	ins Cem	eten	yJune 27	rison	n Forest, maryland			
마르 #	l	21. Signeture of Funerel Sarvic	a Lic	ensee		- 2	22. Neme en	d Addre	ss of Facilit	у						
35.58		1 10	-	11			22. Name and Address of Facility Mitchell-Wiedefeld Home				e, Inc.			100	41.3	
		force	1	1			6500 Yo	rck Ro	oad, Ba	1tim	ore, Mary	ylan	d_2121	2	1 75	
		Enter the diseesa, ock, or heart feilure. Lis	or co	mplications that ca ly one couse on ea	ausad tha deel ech line.	h. Do not er	nter the mod	e of dyln	ng, such es	cardlec	or respiretory	errest,			Approxi	mete Between
ysician														1	Onsat a	nd Death
ledical		immediate Cause (Finel			LUNG	CANCE	R							1		
miner		disaase or condition resulting in deeth)		θ										1		
	6				Due to (	or as e conse	equenca of):							1		
tis .	اڠ			h										1		
physiclan end s the buriel-transit	Examiner	Sequentially list conditions,		- ·	Due to (d	or es a conse	equence of):									
riel-	ũ	if any, leading to immediata cause. Enter Undarlying												į		
Sici.	edicai	Sequentially list conditions, if any, leading to immediata cause. Enter Undarlying Ceuse (Disease or Injury that initieted evants	<	c	Due to /o	7 9 6 9 00000	quence of.									
g phy es th	D I	resulting in deeth) Last			Due to (c	ras a conse	quance oi):							1		
			L	d										1		
attending for use	됩													1		
e po	200	Pert II. Other significant condit	tions	contributing to de	ath but not res	ulting in the	undertying c	ause giv	en in Pert I.		23b. Dic	toba	CCO USE CO	ntribute 1	o the cau	se of death?
ed by the e	Physician/N	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.									4.5	Vec	2X No	3 🗆 Pro	hably	I 🗌 Unknowr
90											1		20140			- L.J WITKIIWWI
	ρ										240 144-		uteness	24h W	lare sutar	sy findings
should	i e										24a. Wa per	s an a formed		a	railable pr	ior to
hes by	Completed													of	mplation death?	Or Causa
page	6										1□	Yes	2X No	1	☐ Yes	No.
ertificate actor, par		25 Was seen referred to media	na.l						00.51	-15						
ertific sctor,	Be	25. Wes case referred to medic axaminar?	All I						28. Placa	of Deal	th (Check only	ona)				

Division of Vit To the Hospital or Attending Physician within 24 hours after death.

To the Funeral Director: After this certif complately filled in by the funeral directo

Certification: To

Medical

1 Inpatient

28a. Data of Injury (Month, Dey Year)

30. Name and eddress of parson who completed cause of deeth (Item 23a) (Type, Print)

ANTHONY H. GUARINO M.D. 7620 YORK ROAD TOWSON, MARYLAND 21204

Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify)

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, Stefe)

29d. Data signed (Month, Day, Year)

31. Dete filed (Month, Day, Year) State JUN 2819 Registrar

1 Yes 2 No

5 Panding investigation

6 Could not ba

27. Menner of Death

1 Neturel

2 Accident

3 ☐ Sulcida

29e. Certifier

4 Homicide

(Check only one)

29b. Signature end title of cartifiar



2 ER/Outpatient 3 DOA

28c. Injury et Work?

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licanse number

D 46673

1 Yes 2 No

28b. Time of

28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify)

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

2. Debt of Development Name (First Material Law) 1. Development Name (First Material Law) 1. Development Name (First Name) 1. Develo	_		IT	EM#8 film g738 8/9/96ag perFH Certificate of Death		Reg. No.		
Second process of persons and persons and persons are persons and			an	1. Decedent's Name (First, Middle, Last)	Month	Say 18	3. Tima of Deeth	
S. Social Social Social Processor  The Control of t					V	4c. County of	Peeth Peeth	
The state of the s						NI	7	
The following of the control of the	L			710-09-6731 X M 2 F 78 Yrs. Months Days Hours Min.	(Month, De	Y. Yeer) 19 7	AMDED D.T.	
The part of the pa		a Maryland a-f show ured at	ctor	10a. Steta 10b. County 10c. City, Town or Location				
Compared to the control of the con		ith with the 23e or 28 ust be no	rai Dire			10g. Citizan of Wh	at Country?	
Securitists   Securitists	050	rs aftar dae I', or Items		1 Never Merried 2 Married 1 10 Yas 2 □ No Yes, Give 1 □ Yas 2 10 No Specify:	cify Yas or No Rican, etc.)	Bieck,		
The father's Name (First, Middle, Mark)  15. Mother's Name (First, Middle, Mark)  16. Mother's Name (First, Middle, Mark)  17. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mar	5-00	72	eted !	15. Decedent's Education 16a. Decedent's Usual Occupation	ng .	16b. Kind of Busi	ness/Industry	
The father's Name (First, Middle, Mark)  15. Mother's Name (First, Middle, Mark)  16. Mother's Name (First, Middle, Mark)  17. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mark)  18. Mother's Name (First, Middle, Mar	121	5 3	mple	Elementery/Secondary (0-12) College (1-4or 5+)	9	Fait	Tel	
190 GO CO ON COLORS AND COLORS AN		othe	Se Cc		(First, Middle,	Meiden Sumeme)	M	
200. Method of Disposition   Determined   200. Decent of Disposition   Perind   200. Location - City or Town, State   200. Method of Disposition   Scholar	rylai	Manta Marked Marked						
Sequentially list conditions.  Sequentially list conditions.	Mai	d 2 strain			Route Number	er, City or Town, St	A	
Physician Medical Examinar International Cause (Final disease) of conditions or as a consequence of provided that the conditions of the co	nore,	F of H		20e. Method of Disposition  20b. Piece of Disposition (Name of cematery, cremetory or other piece)	INE 26		ity or Town, State	
Physician / Medical Examiner  Physic	Balti	permit. F Department Importan any injur		GIPTIO OF MITTING	DA F	3218	HUDSON ST	
Physician Middical Examiner    Part   Physician   Physician   Part   Physician				23e. Part1. Enter the disease, or complications that caused tha deeth. Do not enter tha mode of dying, such as cardiac or	raspiretory e	rast,	Approximete	
General of the second consequence of the sec								
Due to (or as a consequence of):				disease or condition resulting in deeth)  e. IUNIUN TOUTUIOPIEXOPOLYN	1		9 manus	
Cause (Disease or infury in intelled events resulting in death) Lest  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):    Consequence of   Co	3	D #	iner		1		Enyages	
Cause (Disease or infury in intelled events resulting in death) Lest  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):    Consequence of   Co		secute and al-trans	xam	Sequentially list conditions, if eny, leading to immediate				
The second of th	760	ysiciar ysiciar e buria			cause. Enter Undertying Cause (Disease or injury thet initiated events  Due to (or as a consequence of):			renjaces
The state of the s		0 0 00		Testiting in deeth) Lest				
The state of the s	Bo	attend for us	clan/					
The state of the s	0	by the	hysic	hysic	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
The state of the s		es tha igned be de	þ	DEGREE 1011				
25. Wes case referred to medical examiner?	ecord	law requir as been s 2 should	pieted		24a. Wes perfo		avellable prior to completion of cause	
27. Manner of Deeth 1	al R	: The icata h			101	ras 2 No	1 Yes 2 No	
27. Manner of Deeth 1	Vit.	s certif	o Be	examiner?			(Snacihi)	
2 Accident 3 Sulcide 4 Homicide 28e. Pleca of injury - At home, ferm, street, fectory, office 29e. Certifier (Check only one) 2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as steled.  29b. Signetura and titla of cartifler 29c. Licensa number 29d. Data signed (Month, Day, Year)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)  29c. Licensa number 29d. Data signed (Month, Day, Year)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)  29c. Licensa number 29d. Data signed (Month, Day, Year)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)  29c. Licensa number 29d. Data Signed (Month, Day, Year)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)  29c. Licensa number 29d. Data Signed (Month, Day, Year)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)	n of	£ 5 0		27. Manger of Deeth 26a. Dete of Injury 28b. Time of 28c. injury et 2			1-1	
29e. Certifier (Check only one)  29b. Signetura and titla of cartifler  29c. Licensa number  29c. Licensa number  29d. Data signed (Month, Day, Year)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)  15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end menner as steled.  29c. Licensa number  29d. Data signed (Month, Day, Year)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)  16 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end menner as steled.  29c. Licensa number  29d. Data signed (Month, Day, Year)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)  29c. Licensa number  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)	Sio	death. tor: Air the fu	Icati	2 Accident Invastigation M 1 Yes 2 No	Of Leastien (	Street and Alumbas	or Print Pouts Number	
29e. Certifier (Check only one)  29b. Signetura and titla of cartifler  29c. Licensa number  29c. Licensa number  29d. Data signed (Month, Day, Year)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)  15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end menner as steled.  29c. Licensa number  29d. Data signed (Month, Day, Year)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)  16 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end menner as steled.  29c. Licensa number  29d. Data signed (Month, Day, Year)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)  29c. Licensa number  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)	Div	aftar Direc	entit	4 Homicide determined building, etc. (Specify)	City or Tov	vn, Steta)	or nural noute ryumber,	
29b. Signetura and titla of cartifler  29c. Licensa number  29d. Data signed (Month, Day, Year)  (1)  30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)  MEIONIC HOOKEND 212 DUNCUIKAVONT, BUHD21232		Funn		2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurre	nd due to the	cause(s) end menr date and place, an	ner as steled. d due to tha cause(s)	
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  MEIONIC HOOK DID DUNCUIK AVONC, BUILD 1992		8	×	29b. Signetura and titla of cartifler 29c. Licensa number				
melanic Hagenmo 2112 Dundark Avenue, Butto 2122		1/\		partalleden MD D45069		0195	146	
State 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture		10			WCOU	C Rri	CEELEOTI	
Registrar ( ) IIINI 2 2 1005 Autia Davidson-Mandelle				31. Dete filed (Month, Dey, Year)  32. Registrer's Signeture	, , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

					Cert	tificate of	Death		Reg. No.			
			1. Decedant's Neme (First, Middle, Las	st)				2. Dete of De	eth		3. Tima of Dea	ath
	Physic		Jimmie	· t	301	HIP.		Month	Dey	Yaar		
	_/Medi		4e. Facility Name (If not institution, give	a street and number)	Car	1,10	4b. City, Town, or			9.6 ty of Death	7:03	A
	Exami	ner	1134 ST AGNES						40. Court	y or Death		
					to a total do at	If Undar 1 Yaa	BALT r   If Undar 24 Hrs	-		N/A		
ı	Funeral Director		5. Social Security Number 6. S	лех 7. Aga (in yrs	s. last birthday) _ Yrs.	Months Dey		8. Dete of Bir (Month, De	ey, Year)	9. Birthpi Coun	placa (Stete or Fo htry) N.C.	reign
	7		Usuai Rasidance of Decedent	0 1				AUG U	1311		NC.	
	rian year		10e. State 10b. County	10c. C	City, Town or Loc	ation				1/	0d. Inside City Li	imits
	Mar L st	Ö	MD N/	Δ	BALTO						17 Yas 2	] No
	158 B	Director	10e. Street end Number		DAUIO	10f, Zip Coda		1	10g. Citizen of	What Coun	itry?	
	WE O		1124 05 1015	T								
	eath 22	era	1134 ST. AGNES	12. Was Decedent Ever in	118 12 14	las Dosedant of	21207	nacify Van as No	U.S	ce - Amaric	en indien	
	Her d	Funeral		Armed Forcas?	0,5. If	Yas, specify Cu	Hispanic Origin? (S ban, Maxican, Puer	to Rican, atc.)	Bi	eck, White,		
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or flema 23a or 28a-f show ont, the Medical Exercine must be incitized at	by	1 Nevar Married 2 Married 3 Widowad 4 Divorced	1 ☐ Yes 2 🕱 No If Yas, Giva Yeer or Dates:	11	□Yas 2【X	Specify:		Speci	v: BI	LACK	
15-0	"natu	Completed	15. Decedent's Ed (Specify only highest gra	lucation de complated)	(Give k	ent's Usuai Occi ind of work don: O NOT usa retir	a during most of wo	rking	16b. Kind of I	3usiness/Ind	Justry	
12	withir iene. then	E	Elementery/Secondary (0-12)	College (1-4or 5+)								
	Hygie Hygie ther t		9th	N/A	DOM	ESTIC	WORKER	455	DOMES			
2	tal H od	Be	17. Fethar's Name (First, Middle, Last)				18. Mother's Ner	me (First, Middle	, Maiden Suma	me)		
X	should be Ind Mental I	2	PAUL RICHARDSOI	N			DEL	LA FRAN	KLIN_			
Maryland	O1 00 T 6		19e. Informant's Neme/Reletionship (7	Гуре, Print)	19b. Melling	Address (Stree	et end Number or Ri	ural Route Numb	er, City or Town	, Stete, Zip	Code)	
	f Health f Health item 27		EUNICE ADDISON		1134 Plece of Dispos	ST. A	GNES LAI	VE BALT	ro_ MD	2120	17	
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any injury or other tr		20a. Method of Disposition 1 Buriel 2 Cremation 3		Plece of Disposi cemetery, creme	ition (Neme of etory or other pl	cool	Dete JUNE	20c. Location	- City or To	wn, Stete	
Ē	Pages nent of int: if its iry or o		4 Donetion 5 Other (Specify		BUTSME	M S PA			3 D DIIm			
alt	permit. Pages Department of Important: If it any injury or once.		21. Signeture of Fungral Sarvice Licen	ISPO /		Nama and Add	race of Eacliby	28, 96				
Ö	Depa Impo any i		WAH and	16010	111	20 N		BETTS H				
			23e. Pert1. Enter the disaasa, or comp	dications that caused the day			CAROLINI			MD 21	Approximate	
8			shock, or heert feilure. List only	one ceuse on each ilne.	ativi. Do riot aritor	tha mode or o	ing, such as cardia	o or respiretory e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Interval Between	n
О.	Physician /Medical		Immediete Ceuse (Final	57 - 1	0 1 1	_		1	6		7	
	Examiner		disaasa or condition resulting in deeth)	· ARteriore	lewtic	- lare	lovasce	Men Di	neage		1 year	>
		<b>a</b>			(or as e consequ					1	0	
,	pa #s	를		b								
	that the death certificate be executed and by the attending physician and detached for use as the burist-transit	Examiner	Sequentially list conditions,	Due to	(or es a consequ	ence of):						
80	cian cian		Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disaasa or injury	c								
68760,	sate share the the t	Medical	thet initieted events rasulting in deeth) Last	Due to (	or as a conseque	enca of):						
× 6	ing p									1		
Box	attending	an		d	-					1		
	the all	sic	Part II. Other eignificant conditions co	ontributing to deeth but not re	sulting In the und	derlying cause g	iven in Pert I.	23b. Dld	tobacco uee c	ontribute to	the cause of de	eath?
0	that the dead by the detached	Physician/	Diabetes M	200 150				10	Y00 2 No	3 Prot	bably 4 Unk	now
có	at per st	by	- Diometes M	ellitos								
Records,	독 배 파	P						24e. Wes	an eutopsy ormed?	24b. We	ere eutopsy findir allable prior to	ngs
ö	- 0.0	Completed						port	Jillied I	cor	mplation of cause death?	Ð
ž	Page 2	m <sub>C</sub>						40	Yas 20 No		JYes 2□ No	
3	- 1		25. Wes case referred to medical							, ,	J 105 ZU NO	
₹.	10 8 3	Be c	exeminer?	Hospitai:		_ 10	ther	ath (Check only				
4	EV.	. To	1 Yas 2 No	28a. Dete of Injury (Month, Day Year)	ER/Outpatient	3LI DOM	4 LI Nursing F	Ioma 5 Aasi			1)	
드	8 55	lon	1 Neturel 5 ☐ Pending	uryet ork? ]Yes 2 ☐No	28d. Dascribe how injury occurred							
Division	for Attending after death. Director: Atta d in by the fun	Certification:	2 Accident investigation 3 Sulcide 6 Could not be									
≥		Ē	4 Homicide detarminad	28e. Piece of injury - At the building, etc. (Spec	homa, ferm, stree hify)	et, fectory, office	•	City or To	Street end Num wn, State)	ber or Hura	i Route Number,	
	pital or ours after erral Dir filled in											
	To the Hospital within 24 hours of To the Funeral completely filled	edicai	(Check only 2 Medical Exam	yelclan: To the best of my kn niner: On the basis of examin	owledge, deeth o	occurred at that	tima, date and place	, end due to the	cause(s) end n	enner as st	eted.	
	To the Hos within 24 h To the Fun completely	Pe	one)	end menner steted.								
	of of o	Σ	29b. Signeture and titla of certifier	1		1	nse number		29d. Dala sign	ed (Month, I	Day, Year)	
	A1		Mucclim To	soughe	1 WS	1)0	2391		6.5	5.9	6	
	a		30. Neme end eddress of person who o	completed ceusa of deeth (ite	m 23a) (Type, P	rint)		. ~				
	0		5/2017	do eier un	0. 7	11 W 4	. O'Stree	+ BL	TIMM	(mi)	21211	
	Sta	ite	31. Data filed (Month, Day, Yaar)		attar-Rank				. 0-01-0			
	Domina		HIN 2 8	1990	THE PERSON NAMED IN							

Street -

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 19177

	Physici												
		an	Decedant's Nama (First, Middla, Last)							2. Data of D Month	eath Day	Year	3. Time the
	/Medi	ai	Kate Biehl					June 23,1996					09:52NM
	Examir	er	4e. Facility Neme (If not institution, give						lb. City, Town, or		th 4c. County	of Death	
1			Greater Bal						TOWS			ltimo	
	Funeral Director		5. Social Security Number 8. Se. 217–12–0601  Usuel Residence of Dacedent	7.4 - 7.7 -	93	est birthday Yrs.	Months Da		Hours Min.	8. Data of B (Month, D JAN 17	,1903	9. Birthp Coun Gern	laca (Stata or Foreign try) nany
	and tand		10a. State 10b. County		10c. City	, Town or L	ocation			/		1	0d. Inside City Limits
	the Marylar 28s-f show	tor	Maryland Baltimor	e County	Tow	son							1 ☐ Yas 2 No
	deeth with the Maryland ms 23a or 28a-f show must be notified at	Funeral Director	10e. Street and Number  10f. Zip Coda  10g. Citizan of What									What Coun	itry?
	(f) wi	al	509 E. Joppa Road 21286								U	S.A.	
		ne		12. Was Decedent Armed Forcas	Ever in U,	S. 13.	Was Decedent	of Hi	ispenic Origin? (S In, Maxican, Puart	pecify Yas or N	o- 14. Rai	ck. Whita.	an Indian,
Maryland 21215-0020	hours efter ural', or he	by	1 ☐ Never Merried 2 ☐ Married 3 🕅 Widowed 4 ☐ Divorced	Never Merried 2 Married 1 Yas 2 K			1□Yas 2∏		Specify:	o riiodii, dio.	Specif		
2-0	72 hours natural',	ted	15. Decedent's Edu (Specify only highest grad	cation		16a. Dece	edent's Usuai Oc	cup	ation	kina	16b. Kind of B		
121	within ene. then "	Be Completed	Elamentary/Secondary (0-12)	Collega (1-4or	5+)			tired	during most of wor f)	King			
7	THE R. LEWIS CO., LANSING, MICH.	ပိ	17. Fathar's Nama (First, Middle, Last)	N/A		_Homer	naker		18. Mothar's Nar	na /Eirot Adidati		_Home	
and	0 = 0 =		Michael		0167	ewski					e Adelin		
2	d 2 should be th and Menta 7 Is marked traumatic ev	70	19a. Informant's Name/Ralationship (Ty	pe. Print)	OLSZ		ing Addrass (Str	reat s	and Number or Ru				-
			Mr. William Biehl/						enue, Bai				
ē,	other to		20a. Mathod of Disposition	5011	20b. Pi		osition (Nema or matory or other			Data	20c. Location		
9	Pages nent of int: If its ary or o		1 N Burial 2 □ Cremetlon 3 □ R 4 □ Donation 5 □ Othar (Specify)	amovai from State			Memoria		1	Tuna 26	Parkvil	1. M	lowel and
arimore,	permit. Page Department of Important: If it any Injury or SINCE.		21. Signature of Funeral Service License	10	TIOL	-	2. Name end Ad	ddres	ss of Fecility			re, r	aryrand
m)	Ped in se		1 Longo	2			Mitche.	11	-Wiedefe	ld Home	, inc.	1 01	1010
	LUI EN		3a Part1. Entar tha disaase, or compli- hock, or haart failura. List only or	cations that cause	d the death	. Do not an	tar the moda of	dyin	k Rd. Ba	or raspiratory	, Maryla arrest,	and Z.	Approximata
	Physician	9	nock, or haart fallura. List only of	ia cause on aach i	ına.							i	Interval Between Onset and Deeth
A	/Medical		Immediata Causa (Final disease or condition	MYn	CADI	DIA	in)	T	ARCTIO	N		1	2 DAYS
(	Examiner		rasulting in death)			as a conse			700710			<u> </u>	
3	D 45	ine											
	icata be axecuted physician end s the burial-transit	Examiner	Sequantially list conditions,		Dua to (or	as a consa	quence of):						
60,	ician buria	aiE	Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaese or Injury that initiated evants										
68760,	ificata be axacul physician end ss the burial-trar	edicai	rasulting In death) Last		Dua to (or	es e conse	quance of):					į	
				l								- 1	
Вох	the death by the attac ached for u	clar	D							[			
P.O.	thet the death cer ed by the attendin detached for use	hys	Pert II. Other significant conditions con	tributing to death b	out not rasu	iting in the t	indarlying causa	a give	en in Part I.				the cause of death?
	requires thet een signed b hould be det	Completed by Physician/M	DIABETES MY	urus						"	Yee 2□ No	3 Prot	and a conknown
Records,	v require been sig should b	B	Andrews 4005	Work	15%	_					s an autopsy ormed?	24b. Wa	ara autopsy lindings allabla prior to
00	- 00	piet	114781169	USEN	2					pen	omed r	COL	mplation of cause death?
	The lav	E								1 🗆	Yas 2000	10	]Yas 2□No
		Bec	25. Was casa referred to medical axaminer?					_	28. Piaca of Dea	ith (Check only	ona)		
of V		2	1 Yas 2 No	ospital: 1 Impati	ant 2 🗆 E	ER/Outpatie	nt 3 DOA	Othe	ar: 4□ Nursing H	ome 5 Res	Idance 8 🗆 Ott	nar (Specif)	()
0	ng Pt fter th		27. Manner of Deeth  1. ■ Naturel 5 □ Pending	28a. Data of Inju	iry ly Year)	28b. Tima o Injury	of 28c. l	lnjury Wor	y at k?	28d. Dascribe	how Injury occur	red	
Sio	Attending r death.	cati	&□ Accident invastigation						Yas 2 □ No				
Division	or Att	Certification:	3 Suicide 6 Could not be datarmined	28a. Placa of In building, at	ury - At hor c. (Specify,	ma, farm, st	raat, lactory, offi	ica		28f. Location City or To	(Street and Num own, Steta)	ber or Rura	Route Number,
	pital vurs a eral D		200 Cadilian Abandula St.	tales Totales									
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Medical	29a. Certifier (Check only one) Certifying Physical Examination (Check only one)	nar: On the basis o	f axamınatı	on and/or in	n occurred at the wastigation, in m	a tim	na, data and place pinion, daath occu	, and due to the rred at tha tima	cause(s) and m , data and place,	anner as st and due to	ated. tha ceusa(s)
	omph omph	Me	29b. Signature-erry title of certifier	711	- rando		29c. Lie	ensa	a number		29d. Data signe	d (Month, i	Day, Year)
	->-0		× ////	May			7	03	3/1801		PINE	24.	19910
	1.	Ī	30. Nama and address of person who co	mpiated causa of c	daath (itam	23a) (Type	Print)		-		المارين	-1/	1/14
			M.J. MININSOHW, 1	\$ 88	13 L	SARA	Am Wood	D	s Ry,	BACTH	ORE M	0 21	234
	Sta	te	31. Data filed (Month, Day, Year)	32. Registr	ar's Signat	ura				1	1		1

DHMH 16 Rav 6/95

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					-	Ce	rtificate of	Death		Reg. No.		
			1. Decedent's Name (First, Middle	Last)					2. Data of De	ath		3. Time of Death
Physici /Medi Examir			FRANCE	S BEN	AVAGE				JUNE	27. 19	Year 96	7:05AM
			4a. Facility Name (If not Institution,					4b. City, Town, or L				
4	Exami	ici	1635 GRAY HA	VEN COU	RТ			DUNDAI	K	BAT	TIMO	PF
-	Funeral				7. Age (In yrs. i	last birthday	ff Under 1 Yea	r If Under 24 Hrs.	8. Date of Bir	th		
в	Director		192-14-2567	1□M 2Å F	72	Yrs.	Months Days	Hours Min.	(Month, Da	y, Year)		lace (State or Foraigr try) PA
	pu .		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location									
	anyla shon	-	Toa. State Tob. County		Toc. City	y, rown or L	ocation				11	0d. fnside City Limits 1 ☐ Yas 2 No
	No M	Director		TIMORE	D	UNDA	L K					
	in the	2	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Coun	itry?
	23a	a	1635 GRAY HA	VEN COU	RT		2	1222		U.	S.A.	
	ep = 5	Funeral	11. Marital Status	12. Was Dece	dent Ever in U, rces?	S. 13.	Was Decedent of	Hispanic Origin? (Sp ban, Maxican, Puarto	pecify Yas or No	- 14. Rac	e - Amaric	
Maryland 21215-0020	72 hours after death with the Maryland natural, or Herra 23s or 28s-f show deal Examiner must be notified at	by	1 Never Married 2 Marrie 3 2 Widowed 4 Divorced		2 No		1 ☐ Yas 2 ☑ No		Thourt, etc.)	Specify	,	IITE
2-0	"natural",	Completed	15. Decedent	Education		16a. Dece	dent's Usual Occu	pation	05.	16b. Kind of B	usiness/inc	dustry
218		pie	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1	-4or 5+)	life.	NING OF WORK CONG DO NOT use retir	eduring most of worled)	king			
21	filed within Hygiene. ther than "	ПО	10	OSHOGO (1	401 047	I	HOMEMAK	ER		OMN	HOM	ΙE
PC	should be filed nd Mental Hygi marked other imatic event, t	Bec	17. Father's Name (First, Middla, L	ast)				18. Mother's Nam	e (First, Middle,	Maiden Suman	70)	
<u>a</u>	Mental Mental	To E	CHARLES FE	DONCZAK				NELL	DOBAS	H		
ary	2 should and Men is marke numatic	_	19a. Informant'a Name/Relationsh	p (Type, Print)		19b. Meili	ng Address (Stree	et and Number or Ru	ral Route Numb	er, City or Town,	State, Zip	Code)
	C/ ca a in		SANDRA SKINNE	R - DAII	GHTER	163	GRAY	HAVEN CI	. DUN	DALK.	MD 2	1222
e,	Health Health tem 27		20a. Method of Disposition	11 2110	20b. P	lace of Dispe	sition (Name of		Date	20c. Location		
9	e 0		1 ☑ Burial 2 ☐ Cramation		state		matory or other pi		/1/96			
altimore,	교투주를		4 Donation 5 Other (Sp. 21. Signature of Funeral Service L		BE	AR CI			/1/50	BEAR	CREE	EK, PA
Ba	Department of the popular of the pop		21. Signature dry uneral Service L	A	1		2. Nama and Addi RRADT.EV	-ASHTON	FIINEDA	T. HOME	TN	ic.
_	40240		Halles	Xlad			2134 WI	LLOW SPF	RING RE	BALT	. MD	21222
	Physician		23a. Part1. Enter the disadse, or of shock, or heart failure. List of	omplications that can nly ona causa on ea	aused tha death ach line.	n. Do not en	ter the mode of dy	ing, such as cardiac	or respiratory a	rrest,		Approximata fnterval Between Onset and Death
	/Medical		Immediate Cause (Final	1000	01-10-12	- 100	DI MENA MY	Calnal			į.	22 months
	Examiner		disease or condition resulting in death)	a. 10/A			rusm of	COLORS			1	25 mon in
		je i			Due to (or	r es a conse	quenca or):				1	
	uted	Examiner	On the state of th	b	Due to /or	r as a conse	uonno eft.					
ď,	exec n an ial-tr	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury		Due 10 (01	as a conse	quence or).				1	
68760,	certificate be executed nding physician and use as the burial-transit		Cause (Diseasa or injury that Initiated events	c	D. 1. 1.		- A					
89	ing phy as the	Medical	rasulting In death) Last		Dua to (or	as a consec	luenca or):					
Box	n certii anding use a			d								
ă	atte	Physician/										
o.	0 0 0	ysi	Part ff. Other significant condition	a contributing to de	ath but not resu	ulting in the u	nderlying cause g	iven in Part f.	23b. Dfd	tobacco uee co	ntribute to	the cause of death?
0	hat the		CHRONIC OBSTE	METINE 1	Purmon	inny	DUKASK		10	Yee 2□ No	3 Prot	pably 42 Onknow
Records,	law requires that the as been signed by the	by									0.41. 144	e e e
0	v requin	Completed							24a. Was perfo	an autopsy rmed?	ava	ere autopsy findings allabia prior to mpletion of causa
ec	has b	ğ									ord	death?
	The ste h	5							10	Yes 2 No	10	Yes 22No
i	ystclan: The I s certificate hu director, page	Be (	25. Was case referred to medical					28. Place of Dea	th (Check only o	nel	1	
of Vital		2	examinar?	Hospital: 1 🗆 Ir	patient 2 🗆	ER/Outpatie	nt 3 DOA	ther: 4 Nursing He	ome 5 Hesi	dence 8 Oth	er (Specify	0
			27. Manner of Beath	28a. Date o	f Injury	28b. Time o	f 28c. fnji	ury at	28d. Describe	how Injury occur	red	
O	Attending Fire death.  Sctor: After by the funer	atio	1 ☐ Natural 5 ☐ Pending 2 ☐ Accident Investiga		i, Day real/	Injury		Yes 2 No				
Division	or Attendi after death Director: A	IIIC	3 Suicide 6 Could no 4 Homlolde determin	ed 28e. Placa	of Injury - At ho	me, farm, st	eet, factory, office	Ú.	28f. Location (	Street and Numb	er or Rura	l Route Number,
Ö	or A after Direction by	Certification:	4   Horridae	buildin	ig, etc. (Specify	"			City or To	vn, State)		
	Hospital 24 hours Funeral itely filled		29a. Certifier 1 Cartifying	Physician: To the i	best of my know	wledge, deat	occurred at the t	ime, date and place,	and due to the	ceuse(s) and ma	nner as st	ated.
	24 P	edical	(Check only 2 Medical E	raminar: On the ba	sis of examinet	ion and/or In	vestigation, in my	opinion, death occur	red at the time,	date end plece,	and due to	the cause(s)
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	Me	29b. Superior and title of capitler	\			29c. Licer	ise number		29d. Date signe	d (Month. I	Day, Year)
	H 3 H O		· VL07	m00.11	11		X	10/27		11/2	1/0	/
	1		1/02/01	mu	000			1700/		U6/d	1/76	,
	15		30. Name and address of person w	CAU,	of death (item	23a) (Type,	Print)	GPRING X	1001.		/	7 12 11
			INOTE TO . LO	coup	MID	2701	GKELL	DKING K	wenue	1000	·MI	01411

DHMH 16 Rav 6/95

Registrar

JUN 2 8 1996

15 28

BALTIMORE, MARYLAND 21215-0020

0	
9	
1	
8	
Φ	
×	
0	
$\approx$	
ш	
~	1
U	1
۵.	
_	1
S	4
	1
~	1
$\overline{}$	,
$\approx$	
O	-
ш	
Œ	
_	1
4	-
	É
	4
>	3
LL.	9
$\overline{\cap}$	3
_	è
Z	¢
0	414
=	1
S	ŀ
_	1
	c
DIVISION OF VITAL RECORDS, P.O. BOX 68760	SOUTH ON APPROXIMATE ON INCOME. THE CO. LAND ASSESSMENT OF THE CO.
	9
	1
	- 7

	1 - FOR STATE REGISTRAR	STATE OF MARY		CATE OF		MENTAL HYGIENI REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Last	)	02111111	OAIL OI	DEATH	2. DATE OF DEATN		3. TIME OF DEATH
	ENID MYRL	E BUTT	. S			June 19,		6:10 Am
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	A DIOT	HPLACE (State or Foreign
	447-14-2130	1 M 2 🔀 F	76 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 2, 192	20 OKL	AHOMA
_	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	DEATH
5	WASHINGTON COUN	TY HOSPITAL		HAGERS	TOWN		WASHI	NGTON
EC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	TY	10c, CITY	TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	MARYLAND WAS	HINGTON	НА	GERSTOW	N			LIMITS?
	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN OF	
FUNERAL	11336 LAKESIDE	DRIVE			21740		U. S. A	A
5	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.)	or No- 14. RAC	E — American Indian,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 NO Speci			WY: WHITE
	15. DECEDENT'S ED	UCATION	18a. DECEDENT'S	JSUAL OCCUPATI	ON	16b. KIND OF BUS	INESS/INDLISTOV	
Ш	(Specify only highest grad	de completed)  College (1-4 or 5+)		ork done durina m		1051 11115 01 500	MCGG/INDGS/INT	
APL	8		HOMEMAK	ER		HOME		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden S		
BE (	THOMAS ELLIOT A	ADAIR			MARY J	ULIA WATTE	RS	
01	19a. INFORMANT'S NAME (Type/Print) DOROTHY ASHLEY					Route Number, City or Town		25/01
	20a. METHOD OF DISPOSITION					D, MARTINS		
	1 Donetion 5 Other (Specify)		ob. PLACE AND DATE O emetery, crematory or off SMITHSBURG				CATION — City or To	
	21. SIGNATURE OF FUNERAL SERVICE L		omiinsbuke		OKI ND ADDRESS OF FA		LIHSBURG	, MARYLAND
	· Alana	>n /3		BROW	N FUNERA	L HOME, 32		
	23. PART I. Enter the diseases, or	complications that cause	Clewy)			MARTINSBURG		
	snock, or neart failure	. Liet only one ceuse on	eech line.	ot enter the mo	rae or aying, suc	ch as cerdiac or reapir	atory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition					Onset and Death		
	resulting in death)	a. Sepsi	S A CONSEQUENCE OF	):				72 hrs
z		L Coagulo						72 hrs
7IO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	:				72 1113
ICA	cause. Enter UNDERLYING CAUSE (Disease or injury		Multiple :					15 days
E	that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	:				
CERTIFICATION		d						
AL (	PART II. Other algnificent condition	ona contributing to death	but not resulting in	the underlyin	g cauee given in	Part I. 24s. WAS AN A		WERE AUTOPSY FINDINGS
DIC						1 TYES 2		COMPLETION DF CAUSE OF DEATH?
ME								1 YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONT	TRIBUTE TO CAUSE			UNCERTAI	ND		
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	(Check only one) OTHER:				
14S	1 N YES 2 NO 27. MANNER OF DEATH	130 Inpatient 2 ER/Ou 28e. DATE OF INJURY				8 Other (Specify)		
=	1 Natural 5 Pending	(Month, Day, Year,	INJL	PM 1	URY AT	Patient caud	ot in car	door car rolled
ВУ	2 X Accident Investigation 3 Suicide & Could not be	June 4, 199	RY — At home, farm, st		21	28f. LOCATION (Street ar	of Number or Burel I	door car rolled
E	4 Homicide 8 Could not be	ounding, atc. (Sc	n driveway	,,		11336 Lakesi	de Dr Ha	gerstown, MD
LE	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kno		Let the time date	and alone and do-			802040111,
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	ER: On the beals of examinat	ion end/or investigation	, in my opinion, d	end plecs, and dus	to the cause(a) and mann time, data and place, and	due to the causels	a) and manner as stated
	196. SIGNATURE AND TITLE OF CERTIFIE		1 /		29c. LICENSE NUI			
BE	(dward)	1) (-) 1/2	4920	7	DO1062	mwwfl	June 19	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type,	Prihe)	201002		JULIE 17	, 1550
	Edward W. Ditto, II	II, M.D. 217	W. Washing	ton St.	Hagersto	wn, MD 2174	0	
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		0			
	JUN 2 8 1996		m-Randell					

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

			State of Ma		Certificate o	of Death		Reg. No.		
Physici		Decedent's Neme (First, Middle, L.	est)				2. Dete of De Month	Dey	Year 3	Time of Death
/Medic		HAROLD Ever	ett		COLLIER		JUNE	24,19	96 1	AM
Examin	er	4a. Fecility Neme (If not institution, gir	re street and number)			4b. City, Town, or				
		Mercy Hospice				Baltim		N/		
Funeral Director		225-24-1946	EM OF	e (In yrs. la: 74	st birthdey) If Under 1 Ye  Wonths Dey		(Month, De	th ly, Year) 23, 1922	9. Birthpiace Country) Virg	inia
3		Usuel Residence of Decedent  10e. State 10b. County		10c City	Town or Location				104	tnside City Limits
28a-f ehow	5	Maryland	N/A			Baltimore	City		}	MXYes 2□No
28a-f	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of W	Bot Countral	
5 8					101. 2.0	21224		United		
must.	Funeral	6316 Brown Aven	12. Wes Decedent	Ever in ITS	13 Was Decedent of		Specify Ves or No		- American I	
free m	F	1 Never Married 2 Married	Armed Forces?		if Yes, specify C	of Hispenic Origin? (5 uban, Mexican, Puer	to Rican, etc.)	Biec	k, White, etc.	Tromit,
or la	by	3 Widowed 4 Divorcad	1 √Yes 2 ☐ N If Yes, Give Yeer or Detes:	WWII	1 ☐ Yes 2 ☐	No Specify:		Specify	Whi	te
natural rdical Ex	<b>B</b>	15. Decedent's E	ducation		16a. Decedent's Usuei Occ	cupation		16b. Kind of Bu	siness/Indust	ry
	Completed	(Specify only highest gr Elementery/Secondery (0-12)	ade completed) College (1-4or 5	i+)	(Give kind of work dor life. DO NOT use ret	ne during most of wo ired)	rking			
other than vent, the M	E O	9 Years	0011090 (1 4010	^,	Material	Chaser		Sh	ip Bui	lding
vent	Be (	17. Fether's Neme (First, Middle, Last	)			18. Mother's Na	me (First, Middle	, Meiden Sumem	9)	
orked stice	2	Rosco Collier				Cordeli	a Brown			
ie marked or eumatic eve		19e. Informant's Name/Reletionship	Type, Print)	- 1	19b. Melling Address (Stre	eet and Number or R	ural Route Numb	er, City or Town,	State, Zip Co	de)
V-2		Mrs. Vera B. Co	llier (wco		6313 Brown		Baltimor	e, Maryl	and 2	1224
r oth		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐	Bomouel from State	20b. Ple can	ce of Disposition (Name of netery, crematory or other p	oleca)	Dete	20c. Location -	City or Town,	State
ury o		4 Donetion 5 Other (Speci		Gdn	s. of Faith	Cemetery6	/27/96	Baltim	ore, M	laryland
Important: if Item 2 any injury or other once.		21. Signeture of Fundarial Service Lice	01	Q	22. Name end Add		Home of	Dundalk,	Inc.	
	_	W segon	= /Coo		7922 Wise	e Ave. Di	ındalk,	Maryland	2122	
		23a. Part1. Enter the discase, or conshock, or heert takes. List only	ne ceuse on each lir	the death.	Do not enter the mode of o	dying, such as cardie	c or respiretory e	rrest,	tnt	proximete erval Between eset and Death
ysician Medical		Immediate Cause (Final								
aminer		disease or condition resulting in deeth)	Brain	Tumor					7	Months
	ē	Tarton Control		Due to (or e	s a consequence of):					
iclan and burial-transit	Examiner	Sequentially list conditions	b	Due to (or e	s e consequence of):					
an ar		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		,						
lysici he bu	Cal	Cause (Diseese or injury that initiated events resulting in death) Lest	C	Due to (or e	s a consequenca of):					
ng pl	Med	Tooding in dodiny 255t							-	
ed by the attending physician and detached for use as the burial-trar	Physician/Medi		d		,					
be at	SIC	Pert II. Other significant conditions of	ontributing to death bu	ut not resulti	ng in the underlying cause	given in Pert I.	23b. Dld	tobacco use con	tributs to the	cause of death?
d by t	F						10	Yes 2 No	3 Probabi	y 4 Unknown
500	٥									
been signed I should be det	Completed						24a. Wes	an autopsy med?	24b. Were a	autopsy findings ble prior to
as b	를								of dee	etion of cause th?
is certificate has director, page 2	5						10	Yes 2 No	1 🗆 Ye	s 200 No
ctor,	Be	25. Was case referred to medical examiner?				26. Plece of De	eth (Check only	one)STELLA	MARIS	AT MERC
this ce al dire	2	1 ☐ Yes 2 X No	Hospitel: 1 ☐ Inpatie	nt 2DE	Voutpetient 3□ DOA	Other: 4 D Nursing I	dome 5 Resi	dence 8 Othe	or (Specify) H	OSPICE
fter th		27. Menner of Deeth  1 ⊠Netural 5 □ Pending	28e. Date of trijui (Month, De)	Y Year) 2	8b. Time of 28c. In	jury et Vork?	28d. Describe	how injury occurr	ed	
br: A	혏	2 ☐ Accident investigation	n	/		☐ Yes 2☐No				
frect in by	Certification:	3 Suicide 6 Could not be determined		(Specify)	, ferm, street, factory, office	ca	28f. Location ( City or To	Street and Numbe wn, Stete)	er or Rural Ro	oute Number,
led l			1	/						
within 24 hours aner deam.  To the Funeral Director: After this completely filled in by the funeral	edicai	29e. Certifier (Check only one)  To Certifying Pt 2 Medical Exam	ysician: To the best on niner: On the basis of end menner ste	examinetio	edge, deeth occurred et the n end/or investigetion, in m	time, dete end place y opinion, deeth occ	a, end due to the urred at the time,	ceuse(s) and mai dete and plece, a	nner as stete and due to the	d. o ceuse(s)
omple omple	Š.	29b. Signeture end title of certifier		7	29c. Ljet	anse number 4		29d. Date signed		
		-		-	11	7 350 7		6.24	, 96	
- 1		·								
M	-	30. Neme end address of person who	completed cause of de	eeth (item 2	3a) (Type, Print)					

u la Lavidson-Randelle

Registrar

State

JUN 2 8 1996

THE Extragalactic states at their States of with

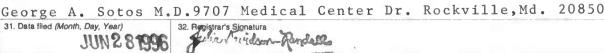
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death Month **Physician** KENEE COLNER 1996 JUNE 1100A /Medical 4a. Facility Nama (If not institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ROCKVILLE MONT

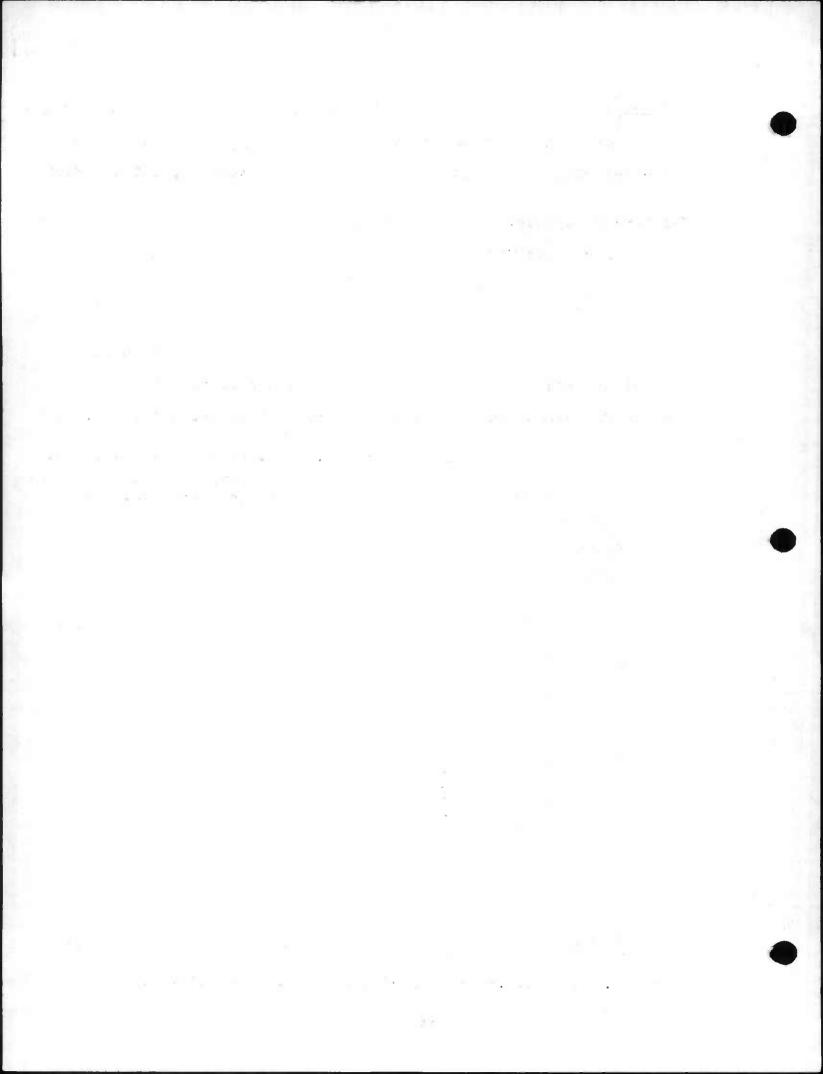
# Under 1 Year | # Under 24 Hrs. | 8. Data of Birth
(Month, Day, Year)
April 1, 1945 ADVENTIST HOSPITAL SHADY GROVE MONTGOMERY 5. Social Security Number 9. Birthplace (Stata or Foreign Country) New York 7. Aga (In yrs. last birthday) **Funeral** 1□ M 2□ F Yrs. Director 217-44-3803 51 Usual Rasidance of Decedant death with the Maryland 10a State 10h County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Yas 2 No Director Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Coda 10g. Cifizen of What Country? 20850 IISA 2202 Sherbrooke Way 12. Was Decedant Evar In U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Black, Whita, atc. filed within 72 hours after Hyglene. 1 ☐ Yas 2 ☐ No If Yas, Giva 1 Nevar Married 2 Marriad altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify.White þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Public School Teacher other t 17. Father's Nama (First, Middle, Last) permit. Peges 1 and 2 should be file Department of Health and Mentel Hy Important: If item 27 is marked other any Injury or other traumatic event once. 18. Mothar's Nama (First, Middle, Maiden Sumama) Be Harold Kirsch Evelyn Birenholtz 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Donald Colner/Husband 2202 Sherbrooke Way, Rockville, Md.20850 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata King David Mem. Grdns. 6/25 Falls Church, Va. 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility Ives-Pearson Funeral Homes 21. Signature of Funaral Sarvice License maus Falls Church, Va. 22046 23a. Pert1. Enter the disaesa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death Physician Immediata Causa (Final disaasa or condition rasulting In death) /Medical pertorated **Examiner** Due to (or as a consequence of) Examiner etastatic physician and the buriel-trensit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disease or Injury that Initiated evants rasulting in death) Last Due to (or as a consequanca of): Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequance of): ate hes been signed by the a page 2 should be deteched to Part II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown malignant ascites ģ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy certificate 1 TYAS 2 No 1 ☐ Yas 2 ☐ No Attending Physician: 25. Was casa rafarred to medical axaminar? Be 28. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidenca 6 Othar (Specify) 10 1 Yas 2 No 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 28b. Tima of 1 Natural 5 Panding invastigation efter deeth. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datamined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Placa of Injury - At home, farm, street, fectory, office building, atc. (Specify) 4 Homicida Hospital or 24 hours e 29a. Cartifier f Csrtifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated. Medical 2 Medical Examinar: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the To the I 29d. Data signed (Month, Day, Year) 29b. Signatura and itie/of cartifiar 29c. Licansa number June 21, 1996

State Registrar

31. Data filed (Month, Day, Year) JUN 281996

30. Name and address of person who complated causa of death (Item 23a) (Type, Print)





	5
	E
	Ľ.
۲	ä
5	3
	executed
,	8
	ficate
)	Cert
·	death
ĺ	the
	that
	requires
i	ME
	The
	ICIAN:
)	PHYS
)	DING
	ATTENDI
	A

at the property of the state of	leby filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag nation, or removal.	t, the medical examiner must be notified at once.	
TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed when the most after the death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR	C	ERTIFICAT	E OF	DEATH	REG. NO		
	1. OECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH		3. TIME OF DEATH
	DUDLEY	CHANDL	FD				7, 1996	F - F 3
		i. SEX 8. AGE (In yrs. Is						
			MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign try)
	006 22 02/3	0 1	YRS.			Morember	15,1919 Tri	nidad
	9e. FACILITY NAME (If not institution, give stree	t and number)	9b. CIT	Y, TOWN O	R LOCATION OF D	EATH	9c. COUNTY OF	DEATH
18	VA MD Health Care	System Medica	1 Cntr.	Perr	y Point		Cec	i 1
5	RESIDENCE OF DECEDENT							
DIRECTOR	10a. STATE 10b. COUNTY	0 11	10c. CITY, TOWN	OR LOCAT	ION			10d. INSIDE CITY
0	View Work Suff	KINGS	Broo	Klu	12			1 X YES 2 NO
A	10e. STREET AND NUMBER	01	100	101.	ZIP CODE		10g. CITIZEN OF	
CC	14/3 Storling	Place		1	1212		115	n
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S. A	SMED 12	WAS DECI	ENDENT OF HISDA	NIC ORIGIN? (Specify Ye	00	7
	1 Never Married 2 Married	FORCES? 1 X YES 2	INO	If yee, spe	cify Cuben, Mexico	n, Puerto Rican, etc.)	Blac	E — American Indian, ik, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 NO Specif	<b>y</b> :	Spec	RI V
0	15. DECEDENT'S EOUCAT	ION 160 D	ECEDENT'S USUAL O	ACCUPATIO	AL .	1 401 1/110 00 00	1	Ulach
COMPLETED	(Specify only highest grade con	mpleted) ((	Give kind of work done b. Do NOT use retired.)	during mos	at of working	100. KINO OF BU	ISINESS/INOUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)	- min			m	1/ 1.0	
Z			Seam	an		///erc	hant )	caman
8	17. FATHER'S NAME (First, Middle, Last)	1/			18. MOTHER'S NA	ME (First, Middle, Majder	Surname)	
BE	Hurbert Chan	dier			Lorai	ne Gr	ovesn	OF
101	19e. INFORMANT'S NAME (Type/Print)	19	96. MAILINO ADDRES	S (Street er	nd Number or Rural	Route Number, City or Tox	vn, State, Zip Code)	
-	Shirley Lewis	/	63-15	130	Aveny	e Jama	ica neu	1 Uprk
	20a. METHOD OF DISPOSITION		AND DATE OF DISPOS		me of		CATION - City or To	own, Stata
1 1	1 X Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State cemetery, cr	rematory or other plece		- n.11	2 796	-1 - 1	n 11-k
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	22.	NAME AN	D ADDRESS OF FA	CILITY - //	alvertor	n. Hew. yorn
	a Wa	0 100	1 0	/	1304	Carlto.	n C. Young	lass Funera
	and on	hong	des	Prunc	==,1101	Mie Cullon	OT, Dary	more, Marybon
	23. PART I. Enter the diseases, or con	iplications that caused the d	eath. Do not enter	r the mod	de of dying, aud	h as cardiac or resp	iratory arrest,	Approximata
	immediate cause (Final	t only one cause on each iln	8.					Interval Between Onset and Death
	disease or condition	Sepsis						4 Weeks
	resulting in death) a	DUE TO (OR AS A CONSE	OUENCE OF:					14 Meevs
_			111-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2					C Mandala
6	Sequentially list conditions, b	Gangrene, lef						6 Months
₹	if any, leading to immediate cause. Enter UNDERLYING	out to for no n const	OULIVEE OF J.					
[윤]	CAUSE (Disease or Injury C	DUE TO (OR AS A CONSE	OHENCE OF					
ΙĒΙ	that initiated eventa resulting in death) LAST	DOE TO (OH AS A CONSE	ODENCE OF).					
CERTIFICATION	d							
	PART II. Other aignificant conditions c	ontributing to death but not	resulting in the ur	ndariyina	cause given in	Part I. 24s. WAS AN	AUTOPSY 244	. WERE AUTOPSY FINDINGS
CAL	Diabetes mellitus					PERFO		AVAILABLE PRIOR TO
EDÍ	Peripheral vascul					1 YES :	∑XNO	COMPLETION DF CAUSE DF DEATH?
Σ	Dementia							1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF DEA	ATH YES 😡	NO 🗆	UNCERTAI	<b>И</b> 🗆		- 5
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		CE OF DEATH (Check					
SI	4 D Mar a Mine	OSPITAL:   inpatient 2 - ER/Outpatient 3	OTHE		5 - Residence	6 Other (Specify)		
<u> </u>	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJU	IRY AT	28d. DESCRIBE HOW	INJURY OCCURED	
	1 X Natural 5 Pending	(Month, Day, Year)	INJURY	WOF	RK? ES 2 NO			
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At he	ome, term, street, fact			281. LOCATION (Street	and Number or Short	Bauta Mumbau
	4 Homicide determined	building, atc. (Specify)		,		City or Town, State	)	noute Number,
<u> </u>	20. CERTIFIER							
귤		N: To the best of my knowledge, de						
COMPLETED	2 MEDICAL EXAMINER: 0	On the basis of examination and/or	Investigation, in my o	opinion, de	ath occured at the	time, date and place, er	nd due to the ceuse(e	e) end menner as stated.
111	296. SIGNATURE AND TITLE OF CERTIFIER			T	29c. LICENSE NUI	ABER	29d. DATE SIGNED	(Month Day Year)
m	Bais	7			D43115	oedi'	▶ 6/27	AND THE RESERVE
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CALISE OF DEATH ATE	M 27) (Time Drive)		D-12TT2		0/2//	7 30
				_	_			
	MIRZA A. BAIG, M.	D., VA Marylan	nd Health	Care	System	Medical C	enter, Pe	erry Point
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE Julia Day don-1	Pande 02					
111	TIM 9 9 1006	June walland	1-10-00					

F 1 - ----

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Death 3. Time of Deeth Month Vaar Broson 8.50 Am DUROTHY TUNE RETH 1990 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Good Samaritan Hospital Baltimore 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. (Month, Day, You 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1□M 2⊠F 79 Yrs. 219-01-7963 July Maryland Usuel Rasidence of Decedant 10b. County 10c. City, Town or Location 10d, Insida City Limits 1 ☐ Yes 2 ☐ No N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3514 Northway Drive 21234 United States 12. Was Decedent Ever In U,S. Armed Forces? 14. Race - Amarican Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☑ No If Yas, Give Yeer or Datas: 1 Yas 2 XNo Specify: 3 X Widowed 4 □ Divorced White 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Grocery Store Clerk 17. Fether'e Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumama) Unknown Unknown 19e. Informent'a Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Robert L. Stocksdale/Attorney 6717 Harford Road Baltimore, Maryland 21234 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Steta Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery 6/29/96 21. Signeture of Funerel Service Licensee 22. Nama and Addrass of Facility Brian A. Willem Leonard J. Ruck Funeral Home, Inc. Busn a. Willem 5305 Harrford Road Baltimore, Maryland 21214 23e. Pert1. Enter the diseesa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onsat and Deeth Immediate Cause (Finel disease or condition resulting in deeth) SET3 UNES SECONDARY TO THEOPHYLLINE TOXICITY Due to (or es a consequence of): Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury thet initieted events rasuiting in deeth) Lest Dua to (or as a consequence of): Due to (or es a consequança of): Pert II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was en autopsy performed? 1 ☐ Yes 2 ☑ No 25. Wes case refarred to medical examiner? 26. Piece of Death (Check only ona) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? 28d. Dascribe how Injury occurred 5 Pending Investigation 1 Yas 2 No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, atreet, fectory, office building, etc. (Specify)

Examiner The lew requires that the deeth certificete be executed physician and s the burial-transit signed by the e certificate has b lirector, page 2 s Attending Physician: this death. for Attend after death Ofrector:

**Physician** /Medical

**Physician** 

/Medical

**Examiner** 

10e Stete

Maryland

Director

Funeral

b

Completed

Be

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelih and Mentel Hygiene. Important: If item 27 is marked other than "natural" or any injury or other traumatic evans.

Examine Division of Vital Records, P.O. Box 68760, Physician/Medical þ Completed a Certification: To Medical

State Registrar

MEDICAL DOCTOR

9306

29d. Data aigned (Month, Day, Year) JUNE 26TH 1996

30. Nama and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

TRANCIS KWASHIE ATTIOGRE THE GOOD SAMMALTAN HOSPITAL OF MUNULLAND INC

12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) and menner as ateted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) and manner steted.

29c. License number

31. Dete filed (Month, Day, Year)
JUN 2 8 199

29b. Signature and title of certifiar

1☐ Yes 2☐ No

27. Mennar of Deeth

1 Netural

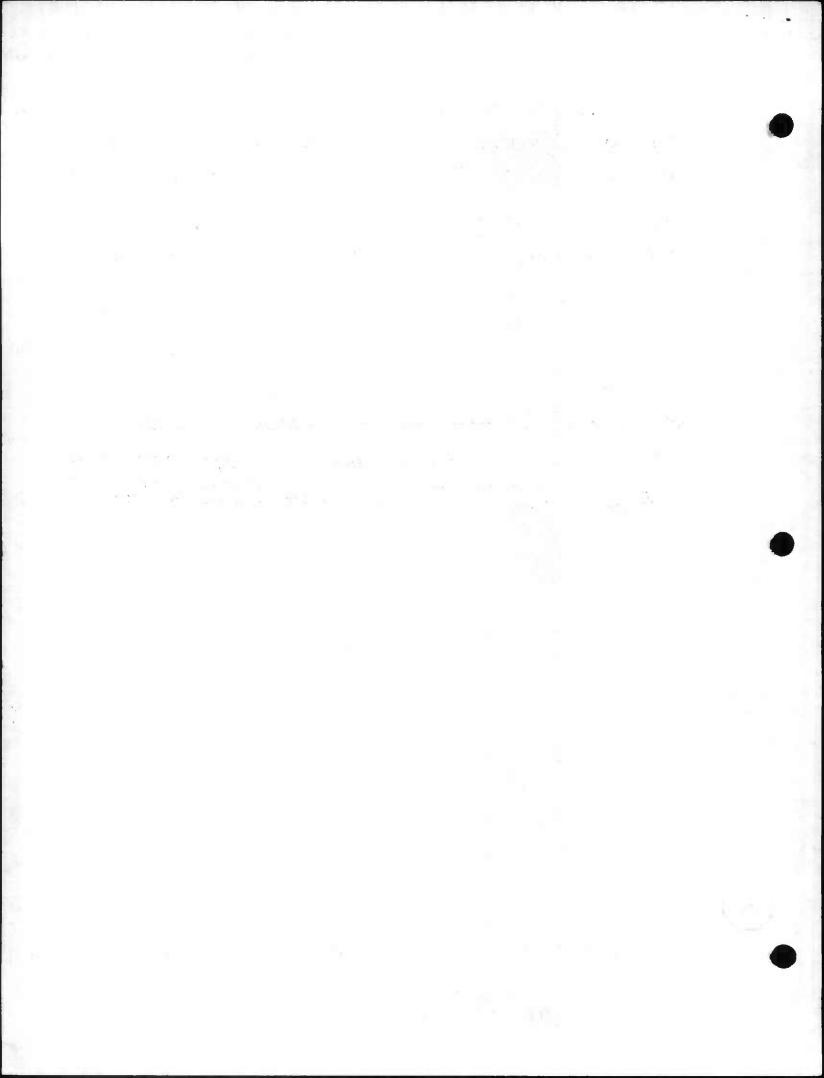
2 Accident

3 Sulcida

29e. Certifier

4 Homicide

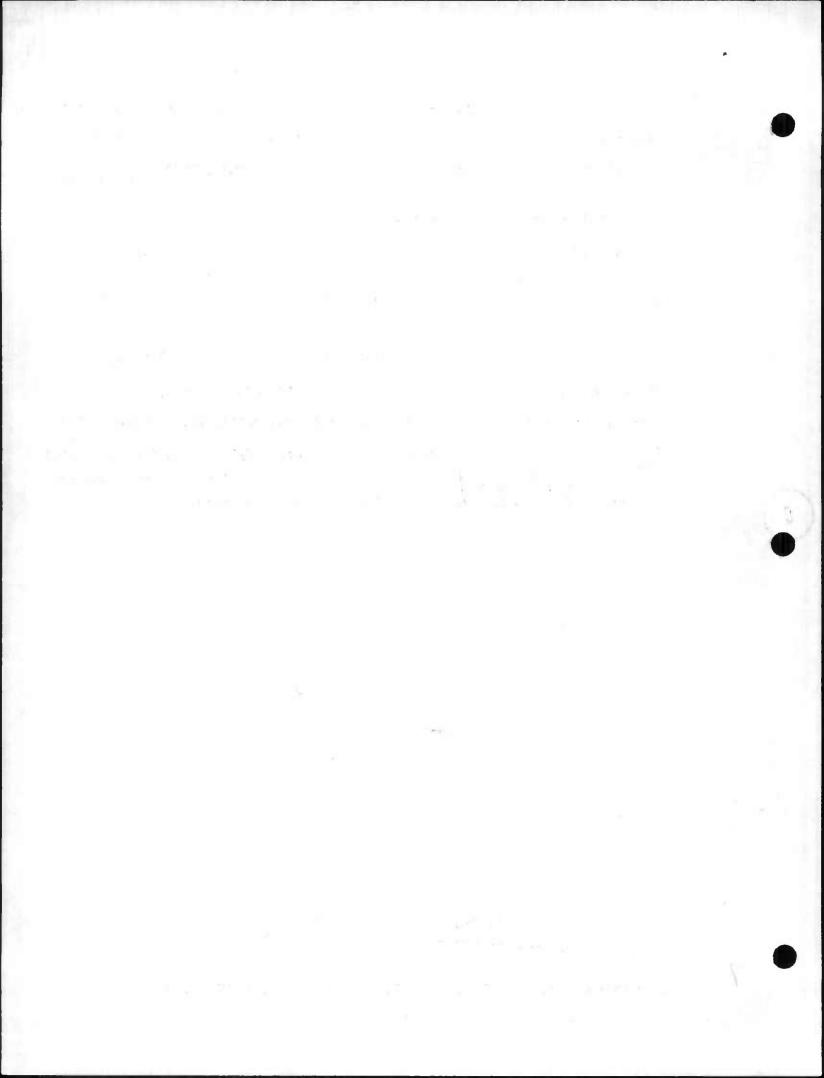




State of Maryland / Department of Health and Mental Hygiene

	9	1	8	4
- 1			0	- 6

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year Frank Dougherty 24 June 1996 7:55 p.m. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Stella Maris Towson Baltimore If Under 1 Year 5. Social Security Number If Under 24 Hrs. Hours Min. 8. Dete of Birth 08/25/1906 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys MM 2□F 216-07-1027A 89 Yrs Director Pennsylvania Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits show 7 is marked other than "natural", or items 23a or 28a-f shor traumstic event, the Medical Examinar must be notified at MD 1 ☐ Yes 2 ☑ No Director **Baltimore** Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 604 Old Home Road 21236 U.S.A. death Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filled within 72 hours after c Department of Health and Mental Hygiene. Important: If Ikm 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Examines 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2√ No If Yes, Give Yeer or Detes: altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White þ 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Buainess/Industry Elementary/Secondery (0-12) College (1-4or 5+) Clothing Man Clothing 17. Father'a Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Meiden Surneme) James Dougherty Catherine Mc Donough 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 513 Overbrook Road Baltimore, Maryland 21212 Evelyn D. Reinhardt 20a. Method of Disposition 20b. Piace of Disposition (Neme of Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Gardens of Faith Cemetery 6/28/96 Baltimore, Maryland 4 DO 5 Other (Specify) 21. Signatur of Funtiral Service Lin 22. Name and Address of Facility The Dippel Funeral Home Inc. 7110 Belair Road Baltimore, Maryland 21206 th. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate Interval Betw Onset end Death **Physician** /Medical Immedia Causa (Final disease or condition resulting in deeth) Myocardial Infarction **Examiner** Due to (or as a consequence of) Examiner physician and s the burial-transit he law requires that the death certificate be executed Sequentially list conditiona, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Records, P.O. Box 68760, an/Medical Due to (or es e consequenca of): USB as attending p Physici the signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 has 1 Tyes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year Certification: 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation Division Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by after A 4 Homlcide n Heapital on 24 hours at De Funeral D Medical 29a. Certifier Certifying Physician: To the best of my knowledga, death occurred at the time, data and place, and due to tha cause(s) end menner as steted. To the Heaville 24 has To the Functional Completely 1 (Check only one) 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner butted. 29c. License number o 29b. Signature end title of certifier 29d. Date signed (Month, Dey, Year) 6-25-90 30. Nama and address of person who completed cause of death (Item 23a) (Type, Print) Eddie Nakhuda, M.D. 2300 Dulaney Valley Road, Towson, MD 21204 31. Date filed (Month, Day, Year) 32 Registrar's Signature State Registrar



State of Maryland / Department of Health and Mental Hygiene

	9	8	5
-	-	-	-

					Certifica	ate of	Death		Reg. No.		
		1. Decedant's Name (First, Middle, La	est)					2. Date of De	ath		3. Tima of Death
Physic /Med		EDWARD JAMES I	OOMBROSKY					JUNE 15	5, <sup>9</sup> 996	Yaar	12:35 p.m
Exami		4a. Facility Nama (If not institution, given	ve street and number)				4b. City, Town, or	Location of Deat	h 4c. County	of Death	
		St. Agnes Hospi	tal					ore City	N/	'A	
Funeral Director	_		Sex 7. Agu	a (In yrs. last bii 47	Yrs. If Un-	dar 1 Yaai ns Days		(Month, Da	th ay, Year) 24,1949	9. Birthplace Country) Mary	a (State or Foreign ) land
ylend		10a. Stata 10b. County		10c. City, Tow	m or Location					10d.	Inside City Limits
e Mar	Director	Maryland Ba	ltimore				Catonsvi	lle			1 ☐ Yes 2 ☐ No
or 28	Sire.	10e. Street and Number			10f.	Zip Coda			10g. Citizan of	What Country?	?
23e		603 Maryland Ave	enue				21228		Unite	d State	es
thin 72 hours after death with the Marylend B. an "netural", or items 23a or 28s-f show Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent II Armed Forcas? 1  Yes 2 N If Yas, Giva Yaar or Dates:			cedant of pecify Cul	Hispanic Origin? (S ban, Maxican, Puer Specify:	Specify Yas or No to Rican, atc.)	Specify	ce - American I ck, Whita, atc. by: Whit	
2 hor		15. Decedant's E		16a	. Dacedant's U	suai Occu	upation e during most of wo	STATE	16b. Kind of B	usiness/Indust	
ne. hen	Completed	(Specify only highest gra Elamantary/Secondary (0-12) 12 Years	ade completed) Collega (1-4or 5		(Give kind of life. DO NOT	l use retin	e during most of wo ed)	rking		ic Worl	
be filec ntai Hyg od other avant,	Be	17. Fathar's Name (First, Middle, Last	)				18. Mothar's Na	ma (First, Middle,			
Ment Ment rked rice	10	Eugene F. Dombr	osky				Margar	et U. Ha	nnon		
d 2 should be filed w th end Mental Hygie 7 Is marked other th traumetic avant, th		19a. informant's Name/Ralationship (	Type, Print)	19b	. Mailing Addr	ess (Stree	at and Number or Ri	ural Route Numb	er, City or Town	, State, Zip Co	ide)
021-		Miss Christine	Dombrosky	1			ven Road	Dundalk	k, Maryl	and 2	1222
of H fiten		20a. Mathod of Disposition 13☑ Burial 2 ☐ Cremation 3 ☐	_	20b. Piace o cemete	f Disposition (f ry, crematory o	Vame of or other pla	ace)	Data	20c. Location	- City or Town,	, State
Peg ant: I		4 □ Donation 5 □ Othar (Specif		Oak I	Lawn Cer	meter	ry 6/19/	1996	Balti	more, l	Maryland
pemit. Peges 1 an Department of Heal Important: If Item 2 any Injury or other once.		21. Signature of Funeral Service Licer	0/		Duda	-Rucl	ress of Facility  k Funeral	Home of	Dundal	k Inc	•
Physician		25a. Part1. Enter tha disaasa, or com shock, or heart failura. List only	plications that causad one cause on each iir	tha daath. Do	not antar the m	W1Se	ring, such as cardia	undalk, c or respiratory a	Marylan	Ap	22 oproximata tarval Between nsat and Death
/Medical Examiner		Immediata Causa (Final diseasa or condition resulting in death)	. Hyperter Diab	esive A	Therose	levot	ic Carole	o vasculu	n Diseas	e 7	20 minutes
D .=	ner		Diab	eles	Melli	fus				2	w minules
cate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions,		Dua to (or as a							
be es		Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated avents	C								
ing e	/Medical	resulting In death) Last	d	Oua to (or as a	consequance o	of):					
death de atten	clan										
res that the death co igned by the attend be detached for us	y Physician	Part II. Other significant conditions of	ontributing to death bu	it not resulting ii	n tha undarlyin	g cause g	ivan In Part I.		tobacco use co Yes 2□ No	3 Probabl	e cause of death? ly 4 Unknown
ew requires as been sign 2 should be	Completed by								an autopsy ormed?	avallat	autopsy findings bla prior to letion of cause ath?
0 - 0	E OC							10	Yes 2 No	1 🗆 Ya	as 20 No
certificate rector, pe	Be	25. Was casa referred to medical					26. Place of Dea	ath (Check only o			
5 00	To	axaminar? 1 ☐ Yas 2 Z No	Hospital: 1 Inpatia	nt 2 RVOL	ıtpatlent 3□	DOA O	thar: 4 Nursing H	ioma 5 ☐ Rasi	dance 6 Oth	ner (Specify)	
Attanding Phir deeth. actor: After the by the funeral		27. Manner of Daath  DSNatural 5 ☐ Panding 2 ☐ Accidant Invastigation	28a. Data of Injur (Month, Day		Tima of injury	28c. inju			how injury occur		
- 5 to	Certification:	3 Suicide 6 Could not b datermined	e 28e. Placa of Injubuliding, atc		ırm, street, fact	tory, office		28f. Location (: City or Tox	Street and Numb wn, State)	per or Rural Ro	oute Number,
To the Hospital within 24 hours of the Funeral completely filled	edical	29a. Certifiar (Check only one) Certifying Ph	ysician: To the best on niner: On the basis of and manner sta	examination an	ı, daath occurre d/or investigati	ed at tha t on, in my	ima, data and place opinion, daath occu	, and due to the irred at tha tima,	cause(s) and me data and placa,	annar as stated and dua to the	d. a causa(s)
Nithin Fo the	Me M	290. Signatury and litia of certifier			- 1	29c. Lican	sa number		29d. Data signe	d (Month, Day	y, Year)
		May A Hay	1			D38	8543		June 1	25, 19	i96
10+8		30. Name and address of person who	completed causa of de	eath (Itam 23a)	(Type, Print)	m A	8543 Venue t	altimo	ve Moir	r/med	21229
Sta	ate	31. Data filed (Month, Day, Year)	32. Registra	r's Stanature	- Pandes	2			1.000	Times	

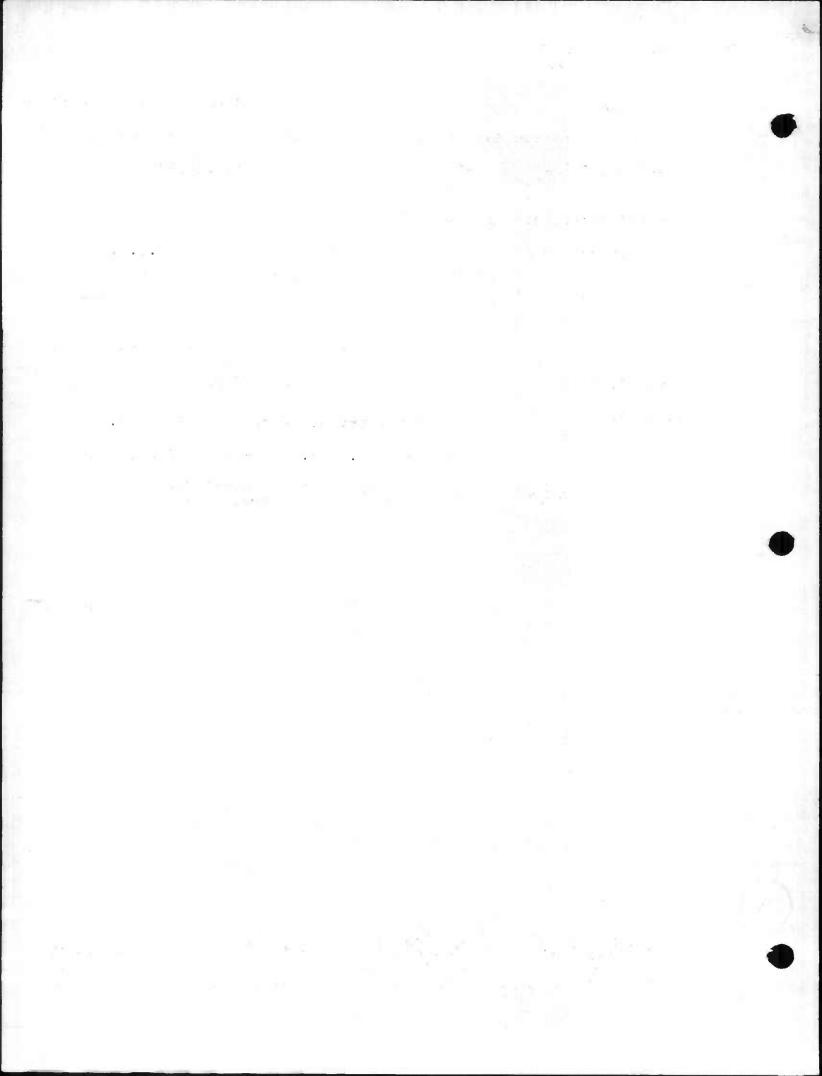
5 V 9 U.J 

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

					Cer	uncate of	Deam		Reg. No.		
Physic /Medi		Decedent's Name (First, Middla     Lou	Frid			,			10 <sup>Day</sup> 19	9 <sup>Y</sup> gar	3. Time of Death 10:30 AM
Exami	ner	4e. Facility Neme (If not institution, Shady Grove			tal		4b. City, Town, or Rockvi		Mont		ry
Funeral Director		220-20-6330	6. Sex 7. A	ge (In yrs. last i	birthday) Yrs.	Months Days		8. Dete of Bi A. Month, D AUS • 2	rth (1927) 928	9. Birthpi Carn	laca (Stata or Foreign a)d a
p s		Usual Residence of Decedent  10a. Stete 10b. County		10c. City, To	we or Loc	estion				44	Od toolds Olbel India
sho	2	laryland Montg	0 11 0 11 11	Rock						1	0d. Inside City Limits 1 XYes 2 No
the h	20	10e. Street end Number	Ome I y	ROCE	VII.	10f. Zip Code		1	40a Ohlana -41	Alban Oanna	
ath with the Merylan 23a or 28a-f show	2	13602 Crispen	Way				353		10g. Citizen of V		18 y e
tar des Reme	Funeral Director	11. Merital Status 1 ☐ Never Merried 2 ☐ Marrie	12. Wes Deceden Armed Forces	?		**	Hispenic Origin? ( ban, Mexican, Pue	Specify Yes or Norto Rican, etc.)	0- 14. Rad Blad	e - America ok, White, e	
020 urs aff	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give	KOREA	) 1	☐ Yes 2 No	Specify:		Specify	Whi	te
21215-0020 d within 72 hours af giene. If the modest Event.	Completed by	15. Decedent'	s Education		Ba. Deced	ent's Usual Occu	pation	adda a	16b. Kind of B	usiness/înd	lustry
thin thin	ple	(Specify only highas) Elementary/Secondary (0-12)	College (1-4or	5+)			during most of wo	orking	3.6		
Mary Mary	Con				Sa	lesman	,		Marlo		iture
Nore, Maryland 21215-0 ges 1 and 2 should be filed within 72 hr if ich Mailur and Mental Hygiene. If ichem 27 is marked other than "neture or other traumatic event, the Medical	To Be	17. Father's Name (First, Middle, L David J. Frid	ast)					ame (First, Middle e Zipri	, Meidan Suman S	na)	
and and and and and and and and and and		19e. Informant's Name/Reletionsh	ip (Type, Print)				t and Number or R				
and and in 27		Judie Frid					pen Way	, Rocky	ville,	Md.	20853
Ore 1 Per x		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation	3 □Removel from State	20b. Placa	of Dispos	ition (Nema of etory or other pla	aca)	Dete	20c. Location -		
Pag ment ant: I		4 □ Donation 5 □ Other (Sp.		Jude	ean	Mem. Go	dn.	6-12	Olney	, Ma	ryland
Baltimore, M. pemit. Pages 1 and 2 Department of Haalth a important: If item 27 is any injury or other tra once.		21. Signature of Funerel Service L	Icensee		22.	Name end Addr	ess of Fecility arson F	unoral	Homes		
ш «от за		From D. 6	Illians				nurch,		22046		
		23a. Part1. Enter the disease, or of shock, or heart failure. List of	compileations that cause	d the death. D	o not ente	r the mode of dy	ing, such as cardie	oc or respiretory			Approximate Interval Between
Physician											Onset and Death
/Medical		Immediate Cause (Final disease or condition	SM	ALL	CP	LL C	ANCE	R		1	8 MONTH
Examiner		resulting in deeth)	a	Due to (or as							0 110 - 111
pa #s	li e		<b>b</b>							i i	
50, se exacute vian and vuriel-tran	i Exam	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury		Due to (or as	a consequ	uence of):					
ox 68760, or certificate be executed and ing physician and use as the buriel-transit	Physician/Medical Examiner	that initiated events resulting in death) Last		Due to (or as	e consequ	ence of):					
BOX ath cert ittendin for use	lan		d								
. 8 . 8	ysic	Part II. Other significant condition	e contributing to death I	but not resulting	in the un	derlying cause g	iven in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
P.O. hat the od by the datache	F							1 🗆	Yes 2 No	3 Prob	ably 4 ☑ Unknown
dS, Fires that	d by							040 1440	i i a manada	24h We	ere autopsy findings
cord v requir	etec							perf	s an autopsy ormed?	8VB	alieble prior to
Rec a law has b	Completed									of c	death?
f Vital Royslein: The last certificate he director, page								10	Yes 2 No	1[	Yes 2 No
of Vital Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	Unanital.	/ : <u> </u>				eth (Check only	ona)		
of Vital Records, Physician: The law requires this certificate has been signed and director, page 2 should be considered.	P	1 Yes 2 No	Hospital:		Outpetient	3LI DOA		-	idenca 6 □Oth		)
ivision of Attending Port death.	atlon:	27. Manne of Death  1 Netural 5 Pending 2 Accident investige	2.36.27	ay Year) 28b	. Time of Injury	M 1	iryat ork? ]Yes 2∐No	28d. Describe	how injury occur	red	
after of all Direct of all Dir	Certification:	3 Suicide 6 Could no determin	ad 288. Place of in	ijury - At home, tc. (Specify)	farm, stre	et, factory, office		28f. Location City or To	(Street and Numb wn, Stete)	er or Rura	Routa Number,
Day of the state o	edical	29a. Certifier (Check only one) 1 Certifying 2 Medical E	Physician: To the best xaminer: On the basis of and manner si	of examination a	ge, death and/or inv	occurred at the t estigetion, in my	ime, date and plac opinion, death occ	a, and due to the urred at the time,	cause(s) end ma date and place,	inner as st and due to	ated. the cause(s)
T T T C	M	29b. Signature and title of certifier	M. 14	muli	116	29c. Licen	se number 3 2 40	7	29d. Date signe	d (Month, I	199/ <sub>2</sub>
1.8	1	30. Name and address of person w	ho completed cause of	Baltin (Nemy 838	) (Type, F	Print)			RC	CKV	ille mo
Sta	ite	31. Date filed (Month, Dey, Year)	berry 32. Regist	970 rar's Signature	m	kdica	1 (ente	r Dri	ve_	2	250
Registr	ar	JUN 2819	96 July	cidson-A	indelle	•					



96-3438-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, 28a-f, State of Maryland / Department of Health and Mental Hygiene

PER ME	O FILM	6-737	7/12/96	+ 4

Certificate of Death

2. Data of Death

**Physician** /Medical **Examiner** 

LARRY 4a. Facility Name (If not institution, give street and number)

1. Decedent's Name (First, Middia, Last)

FORRESTER

JUNE 24 Day 1996 3. Time of Death 10:55 AM

406 S. CONKLING ST.

4b. City, Town, or Location of Death BALTIMORE

4c. County of Death

5. Social Sacurity Number

6. Sex 7. Age (In yrs. last birthday) If Under 1 Year if Undar 24 Hrs. 8. Date of Birth

n/a

Director

imore, Maryland 21215-0020

Physician Examiner

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours elater death.

To the Funeral Director: After this certificate has been signed by the ettending physician end completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit

Division of Vital Records, P.O. Box 68760,

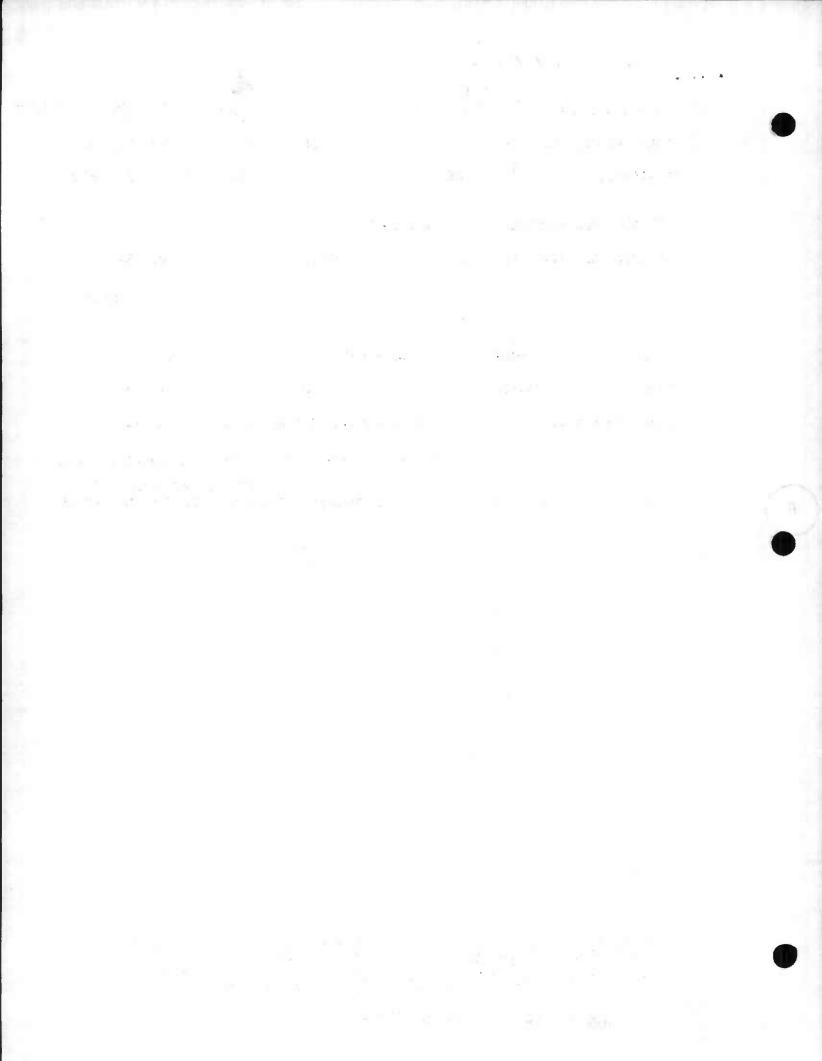
	2-5254		52	Yrs.		Days	Hours	Min.	Feb.5	1944	Wes	thplace (Si country) StViro	yinia 💮
Usual Rasider	nce of Decedent									·		-	
10a. Stata Md •	10b. County	/a	10c. C	City, Town or Lo	cation	Balt	imore	9					de City Limits Yas 2□ No
10e. Street an	d Number				10f. Zi	p Code				10g. Citizen d	of What C	ountry?	
406	S. Conkl	ing Stree	t				21	1224			USA		
	itus Married 2 <mark>M</mark> Mar ved 4 □ Divorced	ried Armed F	2 □ No ive	1	Vas Dece i Yas, spe i □ Yes		lispanic Ori an, Maxicar Specify:		ecify Yes or I Rican, atc.)	No- 14. R B	lack, Whi	erican India Ita, etc. White	
	15. Decader	nt's Education		16a. Daced	ient's Usu	ual Occup	ation			16b. Kind of	Business	s/Industry	
	Specify only higha Secondary (0-12)	st grade completed Collage	) (1-4or 5+)	(Give	kind of wo	ork done o use retired	durina mos	t of work	ing				
9th				Bark	er						per S	Shop	
	ame (First, Middle,									la, Maldan Sumi	ama)		
Ceci									ie Ash				
	t's Name/Relations			19b. Mailin						ber, City or Tow			
	e Forres	ter	lasii	- (5)			y Sti	reet		W.Va. 2	-		
		3 □Ramoval from	State	of P Me	natory or	other plac	-	6/29	Date 9/96	20c. Location Salen		Town, Star	18
23a. Part1. Er shock, o	ntar tha disaasa, or r haart failure. List	complications that	caused the de	Do not ente	300 or tha moo	Mace	Ave ag, such as	Bal cardiac	Home of timore or respiratory	of Essex e Md. 21 arrest,	c L221	Approx	Betwaan
Immediate Ca disease or cor resulting in de Sequentially li if any, leading cause. Enfer Cause (Diseas that initiated er rasulting in de	usa (Final dition ath) st conditions, to Immediata Underlying se or Injury vents ath) Last	1	Due to (	(or as a consequence or a consequence or a conseq	uence of) uenca of):	:			23b. Di	d tobacco use c ] Yss 2 □ No s an autopsy	contribute 3 F	a to the cat	4 Unknown
Immediate Ca disease or cor resulting in de Sequentially li if any, leading cause. Enfer Cause (Diseas that initiated er rasulting in de	usa (Final dition ath) st conditions, to Immediata Underlying se or Injury vents ath) Last	a	Due to (	(or as a consequence or a consequence or a conseq	uence of) uenca of):	:			23b. DIG 1 [24a. Wa	d tobacco use c ] Yes 2 □ No s an autopsy formed?	contribute 3 F	a to the cate Probably  Were auto available p completion of death?	uss of death? 4 Unknown psy findings rior to of cause
Immediate Ca disease or cor resulting in de Sequentially li if any, leading cause. Enfer Cause (Diseas that initiated er rasulting in de	usa (Finai ndition ath) st conditions, to immediata Underlying se or Injury vents ath) Last	a. ME <sup>h</sup> c	Due to (	(or as a consequence or a consequence or a conseq	uence of) uenca of):	:	an in Part I		23b. Did	d tobacco use c  Yes 2□ No s an autopsy formed?  Yes 2□ No	contribute 3 F	a to the cate Probably  Were auto available p completion of death?	uss of death? 4 Unknown
Immediate Ca disease or cor resulting in de Sequentially li if any, leading cause. Enfer Cause (Diseas that initiated er rasulting in de Part II. Other a	usa (Finai ndition ath) st conditions, to immediate Underlying so or Injury vents ath) Last	a. heritali	Due to (	(or as a consequence or as	uence of) uenca of): uenca of):	cause give	an in Part I	of Death	23b. Did 1 [24a. Wa per	d tobacco use colored? No san autopsy formed?	contribut 3 G F	a to the cau Probably  Were autor available prompletion of death?	uss of death? 4 Unknown psy findings rior to of cause
Immediate Ca disease or corresulting in de Sequentially li if any, leading cause. Enfer Cause (Diseasthat initiated er rasulting in de Part II. Other segaminar?	usa (Finai dition ath) st conditions, to immediate Underlying so or Injury vents ath) Last	a. MET a. b. c. d. d. Hospital:	Due to (	(or as a consequence or as	uence of)  uenca of):  uenca of):  darlying of	cause give	an in Part I  28. Place er: 4   Nu	of Death	23b. Did 1 24a. Wa per 1 (Check only me 5 X Ras	d tobacco use colored?  Yes 2 No s an autopsy formed?  Yes 2 No one)	contribut 3 F 24b.	a to the cau Probably  Were autor available prompletion of death?	uss of death? 4 Unknown psy findings rior to of cause
Immediate Ca disease or corresulting in de Sequentially li if any, leading cause. Enfer Cause (Diseas that initiated erasulting in de Part II. Other sexaminar?  25. Was case examinar?  1 Yes	usa (Finai ndition ath)  st conditions, to immediate Undertying se or Injury vents ath) Last  referred to medical 2 No Death I 5 Pandin Investignt	b  c  d  hona contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contribution to contributing to contributing to contributing to contribution to contributing to contributi	Due to (	(or as a consequence or as	uence of)  uenca of):  uenca of):  darlying of	cause give	an in Part I  28. Place er: 4 □ Nu	of Death	23b. Did 1 24a. Wa per 1 (Check only me 5 X Ras	d tobacco use of Yes 2 No	contribut 3 F 24b.	a to the cau Probably  Were autor available prompletion of death?	uss of death? 4 Unknown psy findings rior to of cause
Immediate Ca disease or cor resulting in de Sequentially li if any, leading cause. Enfer Cause (Diseas that initiated erasulting in de Part II. Other a 25. Was case examinar? 1 1 Yes	usa (Finai dition ath)  st conditions, to immediate Underlying se or Injury vents ath) Last  Ignificant conditions at the condition of the con	a. MET a. b. c. d. d. d. d. d. d. d. d. d. d. d. d. d.	Due to Du	(or as a consequence or as	uence of):  uenca of):  uenca of):  uenca of):  uenca of):  dartying of	Cause give	an In Part I  28. Place er: 4 □ Nu ( at	of Death	23b. Did  24a. Wa per  1/2  1/2  1/2  1/2  1/2  1/2  1/2  1/	d tobacco use colored?  Yes 2 No s an autopsy formed?  Yes 2 No r one) sidence 6 0 how injury occur (Straet and Nun own, State) 4 0	contribute 3	a to the care Probably  Were autor available prompletion of death?  11 A yas	uss of death? 4 Unknowr psy findings rior to of cause 2 No
Immediate Ca disease or corresulting in de Sequentially li if any, leading cause. Enfer Cause (Diseasthat initiated er rasulting in de Part II. Other sequentially Yes  25. Was case examinar? 1 X Yes  27. Manner of I Natura 2 Accide 3 Suicid.	usa (Finai dition ath)  st conditions, to immediate Underlying ge or Injury vents ath) Last  Ignificant conditions to medical 2 No  Death Int a 6 MCould determine the condition of the condition	b.  c.  d.  Hospital: 1  28a. Date (Morn polinad)  28e. Place build  g Physician: To the between the control of the build	Due to Du	(or as a consequence or as	uence of)  uenca of):  uenca of):  dartying of  M  uet, factor  HOME	Cause give	28. Place er: 4 \( \text{Nu} \) y af \( \text{Y} \) Yes \( \frac{3000}{3000} \)	of Death	23b. Did 10 24a. Wa per 10 24a. Wa per 10 24a. Wa per 10 24b. Dascribe UNKNOWN 22ef. Location City or Ti 8ALTIMO and due to the	d tobacco use of Yes 2 No s an autopsy formed?  TYes 2 No one)  sidence 6 0 how injury occur  (Straet and Num own, State) 40  REi, MD.	24b.	a to the cate of t	uss of death? 4 Unknown psy findings rior to of cause 2 No  Number, 16 ST.

State Registrar 31. Date filed (Month, Day, Year)

THE SECOND OF STREET STREET STREET 

		• ,	item #1, filmg 736,	6/29/96, cyw,	laryland	/ Depa	irtment of tificate of	Health Death	and M	fental Hy	/giene Reg. No			
			1. Decedent's Neme (First, Middle, La	(st) GRACE	IONE F	UNK,				2. Dete of D	eeth			3. Time of Deeth
	Physici /Medi		Grace	- I +	ur	K				Sune	2 De	19	96	0453An
$f^{-1}$	Examir		4e. Facility Neme (If not Institution, give	e street end number	)			4b. City, T	own, or Lo	detion of Dea	th 4c.	County o	f Deeth	
			NORTH ARUNDEL HO	OSPITAL				GLEN	BURN	NIE	AN	NE AR	RUNDE	L
8	Funeral		5. Social Security Number 6. S		ge (In yrs. le	ast birthday)	If Under 1 Yee Months Deys	r If Unde		8. Dete of B (Month, D				ece (Stete or Foreign
	Director	le i	398-14-8460	IDM ZDF	86	Yrs.	Months Deys	nours	MIII.	10/15/			VISCO	
	p .		Usuel Residence of Decedent		10- 04-	T								
	show	-	10e. Stete 10b. County		10c. City	, Town or Lo	cation						10	d. Inside City Limits
	N S N	Director	MARYLAND ANNE ARI	JNDEL	GLE	N BURN	1							
	igh of a	눔	10e. Street and Number				10f. Zlp Code				10g. Cit	izen of Wh	hat Count	ry?
	ours after deeth with the Merylar al', or Hems 23a or 28a-1 show Examine, must be notified a	rai	244 WOODHILL DRIV					061				U.S.A		
	er de	Funeral	11. Maritel Stetus	12. Wes Decedent Armed Forces	?	5. 13. V	Vas Decedent of Yes, specify Cul	Hispanic Or ben, Mexica	igin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	0-	<ol> <li>Rece Bleck</li> </ol>	<ul> <li>Americe</li> <li>White, e</li> </ul>	
20	S aff	by F	1 Never Merried 2 Merried 3 🖾 Widowed 4 Divorced	1 ☐ Yes 2 🗓	No	1	☐ Yes 2 X No	Specify	:			Specify:	WHIT	E
8	"natural", or	교 교		Yeer or Detes:	. 1	10a Danad	and Head One				405.44	to d of Door	and the section	
15	"natu	Completed	15. Decedent's E (Specify only highest gra	ade completed)		(Give	ent's Usuel Occu kind of work done OO NOT use retin	apation a during mo:	st of work	ing	160. K	ind of Bus	iness/indi	ustry
12	than the	E C	Elementery/Secondery (0-12)	College (1-4or NONE	5+)		MAKER	00,			01	WN HO	ME	
D	H the	Ü	17. Fether's Neme (First, Middle, Last,			HOFIE	FIARLIK	18. Moth	er's Nem	e (First, Middle	-			
an	d be ental	To Be	JOHN	DAVEL				AMY				ILLIA		
Maryland 21215-0020	s 1 and 2 should be filed within 72 hours after deeth with the Meryland of Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinations the notified as	F	19e. Informent's Neme/Reletionship (			19b. Mellin	g Address (Stree		er or Run	al Route Num				Code)
×	F P P		DEAN ARTHUR FUNK	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			MARINER					21012		,
ō,	Hea Hea		20e. Method of Disposition		20b. Pie	ece of Dispos	sition (Neme of		,	Dete		ocation - C		m, Stete
OL	H H H		1 Buriel 2 Cremetion 3 C		9		netory or other plants		4	20/06				ARYLAND
altimore,	permit. Peges 1 and 2 Department of Health s Important: If item 27 Is any Injury or other tra once.		4 ☐ Donation 5 ☐ Other (Specification 21. Signeture of Funerel Service Licer		Cn		KE CREM.			30/30	DELL	SATEL	л <b>с</b> , П	AKILAND
o o	Department of the population o			1 6	11		. Hame ond Addi	ess of Facil	SIN	IGLETON	FUN	ERAL	HOME	
7			23a, Pert1. Enter the disease, or com shock, or heert feilure. List only	1. day	flia	n) 1	SECOND .	AVE. S	S.W.,	GLEN	BURN	IE, M		1061 Approximete
8760,	/Medicale be executed by physician end est the buriel-transit	Medical Examiner	Immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thei initialed events resulting in deeth) Lest	b	Due to (or	es a consequence es e consequence es e consequence es e consequence es e consequence es e consequence es es e consequence es es e consequence es es es es es es es es es es es es es	uence of):	arllo					+	
Вох	The law requires that the death certifics itse has been signed by the attending plage 2 should be deteched for use as to	Physician/Me		d										
P.O.	the a	ysic	Pert il. Other significant conditions o	ontributing to death t	out not resul	ting In the un	derlying cause g	iven in Pert	I.	23b. Did	tobacco	use cont	ribute to	the cause of death?
0.	ad by detec	Ph	Carona m	to11. 1's	1906	,				10	Yes 2	No :	3 Prob	ably 4 Unknown
Division of Vital Records,	signed d be del	d by		100						040 14/0			24h Mar	re autopsy findings
Ö	v require been si should	Completed	Christia	arothe	Non						s an autop lormed?	psy	evel	llable prior to
360	has has be 2 s	du											of d	eath?
8	ysician: The last certificate hadirector, page	ပိ								10	Yes 2	2No	10	Yes 2□ No
¥ .	delan: The	Be	25. Wes case referred to medical exeminer?	Hospitel:				26. Plac	e of Deet	h (Check only	one)			
o	this di	T.	1 Yes 2 No  27. Manner of Deeth	1 L Inpati		P/Outpatien	3LL DOA	4LIN		me 5 Res				)
u u	Attending Physicism: or death. ector: After this certifice by the funeral director,	io	1 ☑Naturel 5 ☐ Pending	28e. Dete of Inju (Month, De	ey Year)	28b. Time of Injury	Z8c. Inje	ork? ]Yes 2.□		28d. Describe	now injui	ry occurre	a	
Sic	death death tor:	ical	2 Accident investigation 3 Suicide 6 Could not b	000 000	lune At hos					20f Location	/Ctrant or	and Advantage	e ar Dural	Route Number,
N	or Attendi efter death Director: /	ŧ	4 ☐ Homicide determined	building, el	tc. (Specify)	ne, rarm, stre	et, fectory, offica				own, State		r or murai	Houte Number,
	Hospital 24 hours Funeral I stely filled	2	29e. Certifier 11 Certifying Ph	volales. To the best	-6	lande a trade auto		ton a list of all all	4 1 1 1 1					
>	To the Hospital or Attend within 24 hours efter deati To the Funeral Director: completely filled in by the	Medical Certification:	(Check only one)	ysician: To the best niner: On the basis o end menner st	of examinetic	on end/or inv	estigetion, in my	opinion, de	oth occurr	and due to the ed et the time	dete end	d plece, an	ner as ste	the cause(s)
	within 2 To the comple	X e	29b. Signeture end title of certific	2 00			29c. Licen	se number			29d. Da	te signed	(Month, D	Pay, Year)
	->-0		Mula.)	)   ()			1/3	4/0	2		(.)	27	16	
		-	30. Neme and eddress of person who	completed cause at	death (Item	23a) (Type, F	Print)_	110	1		101		10	
			Michael Sulve	1600)	Ca.	Have	7	Slan	L	OND	M	)		
	Sta	te	31. Dete filed (Month, Dey, Year)		rer's Signet		N10000	~ ~ /		· · · · · ·		/		
	Registr	ar	JUN 281	996 Ful	ia David	bon-Age	phalle							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Degedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 1996 5:39 p.M **Physician** 4a. Fecility Neme 4 not institution, give street end number) me 22 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Fallston General Hospital Fallston Harford 8. Sex 1 ☑ M 2 ☐ F 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) 07/28/1914 9. Birthplace (State or Foreign Country)
Maryland **Funeral** Min 81 Months Days Hours 212-09-4337 Director Usual Residence of Decedent death with the Maryland 10b. County 10c. City, Town or Location Show 10d. inside City Limits r than "natural", or items 23a or 28a-f short the Medical Examiner must be notified at 1 Yes 2 No Director MD. Harford Bel Air 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 300 Sun Flower Dr. Apt. 325 21014 U.S.A. Funeral 12. Wes Decedent Ever In U,S.
Armed Forces?
12 Yes 2 No
If Yes, Give 14. Race - American Indien, Black, White, etc. 11 Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiane. Important: If item 27 is marked other than "natural" or ham linjury or other traument. 1 ☐ Never Merried 2 Married Saltimore, Maryland 21215-0020 Specify: White 1 Yes XXNo Specify: þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Truck Driver Trucking 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Harry Henry Fifer Ada Cole 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Etta Fifer/ Wife 300 Sun Flower Dr. Apt.325 Bel Air, MD.21014 20e. Method of Disposition 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Chesapeake Crematory 6/25/96 Beltsville, MD. 4 Donation 5 Other (Specify) 21. Signeture of Furtural Service License 22. Neme and Address of Fecility
Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd.Balto.MD. 21222 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel METASTATIC LUNG CANCER 1-TVEEK diseese or condition resulting in deeth) **Examiner** Due to (or es e consequence of) Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Lest and use as the burial-tran Due to (or es e consequence of): P.O. Box 68760, physician Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. detached 23b. Did tobacco use contribute to the cause of death? signed by d be detact HEART ISCHEMIC DISEASE 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? peen certificata has 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Wes case referred to medical Be 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No ဥ 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this lilled in by the funeral 28a. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Affer 5 Pending Investigation 1 Naturel death. 1 ☐ Yes 2 ☐ No 2 Accident after death Director: 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours af To the Funeral Di completaly filled is 29a. Certifier Medical Ecritifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the cause(s) and menner es stated. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number D 08096 JUNE 23, 1996 rowalingles up 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

ANDREW NOWATOWSKI MD 125 N. MAIN ST BEZ AIR, MDZNY 31. Date filed (Month, Dey, Year) 32. Registrer's Signature State JUN 2 8 1996 Registrar

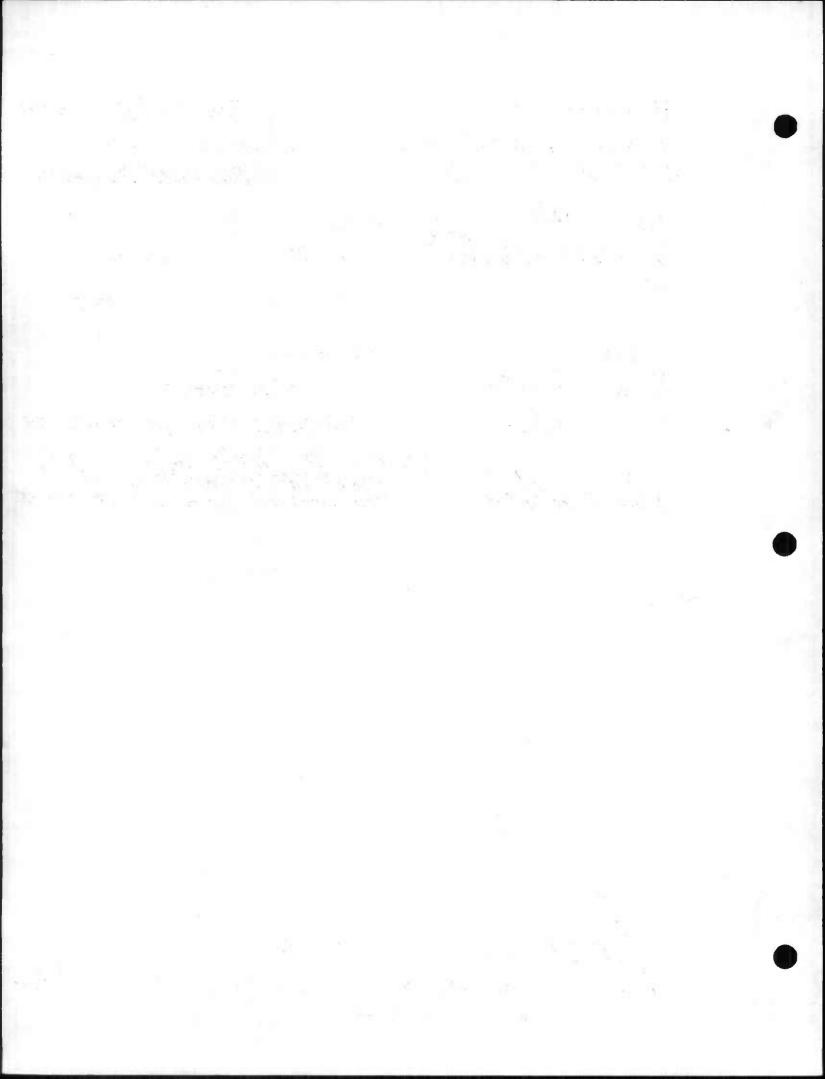
**DHMH 16 Rev 6/95** 

the state of the s Right of the life of the same

# Please Type or Print in Black Indelibie ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

					Certificate of	Death	Rec	g. No.	
	Bhusis	t	1. Decedent's Neme (First, Middle, Las	(1)			2. Dete of Deeth		3. Time of Death
	Physic /Medi		HOWARD	1. GANS			JUN 2	1 1991	11:30PM
	Exami		4e. Facility Neme (If not institution, give	. 1		4b. City, Town, or Lo	cation of Deeth	4c. County of De	egth
			VON /1/16R	VURSING HOM	7E	DALT	MORE	14/	A
ı	Funeral Director		5. Sociel Security Number 6. S.  1  Uauel Residence of Decedent	7. Age (In yrs. les	t birthdey) If Under 1 Yeer Months Deys		8. Dete of Birth Month, Day,	3960 N	Birthpleca (State or Foreign Sountry)
	Mon Mon		10e. Stete 10b. County	10c. City,	Town or Location				10d. Inside City Limits
	the Maryler 28s-f show	io	MD NI	A P	ALTIMORE				1 2 Yes 2 □ No
	deeth with the Maryland ms 23a or 28a-f show	Funeral Director	10e. Street and Number	NGTON KD.	6 10f. Zip Code 21	229	10	g. Citizen of What	Country?
	frame:	ner	11. Meritel Stetus	12. Wes Decedent Ever in U,S. Armed Forces?	13. Wes Decedent of tf Yes, specify Cut	Hispenic Origin? (Specien, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Race - Ar Bieck, W	merican indien,
21215-0020	0 0 0	by	1 DAviever Merried 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 12 No If Yes, Give Year or Detes:	1⊡Yes 200 No	6		Specify: T	BLACK
5-(	n 72 hours "neturel",	Completed	15. Decedent's Ed (Specify only highest grades)		16a. Decedent's Usual Occu (Give kind of work done	during most of worki	ng 16	5b. Kind of Busines	ss/Industry
12	within one.	ld w	Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO NOT use retire	AL ED		R5 2	9)
	a filed withing Hygiene. other than	ပိ	17. Father's Name (First, Middle, Last)	-7.2	1. 14/11	18. Mother's Name	(First, Middle, Ma	akten Sumame)	12
lan	Mental Mental arked o	To Be	HOWARD S	miTH		ENA	GAN	19	
Maryland	& DEE	-	19a. Informant's Name/Related ship (7	ype, Print)	19b. Mailing Address (Stree	and Number or Rura	I Route Number,	City or Town, State	v, Zip Code)
	1 end 2 Heeith e am 27 is		EVA COR	159	8 5. W	DINGA	ON RD.	BAIT.	MD, 21229
Baltimore,	permit. Pages 1 end Department of Heelth Important: If Itam 27 any Injury or other ta angle.		20s. Method of Disposition 1 M Burial 2 □ Cremation 3 □	A MAN	e of Disposition (Nante of letery, crematory or other plu	400	Date 2	oc. Cocation - City	or Town, State
Ë	Pages ment of ant: If h		4 □ Donation & □ Other (Specify		VG/Ilan.	VK, 9%	26/96 1	Allmor	En MP
Salt	permit. Pag Department Important: I any Injury c		21. Signature of Baneral Service Licens	100/	22. No. 2700 Add	PMARU	FUNDEY	HOME	. P.A
	00 F 8 0		Xloot 11 Y	bres	270/FR	DHI DO	V PASS	BALT	m, 21229
			23a. Pagr. Emplithe disease or companion of heart failure. List only of	lications that caused the death. one cause on each line.	Do not enter the mode of dy	ng, such as cardiac o	r respiratory arres	r,	Approximete Interval Between
	Physician /Medical		tmmediere Ceuse (Finel						Onaet end Deeth
	Examiner		diseese or condition resulting in death)	. Sepsis.					5 days
		je.		e. Sepsis.  Due to (ore  Bacterial	s e consequence of):				3 days 4 months 3 years.
	outed ansit	Examiner	Sequentially list conditions	b. Due to for e	s a consequence of):	5			1 morning
0	e exection are land are	EX	Sequentielly list conditiona, if any, teeding to immediate cause. Enter Underlying Ceuse (Disease or injury	Anctor ins	sufficiency.				3 years.
68760,	tificate be executed g physician and as the burial-transit	edicai	thet initieted events reaulting in deeth) Last	C. Due to (or es	s e consequence of):				
	5 O 6	Me		d					
Box	eth c	Physician/M							
P.O.	y the d	ysi	Pert II. Other significant conditions co	ntributing to death but not resulting	ng In the underlying cause g	iven in Pert I.			ute to the cause of death?
	thet deta	by Pt	Ketrovival	Intection			1 🗆 Ye	2 0 No 3	Probably 4 Unknown
Records,	The lew requires that the death cer ate has been signed by the ettendin page 2 should be detached for use		11				24e. Wes en		b. Were autopsy findings
00	s bee	piet	Hypertensio	n.			perform	ad?	aveileble prior to completion of cause of death?
æ	sician: The lew certificate hes t lirector, page 2 s	Completed	Anemia				1 ☐ Yes	210No	1 ☐ Yes 2 ☐ No
Vital		Bec	25. Wes case referred to medical examiner?			26. Plece of Deeth	(Check only one	)	
of V	> 00	To	1 ☐ Yes 2 PNo	Hoapitel: 1 ☐ inpatient 2 ☐ EF	VOutpatient 3□ DOA Ot	her: 4 Nursing Ho	me 5 Residen	ce 8 Other (S)	pecify)
E C	g fe		27. Menner of Deeth 1 ☑ Netural 5 ☐ Pending	28e. Dete of injury (Month, Dey Year)	Bb. Time of thijury 28c. Inju		28d. Describe how	r injury occurred	
Division	or Attanding after death. Director: After I in by the fune	Certification:	2 Accident investigation 3 Suicide 8 Could not be	00- 01		Yes 2 No	oof Leasting (Chr.		D. m/ Do. to M. mb - c
S		ertif	4 Homicide determined	28e. Pleca of Injury - At home building, etc. (Specify)	e, rerm, street, rectory, office		City or Town,		Rural Route Number,
	within 2. hours after To the Funeral Dir completely filled In		29a. Certifier 1 Certifying Phy	sician: To the best of my knowle	dge, deeth occurred at the ti	ime, date end piece, e	end due to the cau	use(s) and manner	as atated.
3	Pe Fu	edicai	(Check only 2 Medicat Exam	iner: On the besis of exeminetion and menner steted.	end/or Investigetion, in my	opinion, deeth occurre	ed et the time, det	e end plece, and d	fue to the ceuse(s)
	Tor	×	29b. Signeture and title of cartifier		29c. Licen	ae number	290	d. Dete signed (Mo	onth, Dey, Year)
			Sur Ill	-MD	D3	8398		6/251	96
			30. Neme and address of person who c	ompleted cause of deeth (item 23	3e) (Type, Print)	.0 0	2	1 = 1	21287
			Joel Ga	Mant, MD	600 N-W	oifest (	omogie	L92, B	alto, 140212H
	Sta Registr		31. Dete filed (Month, Dey, Year)  JUN 2 8,	32. Registrar'a Signatur 1996 Julia David	son-Rondalle		-	,	

DHMH 16 Rav 6/95

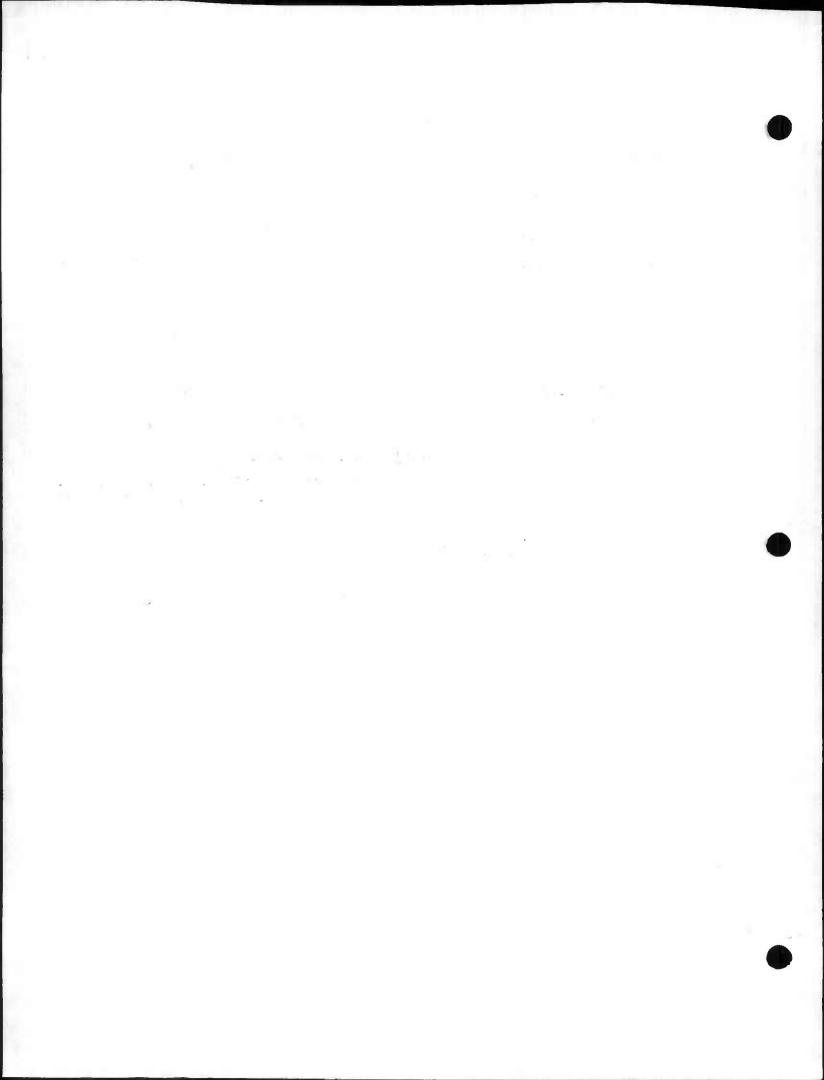


3	1
1	9
5	3
	ú
	j
ъ	É
9	1
87	9
9	-
×	-
0	4
8	4
-	4
0	1
σ.	the second second second second
	ij
S	
	4
F	Į,
X	-
1	
RECORDS	
	3
A	-
F	í
VITAL	1
li.	-
Ö	1
_	i
Z	1
VISION	-
S	i
5	
=	and the same of th

31. DATE FILED (Month, Dey, Year)
JUN 2, 81996

	FOR STATE REGISTRAR	STATE OF I			RTMENT				MEN.	TAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Jenn	ie Iren	lagh	er		2. DATE OF DEATH DAY YEAR JUNE 23. 1996				3. TIME OF DEATH  1:40 PM M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)					7. DATE OF BIRTH 8. BIRT			8. BIRTI	IPLACE (State or Foreign	
	225-20-3137	1 M 2X F	88	YRS.	MONTHS DAYS HOURS MIN.				(Month. Day. Year) Coun April 14,1908 Vi				.,	
-	9a. FACILITY NAME (If not institution, give st		9b. CITY,	TOWN (	OR LOCATI	ON OF DE			EATH					
F	Johns Hopkins Ho	spital	tal			Bal	timo	re C	city N/A					
DIRECTOR	10a. STATE 10b. COUNTY	,		ry, TOWH O	R LOCAT	TION						10d. INSIDE CITY		
급	Maryland	N/A	N/A					Bal	ltimore City				LIMITS?	
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE				10g. CITIZE			OF WHAT COUNTRY?	
岁	731 South Ellwood								212				ed States	
교	11. MARITAL STATUS  1 Never Married 2 Married		YES 2 X	NO	- 11	yes, sp	ectfy Cubi	ın, Mexica	n, Pua	iGiN? (Specify Yes rio Rican, etc.)	or No-	14. RAC Blac	E — American Indian, k, White, atc.	
BY	3 Wildowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1	_ YES	5 ( <b>¾</b> NO	Specify	<i>r</i> :			Spec	White	
8	15. DECEDENT'S EDUC (Specify only highest grade		18a. D	ECEDENT'S	USUAL OC	CUPATIO	ON ost of worki	na	T	16b. KIND OF BUS	SINESS/INC	USTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done dise retired.)									
MP	Unknown 17. FATHER'S NAME (First, Middle, Last)			Hom	emake	r					Home	2		
										len Boud				
BE	Wavland Ryland Bi	rzename		D. MAILING	G ADDRESS	(Street			_	lumber, City or Town	_	Code)		
유	Jack Luckhardt		4.00							id Edge			21219	
	20a. METHOD OF DISPOSITION	and toom State	20b. PLACE	AND DATE	OFDISPOSI				_	DATE 20c. LO			own, Stata	
	4 Donation 5 Other (Specify)		cemetery, cr Howes	ton!	s Bar					/26/96	How	erto	n. VA	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ND ADDRE				of D	nda	lk, Inc.	
	THE M	6			79	922	Wise	Ave		Dundalk	. Ma	rvla	nd 21222	
	23. PART I. Enter the diseases, or a shock, or heart fellure.	complications the	it caused tha duse on each lin	eath. Do	not enter	tha mo	oda of dy	ing, auc	h as	cardiac or respi	ratory an	reat,	Approximata interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	V	1 1		. 1	/							Onset and Death	
	resulting in death)	a. OSSV	OR AS A CONSE	CULENCE	IPI								14,	
_			VD	w101	5	107	Bal	0	K	PERTE	160	5	Luis	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	U	(OR AS A CONSE	OUENCE	PF:	0		_		1 17 ( 10		17		
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	c / day	Mys	Cgie	J R	he	eend	ee					5 p.	
E	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
병		d. / >		100	car								7-17	
AL	PART II. Other significant condition	e contributing to	death but not	resulting	in the un	deriyin	g cause	given in	Part	i. 24a. WAS AN PERFOR		241	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
MEDICA										1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?	
	DID TODACCO LICE CONT	DIDLITE TO CA	HEE OF DE	ATLL M	гс П а	10 [	7 11514	CEDTAL		,			1 TYES 2 NO	
AN	DID TOBACCO USE CONT	KIBUTE TO CA			TH (Check of			CERTAII	N L					
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHER 4   Num	t:	na 5 🗸 B	aaldanca	вП	Other (Snecth)				
H	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)  EXAMINER?  1 YES 2 NO 0 THE R:  1 Inpetient 2 EN/Outpetient 3 DOA 4 Norsing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 286. DATE OF INJURY (Month, Dey, Year)  (Month, Dey, Year)  280. TIME OF 183. INJURY WORK?													
BY F	1 Natural 5 Pending 2 Accident Investigation	(Monas, 1	Jay, Ibary		M		YES 2	NO						
ED E	28s PLACE OF INJURY — At home form street factory office 28t LOCATION (Count and Number of Device Number								Route Number,					
L														
COMPL	(Check only												a) and manner as stated.	
H	29b. SIGNATURE AND PITLE OF CERTIFIE	R	Va	3			29c. LIC	ENSE NUI	MBER	/	29d. DAT	E SIGNE	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WH				e, Print)		Y					-	~ / - / 6	
	T. A. HAO	w1 2	1236	· Ry	un .	1200	47	ac,	0	2/2-2	-1			

32 REGISTRAN'S SIGNATURE
Julia Davidson-Amble



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death illie **Physician** hine 2:10PM 1996 24 /Medical 4b. City, Town, or Landtion of Death 4a. Fecility Nema (If not institution, give street and number, 4c. County of Death **Examiner** North Arundel Hospital Glen Burnie Anne Arundel 5. Sociel Security Number 6. Sax 7. Age (In yrs. last birthdey) if Undar 1 Yaer If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** 1 □ M 2 1 F Months Days Hours 579-32-3034 80 Director Maryland Sept. 2,1915 Usual Rasidance of Dacedeni the Maryland 10b. County 10c. City. Town or Location 10d. insida City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Maryland Anne Arundel Severn 1 ☐ Yas 2 ☒ No Director 10e, Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? filed within 72 hours after deeth with 1810 Cedar Drive 21144 United States 14. Race - Amaricen Indian, 11. Marital Stetus 12. Wes Decedant Evar in U.S. Was Decedant of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puarto Rican, etc.) Black, White, atc. 1 Yas 2 No If Yes, Giva Yaar or Datas: 1 Nevar Married 2 Merrled Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: White þ 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry I Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) permit. Pages 1 and 2 should be filled with Department of Health and Mental hygient important: If flem 27 is marked other that any Injury or other trauments. Retail Horticulturalist 8 17. Fathar's Nama (First, Middle, Last) 18, Mothar's Nama (First, Middle, Maldan Sumama) Be John Smith Ruby Lavenia Janish 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Betty Rau/ Daughter 8249 Riviera Drive, Severn, Maryland 21144 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20a. Mathod of Disposition June 28, 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Removel from Stata Meadowridge Mem. Pk., 1996 Elkridge, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Euneral Service Licensee 22. Nama and Addrass of Fecility Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E., Glen Burnie, MD 21061 23a. Pert1. Entar the disease, or complications that caused the deeth. Do not enter tha moda of dying, such as cardiac or respiratory errast, shock, or haart failura. List only one causa on each line. Intarval Betwaen Onset end Death **Physician** /Medical Immediate Ceuse (Final Oyears sema disaasa or condition rasulting in deeth) Examiner Examiner attending physician and for use as the burial-transit that the death certificate be executed Sequentially list conditions, if any, laading to immediata causa. Entar Undarfying Cause (Disaesa or Injury that initieted events Dua to (or as a consequence of): Box 68760. Physician/Medical that initieted events rasulting in death) Last Dua to (or es e consequance of): P.O. 1 been signed by the s should be deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. þ 24b. Were autopsy findings available prior to 24a. Was en eutopsy performed? Completed completion of cause of daeth? page 2 1 Yes 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital Hospital or Attending Physician: 24 hours efter death. 25. Wes casa rafarred to medical 8 26. Place of Death (Check only ona) axaminar? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 2 this the funeral 27, Menner of Death 1 Naturel 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: After 5 Panding invastigation 1 ☐ Yas 2 ☐ No I Director: / 2 Accident 6 Could not be datarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, fectory, office building, atc. (Specify) 4 Homicide To the Hospital within 24 hours of To the Funeral Completely filled Medical 29a. Certifier 1 Certifying Physician: To tha best of my knowledge, daath occurred at tha time, date and place, and due to the causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29b. Signeture end titla of 29c. Licanse number 29d. Date signed (Month, Day, Year)

eleted causa of death (Itam 23a) (Type, Print)

Strais Signetura

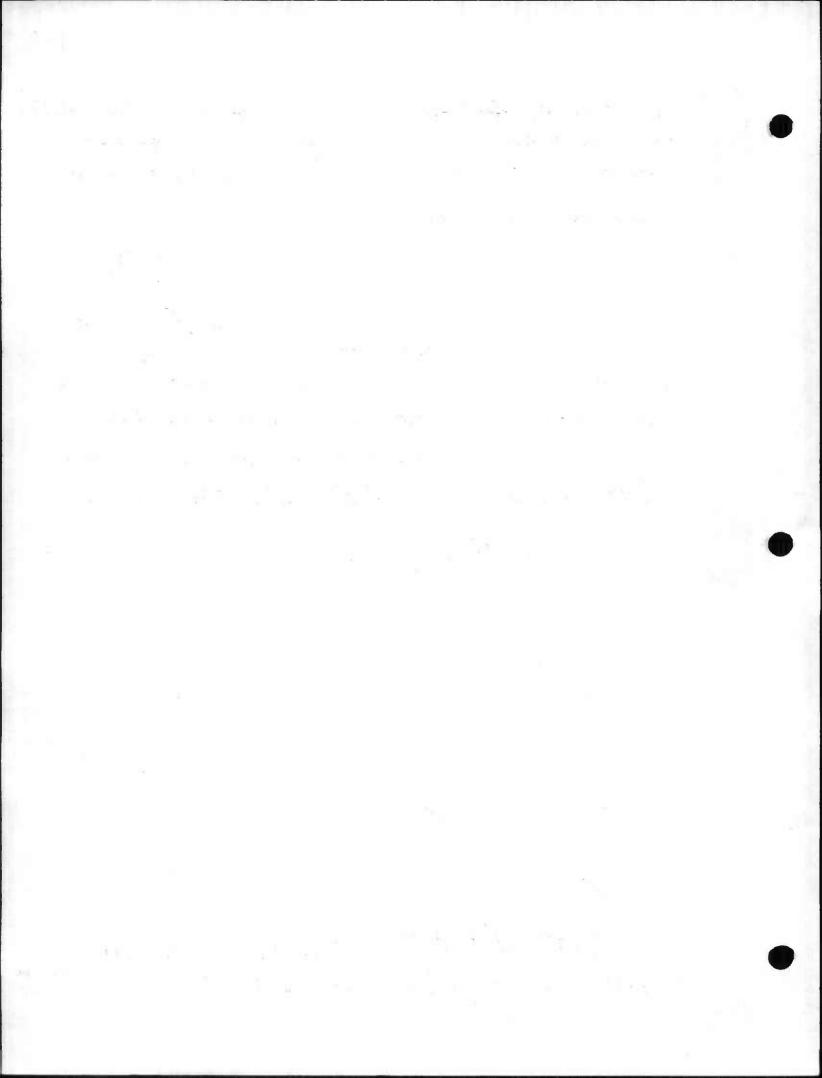
Gorbat

32. Regis

31. Data filed (Month, Day, Year)

M.D.7845 Oaknood Road Glen Burnie 21061

State Registrar



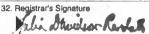
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Death Physician CHARLES GORMAN, JUNE 1996 20 /Medical 4a. Facility Name (If not Institution, give streat end number, 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Northwest Hospital Center Randallstown Baltimore If Under 1 Yaar Months Deys If Under 24 Hrs. 6. Date of Birth (Month, Day, Year) 12/29/1917 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpiace (State or Foraign Country) **Funeral** 1 M 20 F Hours **Director** 213-09-4636 78 Maryland Usual Rasidence of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is merked other than "natural", or items 23s or 28s-f shor traumatic event, the Medical Expriser must be notified at 1 ☐ Yas 2 ☑ No Directo MD. Baltimore Catonsville 10e. Streat end Number 10f. Zip Code permit. Pegas 1 and 2 should be filed within 72 hours aftar death with a Department of Health and Mental Hygiene. Important: If frem 27 is merked other than "natures" any injury or other traumatic averages. 10g. Citizen of What Country? 526 Forest Lane 21228 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 11. Meritel Stetus Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Marriad 20 Marriad 1 TYas 2 No If Yes, Giva Yeer or Datas: 1 ☐ Yas 2 No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highest grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 12 Clerk Postal Service 17. Fathar's Name (First, Middle, Last) 16. Mothar's Nama (First, Middle, Meidan Sumeme) Mary Charles Joseph Gorman, Sr. O'Connell 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Frances Cobb Gorman/Wife 526 Forest Lane, Catonsville, MD. 21228 20b. Placa of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 DrBurial 2 □ Crametion 3 □ Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Louden Park Cemetery 6/24/96 Baltimore, MD. 22. Nama and Address of Facility Sterling Ashton Funeral Home, 736 Edmondson Ave. Balto. MD. 23a. Pert1. Entar the disaesa, or complications that caused tha deeth. Do not entar the mode of dying, such es cardiac or raspiratory arrest, shock, or haart failura. List only ona causa on each lina. Approximete Intarval Between Onset and Death **Physician** ACUTE MYOCARDIAL INFARCTION Immediata Causa (Final disease or condition rasulting in daath) /Medical 10 HOURS Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disaasa or injury that Initiated evants rasulting in death) Lest Dua to (or as a consequanca of): ARTERIOSLEROTIC VASCULAR DISEASE P.O. Box 68760 Physician/Medical 88 ate has been signed by the ettending I page 2 should be datached for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? MYOCARDIAL INFARCTION 3 Probably 4 ☐ Unknown 1 Yes 2 No Division of Vital Records, þ CHRONIC OBSTRUCTIVE LUNG DISEASE 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed CEREBROVASCULAR ACCIDENT certificate 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours efter death. Funeral Director: Attar this certifica 25. Was casa referred to medical axaminer?

1 ☐ Yas 2 ☑ No 26. Piaca of Death (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) P funaral 28a. Data of Injury (Month, Day Year) Certification: 27. Mannar of Death 26b. Time of 28c. Injury at 26d. Describe how injury occurred 5 Panding Invastigation Natural 2 Accident 1 ☐ Yas 2 ☐ No 6 Could not be datarmined within 24 hours effer dea within 24 hours effer dea To the Funeral Director completely filled in by th 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, death occurred at tha tima, dete end plece, and due to the cause(s) and mannar as stated.

Medicat Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29e. Certifier Medical (Check only one) 29b. Signature and titla of certification 29c. Licansa number 29d. Data signed (Month, Day, Year) wel MD 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) NORTHWEST HOSPITAL CENTER DEPESTRE RAYNOLD

Registrar

31. Dete filed (Month, Day, Year)



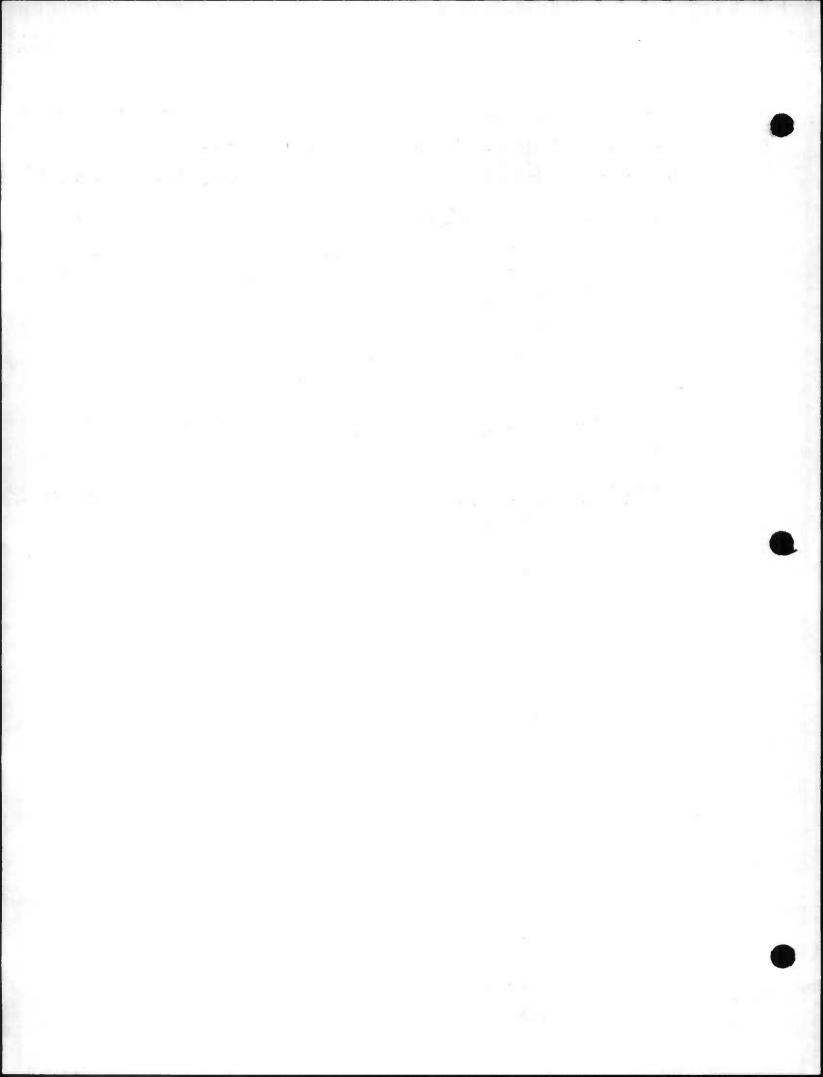
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** -96 -ewis 4a. Facility Name (If not institution, giva street and number) 25 1:00am /Medical 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Randalls town Baltimore if Under 24 Hrs. 8. Data of Birth Senesis

5. Social Security Number Eldercare 9. Birthplaca (State or Foreign Country) 7. Age (In yrs. last birthday) 6. Sax **Funeral** 10M 2□ F Days Hours Min. 218-28-335 Usual Residenca of Decedant Yrs. Director 06-16-32 filed within 72 hours after death with the Maryland 10a Stata 10h. Count 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Modical Examinat must be notified at 1 Yas 2 No Director NA Himore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21216 Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 1 Yes 2 1 No 4-7-51 If Yea, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, atc. 11. Marital Status 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2☑ No Specify: þ Black 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry nit. Pages 1 and 2 should be filled within artment of Health end Mentel Hyglene. ortent: If Itam 27 is marked other than Injury or other traumatic event, the Me Elementary/Secondary (0-12) College (1-4or 5+) 12th ande 4415 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Lewis M. 2 GWYDD 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Istun 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 6-28-9 4 Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Wabash Avenue Balto Mid 2/2/5 Pert1. Enter the disease, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediate Cause (Final diseasa or condition resulting in deeth) Examiner Examiner end -transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of): physician e s the burial-Physician/Medical Dua to (or as a consequenca of): 89 950 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. s certificate has been signed by the a director, page 2 should be detached 23b. Did tobacco use contribute to the cause of death? Hverenne 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? After this certificate hes doro C shic 2 ENO 1 ☐ Yes 2 ☐ No 1 Yas Division of Vital Hospital or Attending Physician: 25. Was case referred to medical examinar? Be 26. Place of Death (Check only one) Othar: 4 Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 2 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. injury at Work? 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Tima of 28d. Describe how Injury occurred Certification: 5 Pending investigation 1 DNatural after death. 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicide 6 Could not be Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of injury - At home, farm, streat, factory, office building, etc. (Specify) completely filled in by 4 - Homicide 24 hours 1 certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical Medical Examiner: On the besis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the T 29b. Signature and title of certifler 29d. Date signed (Month, Day, Year) 29c. Licanse number aluda 30 30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) road Kelnill 2 31. Date filed (Month, Day, Year) 32. Registrar's Signature
Fulla Davidson-Pandesse State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Day 25 1996 Hazelwood June 2:50 m Lois 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Stella Maris TOWSON BALTIMORE If Undar 1 Yaar If Undar 24 Hrs.
Months Davs Hours Min. 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) Hours 1□ M 2□ F Yrs 82 Feb. 26, 1914 WEST VIRGINIA Usual Rasidance of Dacedant 10b. County 10c. City, Town or Location 10d. fnsida City Limits BALTIMORE X□ Yas 2□ No 10f. Zip Coda 10g. Citizan of What Country? 2909 Fallstaff Rd. Apt. 33 21209 USA 12. Was Decedant Evar In U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ☒ No If Yes, Giva Yaar or Datas: 1 Navar Married 2 Married 1 Yas 2 NX Specify: Specify: WHITE 3 Nidowed 4 Divorced 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) n/a Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Matthew Albert Allison Emma Jane Bloefeld 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Brenda Mitchell 420 Kosoak Rd. Balto., MD 21220 20b. Place of Disposition (Nama of cematary, crematory or other place) Data 20c. Location - City or Town, State 1 Burlal 2 Cramation 3 Ramoval from State Dulaney Valley Mem. Gardens JUNE Timonium, MD 4 ☐ Donation 5, ☐ Other (Specify) 21. Signatura of Funeral Service Licenses 22. Nama and Address of Facility Lemmon Funeral Home of Dulaney Valley, Inc. Bryan W. Clary 10 W. Padonia Rd., Timonium, MD 21093 23a. Part1. Enter the disease or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Approximata Intarval Between Onset and Death Cerebrovascular Accident Dua to (or as a consequance of): Congestive Heart Failure Dua to (or as a consequence of) Dua to (or as a consaquanca of): Part II. Other afgnificant conditions contributing to death but not rasulting in the underlying cause given in Part f. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 20 No 25. Was casa rafarred to medicel axaminar? 26. Placa of Death (Check only ona) Other: Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Dispations 2 ER/Outpatient 3 DOA 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 Yas 2 No 6 Could not be Place of fnjury - At homa, farm, streat, factory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) Certifying Physician To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29c. License number 55 4 29b. Signatura and titla of certifian 29d. Data signed (Month, Day, Year) 6.25.96

Peges 1 end 2 should be filed within 72 hours after death with to nent of Heelth and Mental Hyglene.

ant: If Item 27 Is marked other than "naturel", or Items 23a or ! Baltimore, Maryland 21215-0020 permit. Peges Department of Important: If It any injury or o any fr **Physiclan** /Medical Examiner physician and s the burial-transit The law requires that the death certificete be executed Division of Vital Records, P.O. Box 68760 attending p ed by the detached signed by t bloods page 2 s certificate Hospital or Attending Physician: director, this funeral After death. Director: / To the Hospital or within 24 hours efter To the Funeral Direcompletely filled in b

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

r than "naturel", or items 23s or 28s-f show the Medical Example mant be notified at

naturel', or

Director

Funeral

þ

Completed

Be

2

Examiner

Physician/Medical

þ

Completed

8

2

Certification:

edical

the Meryland

Eva

5. Social Sacurity Number

236-36-0713

10a. Stata

MARYLAND

11. Marital Status

10e. Street and Number

20a. Mathod of Disposition

Immadiata Causa (Final disaasa or condition rasulting in daath)

Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last

1 Yas 2 No

27. Mannar of Death

1 Natural 2 Accidant

3 Sulcida

29a, Certiflan

4 I Homicida

State Registrar

Eddie Nakhuda, M.D.31. Data fillad (Month, Day, Year) 32. Registrar's Signatura

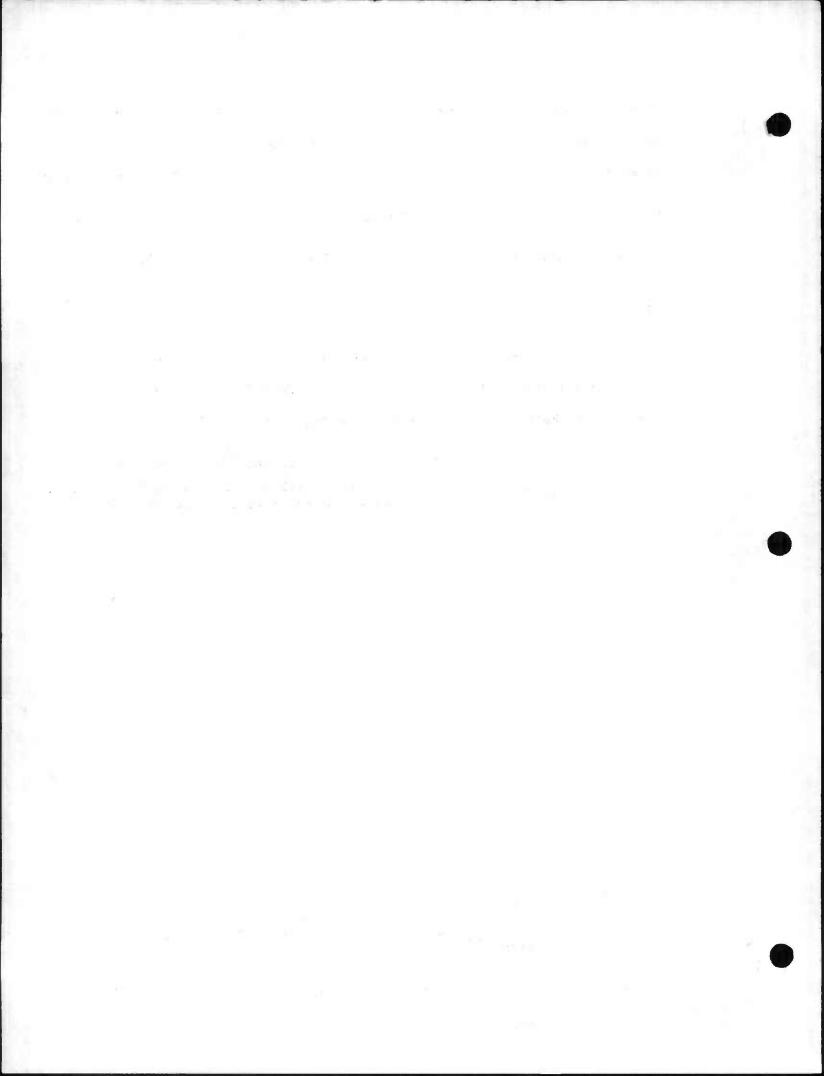
30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

2300 Dulaney Valley Rd

Towson, Md. 21204

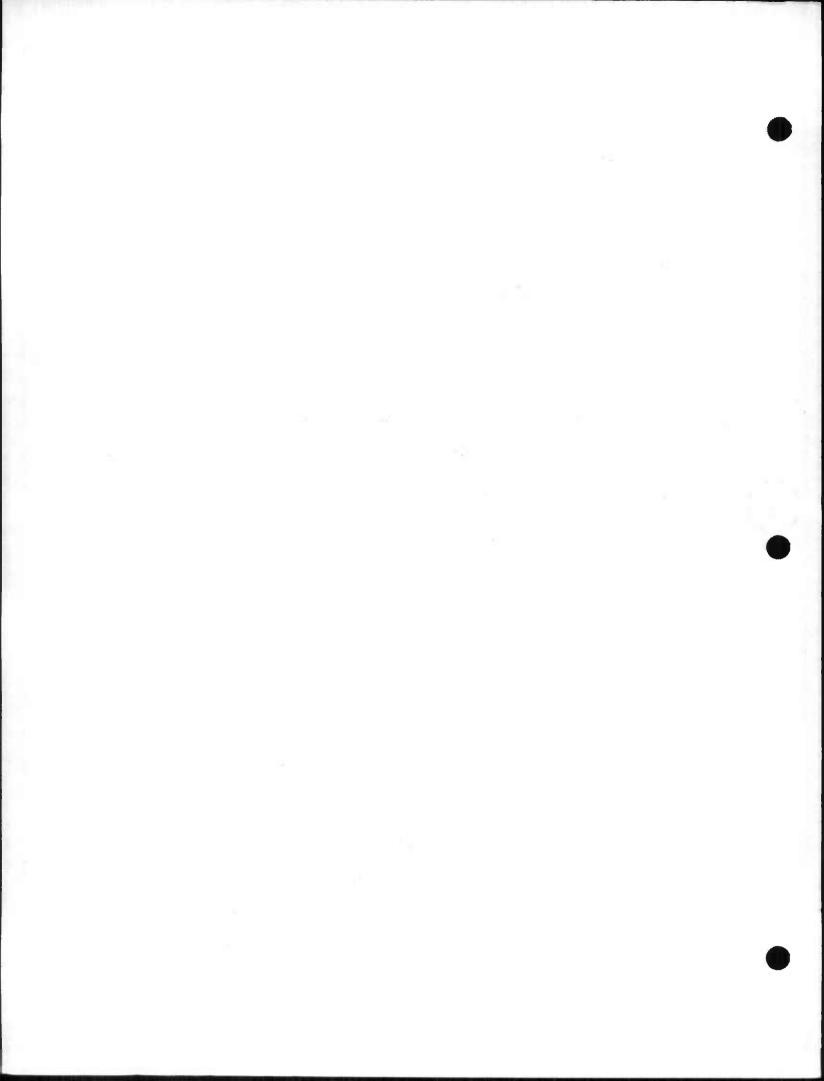
111N 2 8 1996

Andia Davidson



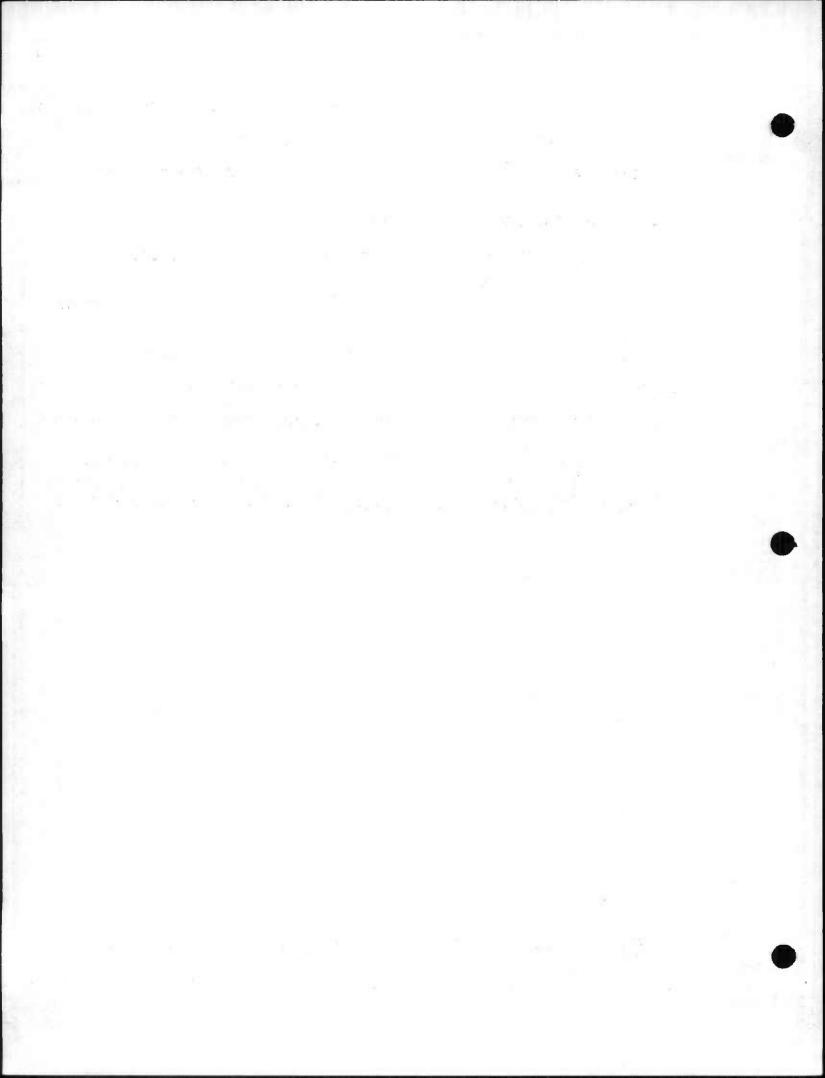
own. Page 6 may be retained by the hosp	in meral director, page 5 should be detached	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years and down. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparison many after death with the State Dept. of Health and Mental Hygiene prior to burial, crammation, or among	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		DEPART						YGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH 3. TIME OF DEATH										
	PATRICIA	KREBS			- 1	June	24, 1996			3:30 A. M				
	4. SOCIAL SECURITY HUMBER		t birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH			8. BIRTH	IPLACE (State or Foreign		
	213-36-3365  9a. FACILITY HAME (If not institution, give si		22 30						August	16, 1		Ma	Maryland	
TOR	Saint Joseph Med				son	J. O. D.		9c. COUNTY OF DEATH Baltimore						
S C	10a. STATE 10b. COUHTY		10c. CITY	, TOWN	OR LOCAT	TION						10d. IHSIDE CITY		
DIR.		timore										1 YES 2 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 8619 Valleyfield				101	ZIP CODE	E 2109	3		10g. CIT		S.A.		
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	t2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	1 YES 2 NO If yes, specify Cuban, Maxica						, Puerto Rica		or No—	Black	RACE — American Indian, Bleck, White, atc. Specify: White	
	15. DECEDENT'S EDU	CATION	18a DE	CEDEHT'S L	ISUAL O	CCUPATIO	ON		I 16h KII	NO OF BU	SINESS/IN	DUSTRY	WILL LE	
	(Specify only highest grade	completed)	(G	ive kind of wi Do NOT use	ork done	during mo	st of workin	g	100. Kil	TO OF BO	3114E33/1141	DOSINI		
COMPLETED	Elementary/Secondary (0-12)	4 years	Co	mpute	er P	rogr	amer			Uti1	itie	.s		
S	17. FATHER'S HAME (First, Middle, Last)								ME (First, Midd					
BE		rebs	_					gela		_		'eino	ur	
2	19a. IHFORMANT'S NAME (Type/Print) Philip Hickman								Oute Number,				wland 21003	
											own. State			
	20s. METHOD OF DISPOSITION  1  Buriat 2  Cremation 3  Ramoval from Stata  4  Donation 5  Other (Specify)											arvland		
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY												and y section	
	Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryl											v1 and 21212		
	23. PART I. Enter the diseased or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Asthma									Approximata Interval Between Onset and Danth 10 years				
	DUE TO (OR AS A CONSEQUENCE OF):													
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A COHSEQUENCE OF):  DUE TO (OR AS A COHSEQUENCE OF):														
CEF	d.													
AL	PERFORMED? AMAILAB COMPLE											o. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN   S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 Inpution 2 X ER/Outpution 3 DOA 4 Hursing Home 5 Residence 8 Other (Specify)  27. MANHER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 12c. INJURY AT WORK?  28b. INJURY AT WORK?								1			t X YES 2 - NO			
SIC	EXAMIHER?  1 XYES 2 NO	HOSPITAL: 1 Inpatient 2X ER/Outp	etlent 3	DOA	OTHE		ne 5 🗆 Re	sidence	8 Other /S	pecifyl				
	27. MANHER OF DEATH  1 X Hetural 5 Pending Investigation	28a. DATE OF IHJURY (Month, Day, Year)	JURY 28b. TIME OF 28c. INJURY AT						28d. DESCRIBE HOW IHJURY OCCURED					
red BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Spec	- At homa, tarm, street, factory, office						28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check ant)  1 CERTIFYING PHYSICIAH: To the best of my knowledge that occurred at the time, data and place, and due to the cause(a) and manner as attend.  X MEDICAL EXAMINEE. On the basis of summination smillors are street.													
00			n amiliar	eligation	Іп ту	opinion, c	feath occur	red at the	time, data an	d placa, ar	nd dua to t	the cause(	a) and manner as stated.	
BE	294. DATE SIGHED (Month, Day, Year)													
0	30. HAME AHD ADDRESS OF PERSOH WH	prese	M	dill	6	_	D-0	9383 June 24, 1996					24, 1996	
	Charles F. O'Don					H: 11	Ros	d B	altimo	ore	Marri	hael	21210	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN.		. Hall	LCL	****	. NOd	u D	CAT L'THIK	ne,	riat y	Tanu	21210	



## Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate	e of	Death		Reg.	No.			
П	Dhuaia		1. Decedent's Neme (First, Middle, La	st)				- 11		2. Dete of D		Day	Yaer	3. Time of Death	
	Physic /Medi		RACHEL			H	jams	JUNE	18	,1996	)	1:10 PM			
	Exami		4a. Facility Neme (If not institution, given	ra street and number				4b. City, Town, or	Location of Dea	th	4c. County of Deeth				
			ANNE ARUNDEL E	HOSPITAL					ANNAPOL			ANNE	ARUN	DEL	
	Funeral Director		119-18-0234	Sex 7. A	ge (In yrs. last t	oirthday) Yrs.	If Undar Months	1 Yaar Days			irth Pay, Ye	07	9. Birthple Country IEW Y	ce (Steta or Foreign ORK	
	Pu .		Usual Residence of Decedant  10a, Stata 10b, County		10c. City, To	um or Lo	cation				140	10111100000			
	ith with the Marylan 23a or 28a-f show ust be notified at	5	112.00	NINIDET.									100	d. Insida City Limits 1 ☑ Yas 2 ☐ No	
	he N	Director	MD. ANNE AI	KONDEL	ANNA	POL.		0.1						23	
	with o	ក់		2020	2.7		10f. Zip				_	Citizen of W		y?	
	99th	erai	800 BESTGATE I	ROAD #1:		12 1	214			Sandhi Van as A			- Americar	ladies	
21215-0020	s 1 and 2 should be filed within 72 hours after deeth with the Maryland Health and Mental Hygiene. I thealth and Mental Hygiene. I the marked other than "natural", or ferma 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	1 □ Navar Married 2 □ Married 3 Å Widowed 4 □ Divorced	Armed Forces  1 ☐ Yas 24☐  If Yes, Give  Yaar or Datas:	? No				Hispanic Origin? (Span, Maxicen, Puar Specify:	to Rican, etc.)		Blac	k, White, at		
2-0	natural',	etec	15. Decedent's E (Specify only highest gro	ducetion	16	a. Deced	ent's Usual	l Occu	pation during most of wa	drina	16b	. Kind of Bu	slness/Indu	stry	
21	within ene.	Completed	Elemantery/Secondery (0-12)	College (1-4or		lifa. L	OO NOT use	e retire	ed)	g					
	filed with Hygiene. ther ther ent, the	Co	12			BOO	KKEEI	PEF		Was Service		RIVAT			
Maryland	should be filed nd Mental Hygi marked other imatic event, I	To Be	17. Fethar's Nama (First, Middle, Last ISAAC LEVY	)	18. Mother's Name (First, Middle, Meiden Sun JENNY MASHEFSKY							mema)			
	1 and 2 sho Health and I em 27 is me ther traums		19a. Informant's Neme/Reletionship (ROZ MORROW/ DA						t end Number or Re						
altimore,			20e. Method of Disposition  1 □ Burial 2 □ Crametion	10/	20b. Plece	of Dispos	sition (Nem	a of har pla	ice)	Deta	20c	Location -	City or Tow	n, State	
Ĕ	mit. Page antment: ordant: If Injury or			4 □ Donetion 5 □ Other (Special	y)		CRE	ST CH	EME	TERY	6/20	A	RNOLI	, MD	) .
alt	mit. ponts y Inji		21. Signature of Funeral Server Lice	1540		22	Nama and	d Addr	ess of Fecility T	WES-DE	ZAR	SON F	TINER	AL HOME	
0	25128	-	Tour V	(Vom	4	4	72 N.	- Tv	ASH. ST					A 22046	
68760,	Wedicate be executed gramming physician and as the burial-transit	cal Examiner	Immediate Ceuse (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events	o. Infecte  b. Sul c	Due to (or es a	e conseq	uence of):	ion	accesp lendoc	ine E	pa	raple	grá	3 wak	
Box	ath cartiff attending for use as	Physician/Medical	Part If. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.					ausa ni	given in Pert I. 23b. Dfd tobacco use contribu					he cause of death?	
P.0	that the dended by the a									1 Yes 2 No 3 Probably 4 U					
Records,	quires t n signe uld be	d by	osteo porosu							24e. We			24b. Were	24b. Were autopsy findings	
00	w require s been si should t	Completed	hypertension multiinfact dementia							per	iormed	7	avaliable prior to completion of ceuse		
æ	he lav e has age 2	E	multimegrat domentia								1 Van	No No	of death?		
Vita		Be C	25. Was cese raferred to medical	26 Place of De	1 Yes 2 No 1 Yas 2 No 26. Piece of Deeth (Check only one)				143 20110						
<u> </u>		To B	exeminer?	Hospital:	ant 2 ER/C	Outnation	3 DO	A Ot	hor	loma 5 ☐ Ras		B □Othe	er (Specify)		
on of	Ing After		27. Mennar of Death  1 Netural 5 Pending Investigation	28a. Dete of fnji (Month, De	ury 28b	. Tima of Injury		Bc. fnju		28d. Describe					
Division	f or Attending after death. Director: After d in by the fune	Certification:	2 Suiside 8 Could not be	e 28e. Piece of In	28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Spacify)					28f. Location City or To	28f. Location (Street and Number or Rural Route Number, City or Town, Stete)				
	To the Hospital or Within 24 hours after To the Funeral Dir completely filled In	edical C	29e. Certifier (Check only one) 1 Certifying Ph	ysician: To the best niner: On the basis of end manner st	of examinetion e	ge, deeth and/or inv	occurred e	t the ti	lme, dete and plece opinion, deeth occu	e, end dua to the urred at the time	e ceuse	e(s) and ma end place, a	nner as stat	ted. he cause(s)	
(	To the	Me	29b. Signatura and titla of certifier  29c. Licensa number  29c. Licensa number  29c. Licensa number								29d. Data signed (Month, Day, Year) 678-96 31 Annapollus MO:				
	7/		30. Name and address of parson who		deeth (Item 23e	) (Type, f	Print)	- 1			A	0	1	,	
	Sta		Elaine M A rata 31. Dete filed (Month, Day, Year)	MO 6		dge	ly A	100	Suite	131	An	napo	il is.	MO2189	
	Registi	ar	JUN 2 8 199	16 Juna	~~~{d\30/~~{	Laston	مادان								



#### Please Type

Sta

e or Print in Black Indelible Ink. Assure All Copies Are Legible.  ate of Maryland / Department of Health and Mental Hygiene	10100
ate of Maryland / Department of Health and Mental Hygiene	19198
Certificate of Death Reg. No.	

Physician
/Medical
Examiner
Examine

Mary Catherine

1. Decedant's Nema (First, Middle, Last)

2. Date of Death June 22, 3. Time of Death 12:00noon

10d. inside City Limits

Approximeta Interval Batween Onset and Death

1 ☐ Yas 2 X No

**Funeral** Director

Directo

the Merylend 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examiner must be notified at permit. Peges 1 and 2 should be filed within 72 hours efter death with I Department of Health and Mantel Hyglene.
Important: If item 27 is marked other than "natural", or items 23a or 3 any hiury or other traumatic event, I'm Modell Exertise market. any Ir

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

ettending physician and for use es the burial-transit Hospital or Attending Physician: The law requires that the deeth certificate be executed Division of Vital Records, P.O. Box 68760, ed by the e signed by t should l s certificate has b director, page 2 s director Be Certification: To this funeral Affer deeth. Director: / n 24 hours after dec ne Funeral Directo pletely filled in by th

1996 Yaar Hodges 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Lorien at Riverside Nursing Home Belcamp Harford If Undar 1 Yaer If Undar 24 Hrs. Months Days Hours Min. 5. Sociei Security Number 8. Data of Birth (Month, Day, Yea Birthpiaca (Stata or Foraign Country) 7. Aga (In yrs. last birthday) 1□M 21 F Days 212-22-3169-A 89 Yrs. Oct. 16, 1906 Balto.City, Md. Usual Rasidance of Dacedant 10a Stata 10b. County 10c. City, Town or Location Maryland | Harford BelAir 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 306 Idlewild Road 21014 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, 11 Maritel Status Black, Whita, etc. 1 ☐ Yas 2 🔯 No If Yas, Giva Yeer or Datas: 1 Naver Married 2 Married 1 Yas 2 No Specify: by 3 ☑ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) 7th. College (1-4or 5+) Cashier A & P Food Mkts. 17. Fether's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Melden Sumama) Be George Hutson Catherine Bloom 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) Marlene C. Marr (Daughter) 306 Idlewild Rd. BelAir, Md. 21014 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Method of Disposition Deta 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Spacify) Loudon Park Cem. June 25,1996 Baltimore, Maryland 21. Signature of Funarai Service Lieu 22. Name end Address of Fecility E. F. Lassahn Funeral Home as 11750 Belair Road Kingsville, Md. 21087 23a. Pert1. Entar tha disease, or complications that caused the daeth. Do not antar tha moda of dying, such es cardiec or raspiretory arrast, shock, or haart failure. List only ona causa on aach lina. Immediata Cause (Final diseasa or condition rasulting In death) or as a consequence of) Examiner Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Disease or Injury that initiated events rasulting in deeth) Last Due to (or es a consequance of) Physician/Medical Due to (or es e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown by 24a. Was an autopsy performed? Completed 1 Yas 2 0 No

24b. Wara autopsy findings available prior to complation of causa of death? 1 🗌 Yas 25. Was case rafarred to medical examinar? 26. Pieca of Daath (Check only ona) 20 No Hospitel: Other: Sursing Home 5 Residence 6 Other (Specify) 1 Yes 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of injury 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Naturei 5 Pending Invastigation 2 ☐ Accident 1 ☐ Yas 2 ☐ No 6 Could not be datermined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

4 Homicida 29a. Cartifian

edical

State

Registrar

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and menner as stated 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the

nd/or investigetion, in my opinion, death occurred at the time, date end place, and due to the cause(s)

(Check only one) 29b. Signature and title of sertifier

29c. Licansa number

29d. Data signed (Month, Day, Year)

30. Nama and addrass of person who domplated causa of death (Itam 23a) (Type, Print)

MONI

Luck 0

31. Data filed (Month, Day, Year)

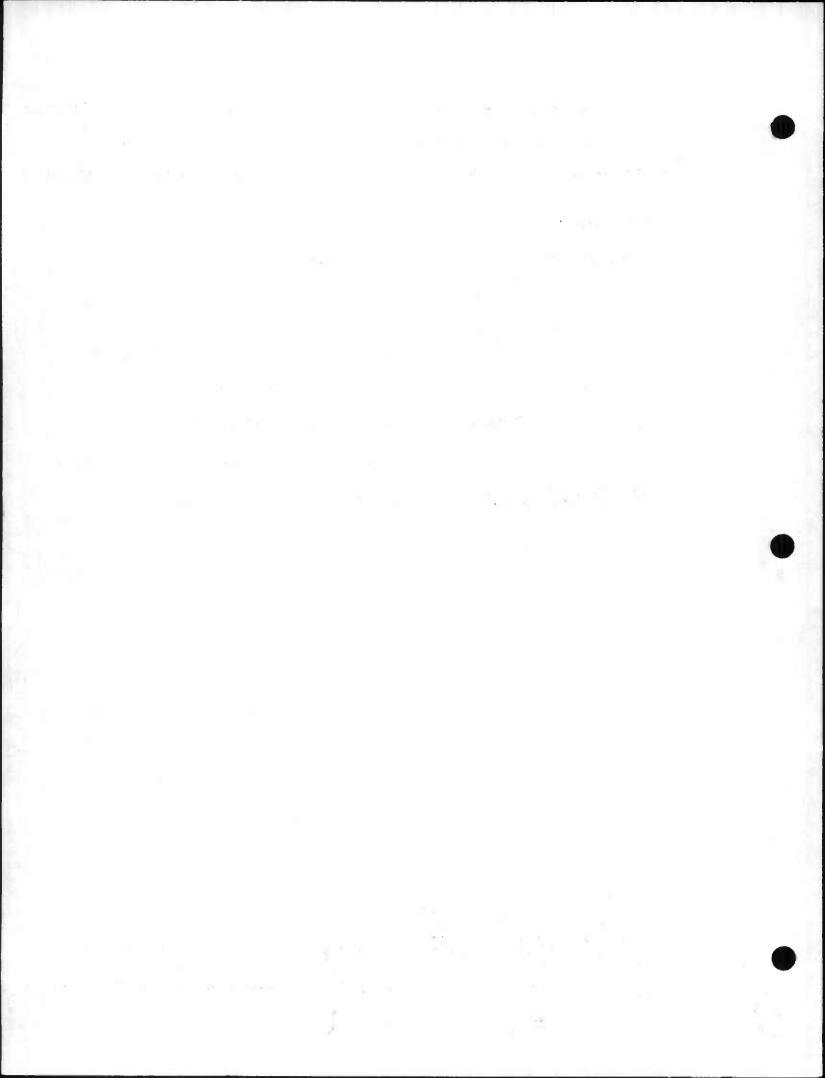
JUN 2 8 1996

32 Registrar's Signatura wa Lavidson

DHMH 16 Rev 6/95

within 2 To the the th

0



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 19199

				Certif	icate of	Death		eg. No.	
Physicia		1. Decedent's Nama (First, Middle, Last	)		HAM PT	ER	2. Date of Deet Month		3. Time of Death
/Medic Examin		4a. Fecility Nema (If not Institution, give	11 .1	20://	HAVITO		Location of Death	4c. County of I	9 11
Funeral Director		5. Social Security Number 6. Sa	x 7. Age (In yrs		Under 1 Yaar onths Days			Year) 9.	Birthplace (Stata or Foralge Country)
how		10e. State 10b. County	10c. C	ity, Town or Location	on				10d. inside City Limit
or 28a-f ahow be notified at	ecto	MD NA		BAMI	more	2			177Yes 2□N
23a or	ral Dir	1529 Pentridg	e Rd.		10f. Zip Code 2/	239	11	Og. Citizen of Wha	t Country?
natural, or flems 23a or 28a-f ahow adical Examiner must be notified at	by Funeral Director	11. Mentel Stetus  1 Nevar Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedent Evar in U Armed Forcas? 1 Yes 2 Ho If Yes, Give Yaar or Detes:	if Ya	Decedent of les, specify Cub		Specify Yes or No- rto Rican, etc.)		Amarican Indian, White, etc. Black
	leted	15. Decedent's Edu (Specify only highast grad	ication la completed)	16a. Decedent	of work dona	during most of wo	orking	16b. Kind of Busin	ess/industry
il Hygiene. other than vent, tre Me	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)		NOT use retire	Ker		OWIL	Home
and Mental His marked off	To Be	17. Father's Name (First, Middle, Last)  Albert Juc	CKSON			5ara	me (First, Middle, N	Alden Sumeme)	
Health and om 27 is me ther traum		19a. Informent'a Neme/Relationship (T)  F-1185T Jacks	ope, Print) on -another	19b. Melling A	ddress (Stree	and Number or F	ATTimore,	City or Town, Ste	te, Zip Code)
20		20a. Method of Disposition  1 Burial 2 Cremation 3 F  4 Donation 5 Other (Specify)	20b.	Piece of Dispositio cematery, cremato	on (Neme of ony or other ple	ice)	Date	Lansdo	
Department of important: If any injury or once.		21. Signature of Funerel Sarvice Licens		22. Na	ama and Addr	ass of Facility	7316		N. Gilmor S
1		23a. Pert1. Entar tha diseese, or compl shock, or heart fellure. List only or	me-	- Alb	ent P.	wyLie	TH PA	?	21217 Approximete
hysician /Medical xaminer	ner	Immediate Cause (Final disaasa or condition resulting in deeth)	INTRAC	RANIAL for as e consequan	BUE				Interval Between Onset end Death
	lical Examiner	Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disease or Injury thet initiated evants resulting in death) Last	c	or as a consequence					
	Physician/Medical		d						
the atte	sicia	Pert II. Other significant conditions cor	ntributing to death but not res	sulting in the under	tying cause gi	ven in Pert I.	23b. Did to	bacco use contril	oute to the cause of dea
signed by the attendir d be detached for use	by Phy						1 🗆 Ye	98 2□No 3[	Probably 4 Unknown
2 shoul	Completed						24e. Wes er perform		4b. Were autopsy finding evaileble prior to completion of cause of deeth?
							1 ☐ Ye	s 20No	1 Yas 2 No
this certific	To Be	25. Wes casa refarred to medical axaminer?	lospital:	BR/Outpatient 3	BD DOA ON	har	eath (Check only one Homa 5 - Reside		044
fler th		27. Mannar of Death 1 Natural 5 Panding 2 Accident investigation	28a. Dete of injury (Month, Dey Year)	28b. Time of Injury	28c. inju Wo		28d. Describe ho		эр <del>в</del> спу)
within 24 hours after death.  To the Funeral Director: After completely filled in by the funeral process.	Certification:	3 Suicide 8 Could not be determined	28e. Pleca of Injury - At h building, etc. (Special	nome, ferm, street,			28f. Location (Str. City or Town	reet end Number o , Stete)	r Rural Route Number,
a Fune e Fune detaly fil	edical	29e. Certifier Check only one) Certifying Physical Certifying Physical Examination (Check only one)	elcian: To the best of my knowner: On the basis of examine end menner steted.	owiedge, deeth occ etion end/or investi	curred at the ti gation, in my o	me, deta end plac opinion, death occ	e, and due to the ca urred et the time, da	use(a) and menna ite and pleca, and	r as stated. due to the cause(s)
within 2 To the comple	mark 1	29b. Signature and titla of certifiar	HOUSEST,	X0-5-	29c. Licens	sa number	29	Od. Data signed (M	fonth, Day, Year)
	-	30. Name and address of person who co	empleted causa of death (Iter	m 23a) (Type, Print	1)	000		1211	76
		0 1 1 1							

DHMH 16 Rev 6/95

THE PERSON NAMED IN COLUMN TWO PARTY AND PARTY OF THE PAR to the second section to the The state of the s

State of Maryland / Department of Health and Mental Hygiene

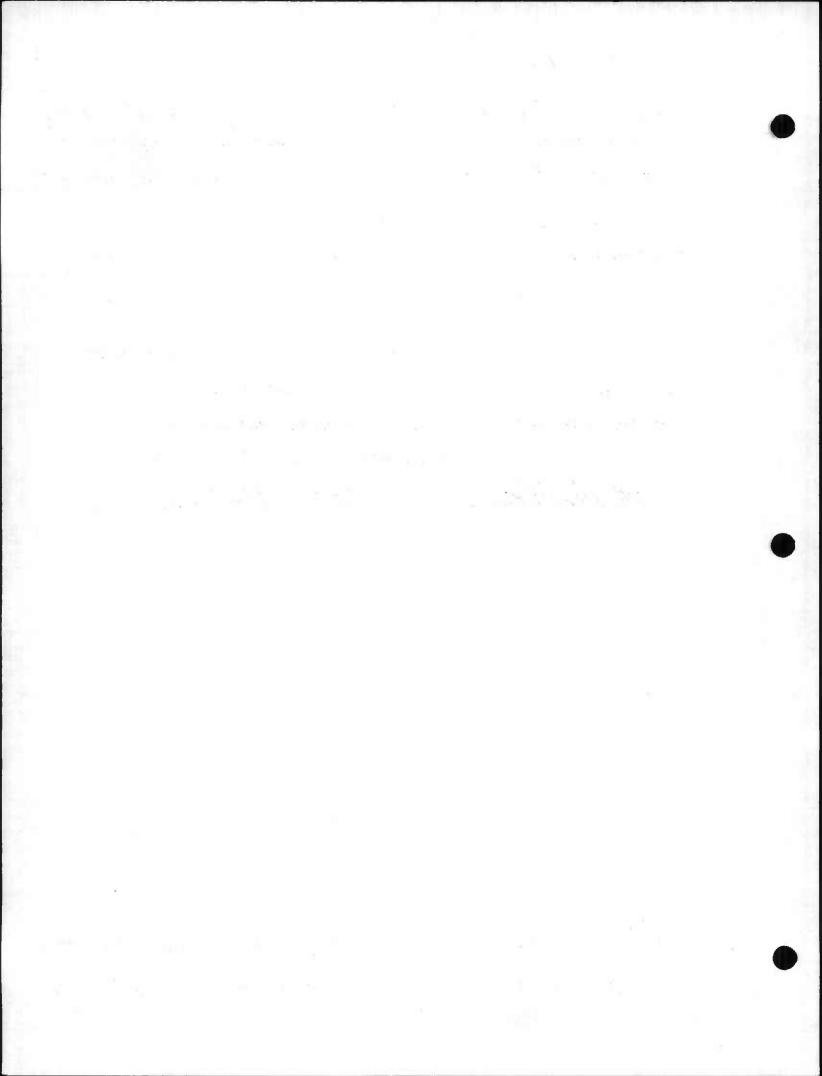
		1	tem #20b, 22; fi.		2°/Cer	tificate of	Death	2. Data of De			. Tima of Death
	Physici /Medi		Tames T.	till sr.				Month	Day	Yaar	0254a
	Exami		4a. Facility Nama (If not institution, giva JOHNS HOPK i		al	(	8 alti	more	h 4c. County	of Death	
	Funeral Director			7. Aga (In yrs. 78	last birthday) Yrs.	Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Bir AUG. 13	, 1917 F	9. Birthplace	LD, SC
	Maryland H show	tor	Usual Rasidance of Decedant  10a. Stata 10b. County n/a	10c. Cit	ty, Town or Loo	ation LTIMORE					Insida City Limits
	or 28s	Funeral Director	10e. Street and Number			10f. Zip Coda			10g. Citizen of V	Vhat Country?	V. T
	m 23a	erai		STREET 12. Was Decedant Evar In U	IS 12 V	1	213	pacify Vac or No	UNITED	STAT e - Amarican I	
020	be filed within 72 hours after death with the Maryland hal Hygiene. Id other than "natural", or itema 23a or 28a-f show event, the Medical Examiner must be notified at	by	1 Navar Married 2 Married	Armed Forces?  1 Yas 2 No It Yas, Giva Yaar or Datas:	lt.	Yas, specify Cube	lispanic Origin? (S an, Maxican, Puart Specify:	o Rican, atc.)	Specify Specify	k, Whita, atc.	
1215-0	within 72 ho ne. han "netur e Nedical	Completed	15. Decedant's Edu (Specify only highast gradi Elemantary/Secondary (0-12)	cation a <i>completed)</i> Collega (1-4or 5+)	(Giva I	ant's Usual Occup kind of work dona 10 NOT usa ratired 30 RER	during most of wor	king	16b. Kind of Bu		y STEEL COP
Maryland 21215-0020	S is b	To Be Co	17. Fathar's Nama (First, Middla, Last) BEN HILL	-	2-11	JOILER	18. Mother's Nam EASTE		, Maidan Sumam		TILLE COP
	2 4 4 5	-	19e. Intorment's Name/Relationship (Ty JAMES HILL	pe, Print) JR .	19b. Maliin 1350		end Number or Ru TOR ST.,		er, City or Town,		de)
Baltimore,	Pages nent of ant: If it		20a. Mathod of Disposition  X Burial 2 □ Cramation 3 □ R  4 □ Donation 5 □ Other (Specify)			attory or other place		7 – 1	20c. Location -	2.	Stata
Balt	Departi Departi Imports any inju		21. Signature of Funeral Service License	EK. In		Nama and Addra		1101	E. NORT	ΓΗ AVE	INUE
	Physician		23a. Part1. Enter the disaasa, or compil shock, or haaft failura. List <i>onl</i> y or				ng, such as cardiac	or raspiratory a	rrest,	Ap Inte On	proximata erval Between set and Death
	/Medical Examiner		Immediata Causa (Finai disaasa or condition rasulting in daath)	Dua to (c	On     or as a conseq					6	days
	and transit	Examiner	Sequentially list conditions,	Dua to (o	or as a conseq	uance of):				 	
x 68760,	certificata be axecuted nding physician and use as the buriel-transit	edical	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaasa or injury that initiated events rasulting in deeth) Last		or as a consequ	eance of):					
D. Box	a death certifis the attending p	Physician/M	Part II. Other significant conditions con		sulting in tha un	derlying cause giv	ren in Pert I.	23b. Did	tobacco use co	ntribute to the	cause of death?
ls, P.O	res that the de signed by the a libe detached f	by Phy	Cardiom	yopathy			_	1 🗆	Yes 2□ No	3 Probabi	y 4 Unknow
of Vital Records,	s been s should	Completed						24a. Was perfo	an autopsy ormed?	availat	autopsy tindings bia prior to etion of causa th?
al H								10		1 🗆 Ya	as 2 No
<b>3</b>	Physician: this certific ral director,	o Be	25. Was casa refarred to medical axaminar?	lospital: Inpatient 2	ER/Outpatien	3□ DOA Oth	28. Piaca of Dea		ona) idence 6 □Oth	ar (Snacihi)	
	Attending Physical death.	ation: T	27. Mannar of Death 1 Natural 5 Panding 2 Accidant invastigation	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injur Wor			how injury occur		
Division	is after de al Directo led in by th	Certification:	3 Suicide 6 Could not be detarmined	28e. Plece of Injury - At he building, atc. (Specif	oma, farm, stre	et, factory, office		28f. Location ( City or To	Street and Numb wn, Stata)	er or Rural Ro	nuta Number,
0	Ne Hoap	edical	29e. Certifler (Check only one) Certifying Physical Examination (Check only one)	sician: To the best ot my kno ner: On the basis of axamina end mannar stated.	owiedga, death ition and/or inv	occurred at the tir astigation, in my o	ne, dete end place pinlon, daath occu	, end due to the rred at tha tima,	ceuse(s) end me data and place,	ennar as state and dua to the	d. cause(s)
)	T a T o o	M	29b. Signature and titla of certitlar	o Medical I	nter	29c. Licans			29d. Data signe		
	2		30. Nama and address of person who co	mpiated causa ot death (Itan	n 23a) (Type, I	orint) St. Ba	itinor	e, MD	2120	5	

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

item #5, filmg 736, 6/28/96, State of Maryland / Department of Health and Mental Hygiene 96

	-		1 1137 22213 1307 072	.0, 50,0,1, P	Q. 2.1	Ce	rtificate	e of	Death			Reg. N	0.			
1	Dharata		1. Decedent's Name (First, Middl	e, Last)	1	<del>-</del>					2. Data of D Month	eath		Vaar	3. Tin	na of Death
	Physici /Medi		Kobert	Harol	d -	ICE	2				TUN	E 2	ay	99 G	5:	35 fm
	Examir		4a. Facility Name (If not institution		mber)						ocation of Dea	th 4	c. County			1
			ST. AGNES HOSP	ITAL						ALTII	MORE		BALT	CIMOR	E CI	.TY
١	Funeral Director		5. Social Security Number 220-30-3341±	6. Sex 1 🛣 M 2 🗆 F	7. Aga (in yrs. 60	last birthday) Yrs.	If Undar Months	1 Year Days		Min.	8. Date of 8 (Month, D NOV 4		935	Coui	ntry)	teta or Foraign VIRGINIA
	pur *		Usual Residence of Decedant  10a. Stata 10b. County		10c City	v. Town or Lo	ocation								Od Inst	de City Limits
	Aenyle P eho	ō		IMORE		LTIMOR	1000									Yes 2 No
	15 B	Director	10e. Street and Number	INORE	DA	LITTOR	10f. Zlp	Code				10a C	itizen of	Whet Cou		**
	death with the Meryland ma 23a or 28a-f show mant be notified at	rai Di	1200 CIRCLE DRI					212	27			Tog. C		U.S	.A.	
	er de Hem	Funerai	11. Marital Status	Armed Fo		S. 13.	Wes Deced If Yes, spec	ent of ify Cul	Hispanic Or ban, Maxica	igin? (Sp n, Puarto	ecify Yas or N Rican, etc.)	0-		e - Amaric ck, White,		in,
21215-0020	filed within 72 hours after Hygiene. Ther then "netural", or He int, the Medical Executor	by	1 ☐ Never Married 2 ☐ Man 3 ☐ Widowed 4 🖾 Divorced	W Voc G	2□No va Dates: Kore	an	1□Yas 2	No	Specify:	;			Specify	v: WH	ITE	
5	72 h	ete	15. Deceden (Specify only higher	t's Education st grede complatad)		(Giva	dent's Usua kind of wor	k done	during mos	st of work	ding	16b.	Kind of B	usiness/in	dustry	
121	within the h	Completed	Elementary/Secondary (0-12)	College (	1-4or 5+)	PLUM	DO NOT us	e retin	ed)			C	ONCT	RUCTI	ON	
	i Hygie other p	ပိ	12TH GRADE  17. Father's Neme (First, Middle,	I ast)		PLUM	DEK		18 Moth	are Nam	a (First, Middle	1			ON	
Maryland	S is o	To Be	DALE G. ICE	180							S DYE	2, 1110100	., 00,,,,	.0)		
Ž	E DE E	F	19e. Informent's Name/Relations	hlp (Type, Print)		19b. Meili	na Address	(Stree			ral Route Numi	ber. City	or Town	Stete Zir.	Code)	
	C = 60 F		MARY HOWSER (F	RIEND)							LTIMORE			21227		
Baltimore,	permit. Peges 1 an Department of Heal Important: if item 2 any Injury or other once.		20a. Method of Disposition  1 Disposition  2 Cremation		State	lece of Disponentery, cree	sition (Nem	e of har pla	ace)		Date /25	1	Location -	City or To	wn, Stat	te
量	artme ortan Injur		4 Donetion 5 Other (S			22	P. Nama and	1 Addr	ass of Facili	itv						
ä	permit. Departr Importr any Inje		M. Thea	I Colar	nan	HU	BBARD	FU	NERAL	HOM	E, INC.		. MD	212	229	
/			23a. Part1. Enter the diseese, or shock, or heart failure. List	complications that o	caused the death								,		Approx	rimete I Between
1	Physician		7	0			11		. 0					1	Onset a	and Deeth
1	/Medical Examiner		Immediate Ceuse (Finai disaasa or condition resulting in deeth)	. (	heed	hue	Hen	vo	+ Ka	Ple	ine w	.76			86	~VS
\$		7	resulting in deedily		Due to (or	r as a consec	quence of):		7.1	puln	in w	CI	hem	9	-	1-0.00
_	bed nsit	nine		b	chonor	4	Arfei	ry	du	ear	e '				64	CAYS
	and altra	Examiner	Sequentially list conditions, if any, leading to immediate		Due to (or	r as a consec	quence of):	0							/	
68760	requires that the deeth certificate be executed seen signed by the attending physician and hould be detached for use as the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that inteleted events	C	enoine	long	Par	le	ine							
89	ertificate ling phy e as the	edicai	resulting in death) Last		Dua to (or	as a gonseo	juance of):							1		
ŏ	nding use a	N/u		d												
Bo	that the deeth co	by Physician	Part II. Other significant condition	ns contributing to d	eath but not rasi	uiting in the u	nderlying ce	use a	iven in Pert		23h Did	Itohacc	0 1188 00	ntribute to	o the car	use of death?
P.0	t the by th	hys		i i				_				1	2□ No			4 □ Unknown
	es tha igned be de	Dy P	Jevere em	shy fem a	Ad	ve we!	1	rev	an	thes	is "					
Division of Vital Records,	v require been sig	8	Marie	1.11	m = 0		(	11	1 7		24a. Wa	s en eute	opsy	24b. W	ere autor	psy findings
သို့	2 S S	Completed	100,2081 0	besing !	recu	men	r	HE	Jahr	C	port	omiour		00		of cause
E	0 - 0	E	phop bhalo	Lothe					/		10	Yes 2	2 10 No	10	∃Yes	2 1 No
ita		Be	25. Wes case referred to medical examiner?	1					28. Place	e of Deal	h (Check only	one)				
5	5 90	10	1 Yes 2 No	Hospitel: 1 🗹	Inpatient 2	ER/Outpatier	nt 3 DO	A O	ther: 4 N	ursing Ho	me 5 Res	idence	6 Oth	ar (Specil	y)	
E C	fter th		27. Manner of Death  1 ☑ Neturel 5 ☐ Pendin	28a. Date (Mon	of Injury th, Day Year)	28b. Time of Injury	28	Bc. Inju	ury at ork?		28d. Describe	how Inj	ury occur	red		
Sio	leath tor: A	cati	2 Accident Investig	not be			M		Yes 2	No						
Σ	or At ifter of lines in by	Certification:	4 ☐ Homicide determ	ined 28e. Place buildi	of Injury - At hoing, etc. (Specify	me, farm, str	eet, factory,	office			28f. Location City or To	(Street e own, Ste	ind Numb ta)	per or Rura	il Route	Number,
	pital ours a prail D	2	200 Consister 15 Co. 111 1													
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	29a. Cartifiar 1 Certifyin (Check only 2 Medical	g Physician: To the Examiner: On the b	esis of my know esis of examinet ner stated.	ion end/or in	occurred a vestigetion,	it the t in my	ime, date er opinion, des	ith occur	and dua to the red et the time	, dete ar	s) and me nd placa,	and due to	tated. the cau	ise(a)
	o the o the ompi	Me	29b. Signature and title of certifier				29c.	Lican	sa number			29d. D	ata signe	d (Month,	Dey, Ye	ar)
	FSFO		lubriso	Monkon	Sle, 1	11)		D	467	04		To	ne	21	, 11	996
1	0 1 100	-	30. Name and address of person	who completed carry	e of deeth /tto-	23e) /Tunn	Print\	V	,			0			-	,
1	4 101		MUTOMBI	1	Ko N Q		ST	AG	m Es	. 4	OVPIT	ML	13	UT	M	0
	Sta	te	31. Date filed (Month, Dey, Year)	32. F	legistray's Slonat		22.00									J
	Registr		JUN	281996	TO REAL OF	ridsen-1	whore									



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

10202

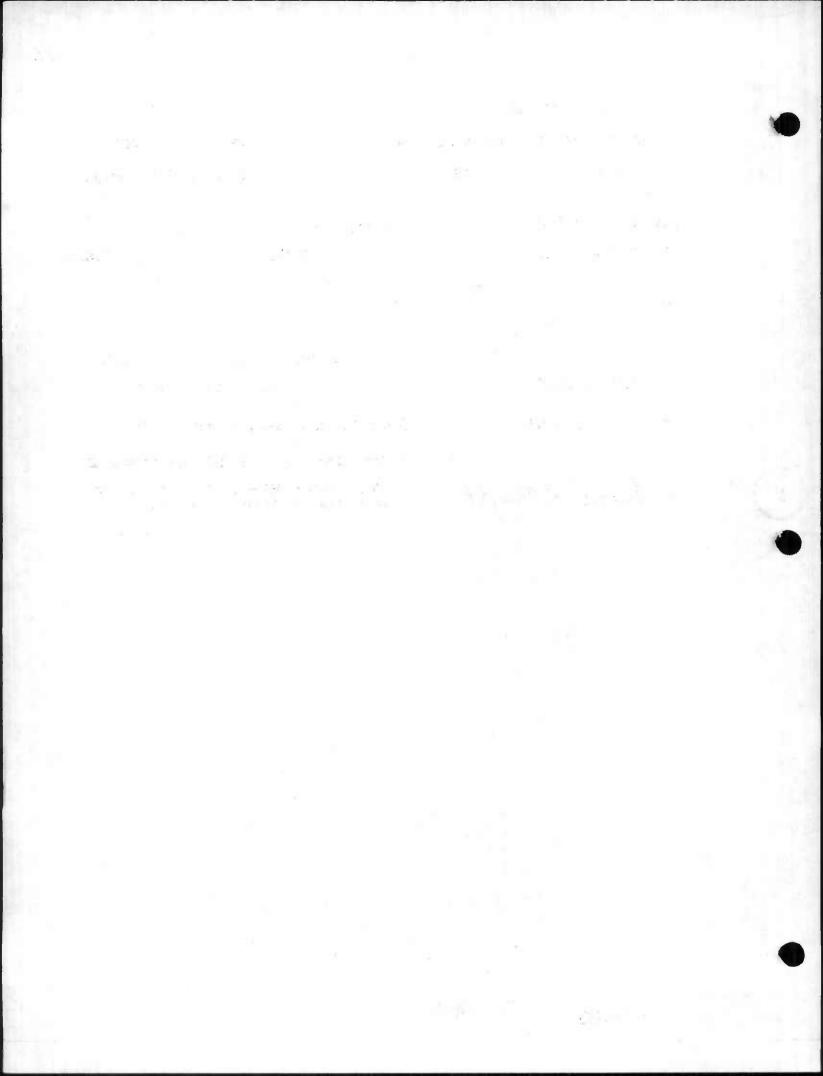
1 000		Decedant's Nama (First, Middla, Last)		Cer	tificate of	Death	2. Data of Death	g. No.		3. Tima of Death
Physici /Medic	al	HELEN BRADLY  4a. Facility Nama (If not institution, give str	IRWIN			\$b. City, Town, or Lo	JUNE cation of Death	Day 19, 19		4:50AM
Examin Funeral Director	ier	GREATER BALTIMO  5. Social Sacurity Number 6. Sax  061-07-8902	with the second		If Under 1 Year Months Days		TOWSON  8. Data of Birth (Month, Day, Jan. 18	BAI Year)	TIMO  9. Birth  Cou	
s show	or	Usual Rasidanca of Decedant  10a. State 10b. County		Town or Loc	eatlon					10d. Insida City Limits  1√□ Yas 2 □ No
a or 28a- t be notifi	i Director	Maryland Baltimor  10e. Street and Number  1055 W. Joppa Road			TOWSON 10f. Zip Coda	21204	10	og. Citizan of V		ntry?
ound that hautel carries that be nothed at	by Funeral		. Was Decedant Evar in U,S. Armed Forcas?  1  Yas 2 XNo If Yas, Giva Yaar or Datas:	If	/as Dacedant of H Yas, specify Cuba □ Yas 2 No	ispanic Origin? (Spe in, Maxicen, Puarto Specify:	ocify Yas or No- Rican, atc.)		e - Amari ck, Whita	U.S.A. can Indian, atc.
e Medical	Completed	15. Decedant's Educal (Spacify only highast grada c Elementery/Secondary (0-12)	tion om <i>platad)</i> Collega (1-4or 5+)	(Giva I	O NOT usa retired	during m <i>o</i> st of worki i)	ng	16b. Kind of Bu		
	To Be Co	17. Fathar's Name (First, Middla, Last) Frank M. Bradl	4		Homem	18. Mothar's Name	(First, Middle, M	faidan Sumam		tic
any injury or other traumetic evoluce.		19a. Informant's Name/Ralationship (Type Mr. J. Edward Dav 20a. Mathod of Disposition 1 □ Burlal 2 ☑ Cremation 3 □ Ran 4 □ Donation 5 □ Other (Specify) 21. Signatura of Funaral Sarvice Licensaa	noval from Stata 20b. Placen	409 ce of Dispos natary, cram croll 22.	Washington (Nama of atory or other place Cremation) Nama and Addra: ATCHT FIN	n Serv. 6, ss of Facility NERAL HOM	Data 2 /20/96	Hampsto	1204 City or T	own, Stata
lor use as the burial-transit	an/Medical Examiner	23a. Part1. Entar the disaasa, or complicate shock, or haart failura. List only one of the disaasa or condition rasulting in daath)  Saquantially list conditions, if any, leeding to immadiate causa. Enter Underlying Ceusa (Disaase or injury that initieted evants rasulting in daath) Last  d	Preum Due to (or e	es a conseque	sence of):				1	Interval Batwean Onsat and Death  2. Sweaks
etachec	by Physician/M	Part II. Other significant conditions contrib	outing to death but not rasult	ng in tha un	darlying ceusa give	an in Part I.		s 2 No	ntribute t	o the causs of death?
ge 2 should b	Completed b						24a. Was an perform	autopsy ed?	av	era eutopsy findings vallabla prior to implation of causa death?
actor	Be	25. Was case rafarrad to medicel axaminar?	pital:		lou	26. Place of Deeth	1 ☐ Yas		1	□Yas 2⊡No
n by the funeral di	Certification: To	27. Menner of Death  1 Natural 5 Panding  2 Accident Investigation	1 Lampatiant 2 LIEF	NOutpatiant  Bb. Time of Injury  e, farm, stra	28c. Injun Work M 1 🗆	4□ Nursing Hor / at ⟨? Yas 2□No	8d. Dascribe hov	w Injury occurr	ed	fy) al Routa Number,
he Funer pletely fill	edicai	one) 2 Medical Examiner	an: To the best of my knowle On the besis of axaminetion and mannar stated.	edga, death n end/or inva	stigation, in my of	pinion, daath occurre	d et the tima, da	ta and place, a	and dua t	o tha cause(s)
Con	M	29b. Signatura and titla of certifiar	A		29c. Licanse	4110	29	d. Data signed		
9		30. Nama and address of person who comp	elated ceuse of death (Itam 2:	-5 Y	oth I	EJ TO	500	CM,	2	1204.

32 Registrar's Signatura

DHMH 16 Rev 6/95

Registrar

JUN 2 8 1996



			State of Ma			ificate of		Re	g. No.			
Physic /Medi		Decadent's Neme (First, Middle, Las THOMAS	" MAUR	RICE		JENK	INS	2. Deta of Daatt JUNE		Y996	3. Time of Di 2:39	eeth A
Exami		4a. Fecility Name (If not institution, give 1200 W. NORTH		IZ.			4b. City, Town, or L BALTIMO		4c. County o	of Deeth		
Funeral Director		5. Sociel Security Number 6. Sociel Security Number 6. Sociel Security Number 7. Sociel Security Number 9. Sociel Security	ox OM 2□ F	e (In yrs. lest bir 21		If Under 1 Year Months Deys		8. Date of Birth (Month, Dey, July 25	Year) 1974		lace (Stete or F try) LAND	oreign
the Maryland 28a-f show	tor	10a. State 10b. County  MARYLAND N/A		10c. City, Town		tion MORE CJ	TTY			1	0d. Inside City	
ter deeth with the Maryle frems 23a or 28a-f show	al Director	10e. Straat and Number  2425 DRUID HILL	AVENUE		7,4,1,1	10f. Zip Code	1217	10	g. Citizen of W	hat Coun	try?	
urs of	by Funeral	11. Marital Status  1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forcas? 1  Yas 2 N If Yes, Give Yaar or Dates:		1		Hispanic Origin? (Sp ban, Mexican, Puerto	pecify Yes or No- Rican, etc.)	14. Race	, White,		
d within 72 ho liene. r than "natur the Mod Fall	Completed	15. Decedent's Edi (Specify only highast gred Elementery/Secondery (0-12)	cation le com <i>pletad)</i> College (1-4or 5-	+)	(Give kir. life. DO	nt's Usual Occu nd of work done NOT use retin	during most of work	king	6b. Kind of Bus			
ss 1 and 2 should be filed within ? of Heelth and Mental Hygiene. Item 27 is marked other than ?? other traumatic event, the Med	To Be C	17. Fethar's Name (First, Middle, Last)  CURTIS JENKINS			ONLIN	LOTED		TAYLOR			,,,,,,	
Page nent int: if iry or		19e. Informent's Neme/Relationship (T.  MARIE L. JOHNSON/N  20e. Method of Disposition  ↑(X)Burial 2 □ Cremetion 3 □ II  4 □ Donetion 5 □ Other (Specify,	10THER Removal from Stete	20b. Placa of cemeter	425 Dispositi y, cremet	Druid H		Dete 2		aryl Olty or To	and 212 wn, Stete	
permit. Departn Importa any inje		21. Signeture of Fune at Service License	Mouin	W	22. N	eme and Addr	ess of Fecility WIL 1206 W.	LIAM C. NORTH A		OMMU	NITY F	′H
Physician /Medical Examiner	er	23a. Part1. Enter liseese, or comp shock, or heart feilure. List only of Immediate Causa (Final disease or condition resulting in deeth)	Gun S	,	our	us of					Approximete Interval Betwee Onset and Dea	en ath
be executed ician and bunel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	D. ————————————————————————————————————	Due to (or es e o	onseque	nce of):						
phys the	/Medica	Ceuse (Disaese or Injury that Initiated events resulting in deeth) Lest	c	Oue to (or es a c	onsequer	nca of):	1917					
the ch	y Physician/Medical	Pert II. Other significent conditions con	ntributing to deeth but	t not resulting in	the unde	orlying causa gi	iven in Pert I.	23b. Did tob	acco uae cont		the cause of d	
ew requires seen so 2 should	Completed by							24a. Wes en perform		eve	re eutopsy find lleble prior to appletion of caus leath?	
	Be	25. Was case referred to medical examiner?	Inenitel:					1 ⊠Yas h (Check only one	2 🗆 No	15	Yes 2□ No	
this al di	tion: To	27. Menner of Deeth 1 Natural 5 Pending	28e. Dete of Injury (Month, Day	28b. T	lme of	28c. inju		ome 5 ☐ Residen 28d. Describe how			SCEN	<u>E</u>
Attending I er deeth. rector: After by the funer	tification:	2 Accident invastigation 3 Suicide 6 Could not be 4 American	28e. Place of Injur	-17	,,,			28f. Location (Stre	et and Number	or Rurai	Route Number	,

**Examiner** To the Hospital or Attending Physician: The lew requires that the death cartificate be executed within 24 hours after deeth.

To the Funeral Director: After this cartificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bunel-transit Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) end menner as stated.

Nedical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner stated.

Sheet

1200 BUK W. North ave

29b. Signeture end title of certifier

29c. Licanse number O.C.M.E

29d. Date signed (Month, Dey, Year) JUNE 24,1996

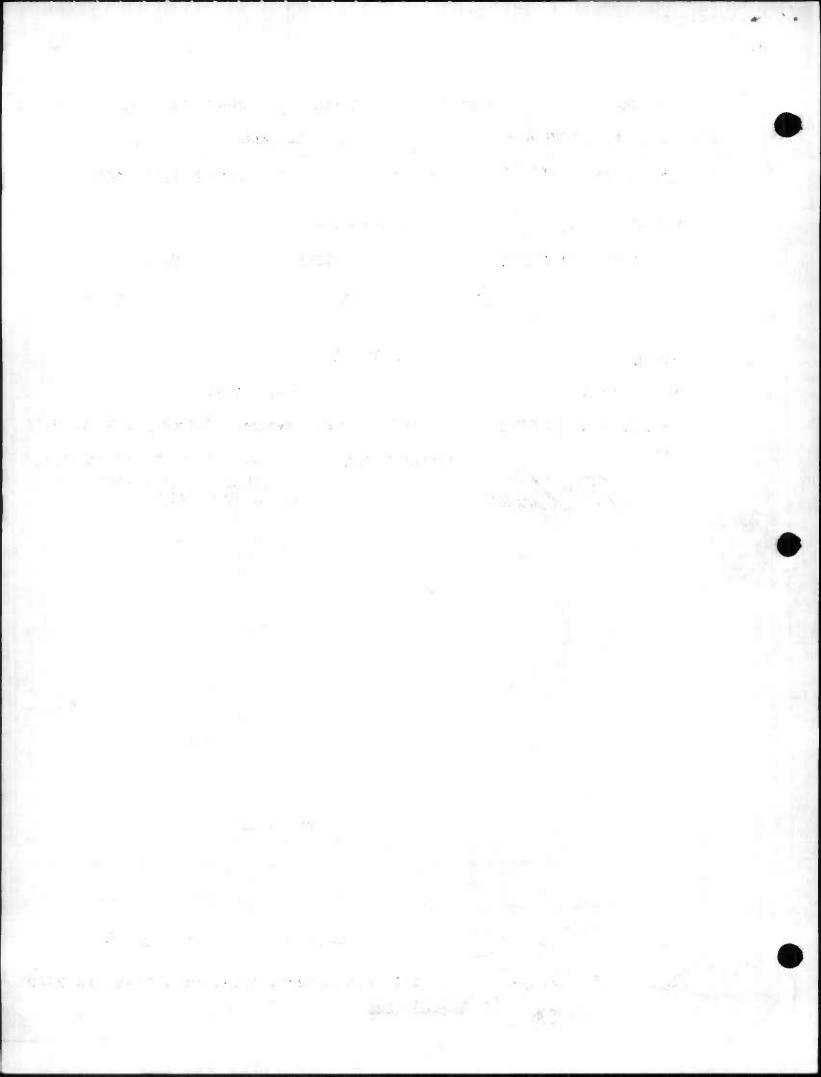
30. Name end eddrass of person who complated cause of deeth (Item 23e) (Type, Print)

David 31. Data filed (Month, Dey, Year)

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signetura

State Registrar

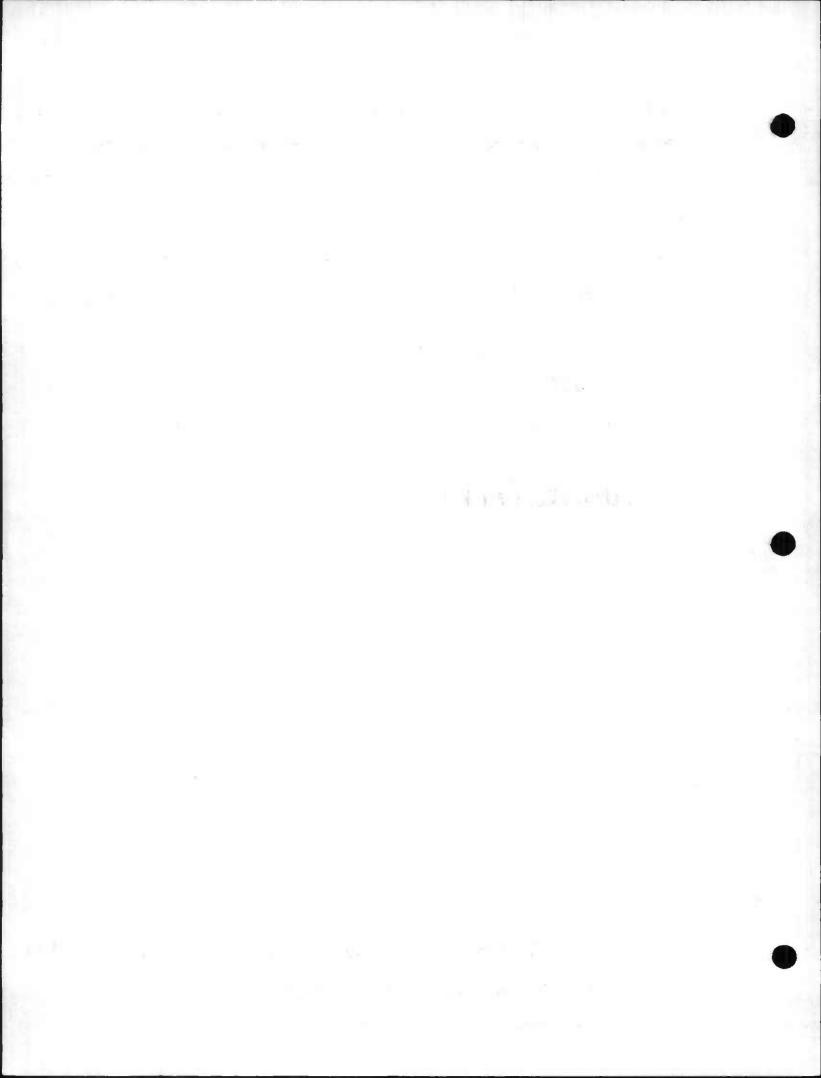
Medical Cer



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. | 9 2 0 4

			Certificate of Death	, ,	eg. No.			
	Diam'r.		1. Decedent's Nama (First, Middla, Last)	2. Data of Death	h	Yaar	3. Tima o	of Death
	Physici /Medi		LAWRENCE JOHNSON	JUNE	23, 19		4:30	A
ij	Examir		4a. Facility Nama (If not institution, giva street and number)  4b. City, Town, or Loc	ation of Death	4c. County			
			VAMHCSFort Howard, Maryland FORT HOW			TIMO	RE	
	Funeral Director			8. Data of Birth (Month, Day,	Year) 21, 1933	9. Birthp	laca (Stata	o <i>r Foraig</i> n
	ith the Maryland or 28a-f show	tor	10a. Stata 10b. County  Md NA 15a( to			1	Od. Insida C	City Limits
	r 28	irec	10e. Street and Number 10f. Zip Coda	10	Og. Citizan of V	Vhat Coun	itry?	
	23a c	al D	2458 Terra Firma Rd 21225		U.	5. 1	7	
Maryland 21215-0020	after dea or fterna	by Funeral Director	11. Marital Status  1 Nevar Married  1 Nevar Married  2 Married  3 Widowed 4 Divorced  12. Was Decedant Evar in U,S. Armed Forcas?  1 Nevar Married  1 Nevar Married  3 Was Decedant of Hispanic Origin? (Specify Cuban, Maxican, Puarto Fit Yas, Specify Cuban, Maxican, Puarto Fit Yas, Give Yas Cuban, Maxican, Puarto Fit Yas, Give Yas Cuban, Maxican, Puarto Fit Yas, Give Yas Cuban, Maxican, Puarto Fit Yas, Give Yas Cuban, Maxican, Puarto Fit Yas, Give Yas Cuban, Maxican, Puarto Fit Yas, Give Yas Cuban, Maxican, Puarto Fit Yas, Give Yas Cuban, Maxican, Puarto Fit Yas, Give Yas Cuban, Maxican, Puarto Fit Yas, Give Yas Cuban, Maxican, Puarto Fit Yas, Give Yas Cuban, Maxican, Puarto Fit Yas, Give Yas Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Maxican, Puarto Fit Yas, Cuban, Puarto Fit Yas, Cuban, Puarto Fit Yas, Cuban, Puarto Fit Y	cify Yas or No- lican, atc.)		e - Amaric k, Whita,		K
5-0	72 hours "natural",	Be Completed	15. Decedant's Education (Specify only highast grada complated)  16a. Decedant's Usual Occupetion (Giva kind of work dona during most of workin	a	16b. Kind of Bu	sinass/Inc	dustry	
121	within ene. than	mpl	Elemantary/Secondary (0-12) Coilega (1-4or 5+)		110	An		
B 2	should be filed with and Mentel Hygiene s marked other than surratic svent, than	ပိ	17. Fathar's Nama (First, Middla, Last)  18. Mothar's Nama	/First Middle A	folden Sumam	( ) P	79	
an	od be	o Be		beth	Haroan Surian			
ary	2 should be filed and Mentel Hygi is marked other sumstic svent, n	To	19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural		City or Town	Stata Zin		
M	nd 2		Anna F. Johnson-wife 2458 Terra Firm		Balt			225
re,			20e. Method of Disposition 20b. Place of Disposition (Nama of	Data 2	20c. Location -			
Baltimore,	Page nent nnt: If ury or		4 Donation 5 Other (Specify)  Garrison Forest Vet	lilac c	)Wings	mil	ls, m	d
Ba	permit. Departr Imports any Infe		Gabrielle COOK March EH-WEST 4300 Wabash					ď
175	Physician /Medical Examiner	). 	23a. Part1. Enter the diseass, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  Due to (or as a consequence of):	raspiratory arre	951,		Approxime interval Ba Onset and	tween Death
Box 68760,	requires that the death cartifloste be executed een signed by the attending physician end hould be detached for use as the bunal-transit.	an/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated evants resulting in death) Last  b. INSULIN DEPENDENT DIABETES MELLITUS  Due to (or as a consequence of):  MULTIPLE OLD STROKES WITH LEFT HEMI)  Due to (or as a consequence of):  d.	PARESIS	AND AP	HASIA	A	
	death	sicis	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did to	bacco use cor	ntribute to	the cause	of death?
s, P.O.	es that the de igned by the s be detached	by Physician/M	CERVICAL STENOSIS	1 🗆 Ye	98 2□ No	3 Prot	pebly 1	Unknown
of Vital Records,	× 25 ×	Completed	GLAUCOMA AND CORNEAL OPACITY RT EYE	24a. Was ar perform		ava cor	ere autopsy allable prior mpletion of death?	to
E	E se s	Col		1 1 Ta	s 2 No	1 🗆	Yas 2	No.
Vita	rsician: The s certificate director, pag	Be	25. Was casa rafarred to medical axaminar?  26. Placa of Death	(Check only one	a)			
of	this aldi	2	1   Yas 2   No Hospital: 1   Inpatiant 2   ER/Outpatient 3   DOA   Other: 4   Nursing Hom 27. Mannar of Death   28a. Data of Injury   28b. Tima of   28c. Injury at   28b.				1)	
Division	tending leath. tor: After the fune	Certification:	1 Natural 5 □ Panding (Month, Day Year) Injury Work? 2 □ Accident Invastigation 3 □ Suicide 6 □ Could not be	8d. Dascribe ho			10	
Div	Hospital or Attan 24 hours after deat Funeral Director: stely filled in by the	Certif	4 ☐ Homicida building, atc. (Specify)	Bf. Location (Str City or Town	, Stata)			nber,
		edicai	29e. Certifiar (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, are considered in the control of the desired in the control of the desired in the control of the cont	nd due to the ca d at tha tima, da	use(s) end ma ata and place, a	nnar as st and due to	ated. the cause(	s)
0	To the Comple	Σ	29b. Signatura and titla of certifiar 29c. Licansa number		d. Data signed			
	16		D30528	_	June	23	rd l	196
_	IVM		30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)  DR. BALA DUGGIRALA, M.D9600 NORTH POINT ROAD, FORT HOUSE AND ADDRAGED STREET TO STREET T	OWARD, 1	MARYLAN	D 210	052	
	Sta Registra		31. Data filed (Month, Day, Year)  32. Registrar's Signature  Anin, Naindson, Rondelle					
	negistr	AT .	11Th 2 2 1000 Chilia Naindson Mandelle					

DHMH 16 Rev 6/95

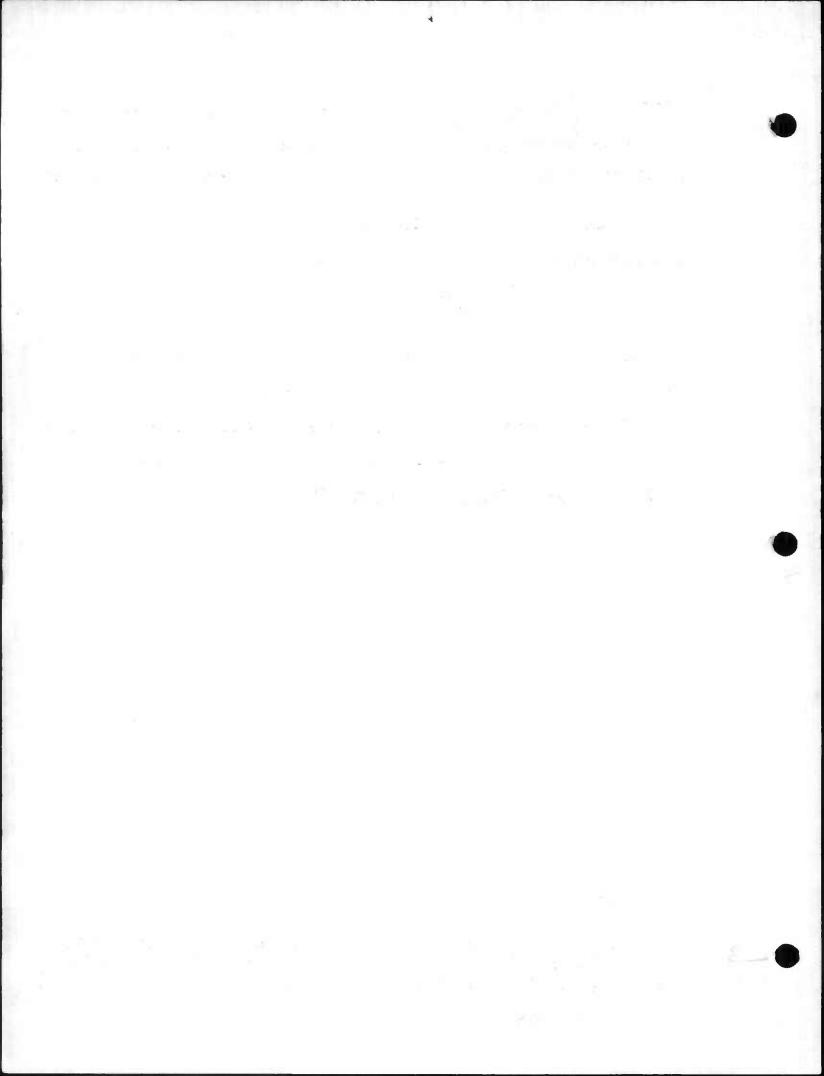


#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19205

								Cer	titica	te of i	Death	1		Reg. No			
			1. Decedent's Nam	a (First, Middle, L.	est)								2. Data of De			427.2	3. Tima of Death
	Physic		Robert		Taft					Lee			Month June	25,		Yaar 96	1055
J.	/Medi Examir		4a. Facility Nama (/	f not Institution, gi	va straat and ne	ım <i>ber)</i>						own, or Lo	ocation of Deat	7		of Death	1033
	LAGIIII	161	Calvert	Memorial	Hoenit	- 1					Unkn	OTTO		D	ed no	. F	J - m f - 1-
-	F		5. Social Security N		Sax	7. Aga (In y	rs. last birtl	hdav)	If Unda	r 1 Yaar		24 Hrs.	8 Data of Bir				derick aca (State or Foreign
	Funeral Director		242-16-20		1 <b>X</b> M 2□ F	8.5		rs.	Months	Days	Hours	Min.	8. Data of Bir (Month, De 07-04-	y, Year)		Count	ry)
	Director		Usual Rasidance of			0.	)						07-04-	10		Nort	h_Carolina
	land		10a. Stata	10b. County		10c.	City, Town	or Lo	cation							10	od. fnside City Limits
	Mery 4 eh	0	W.J	N			D = 1.										1⊠ Yas 2□ No
	28a	Director	Md . 10e. Street and Nur	None			Bal	C TIII		o Coda				10a C#	izon of l	What Count	200
	WIS OF		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											Tog. Cit		viiat Court	шуг
	s 23	Funeral	5507 Nort	ingreen E		adout Book to		40.11		2124		1-1-0-10		1	USA		
	er de	L'A	11. Maritai Status			edant Evar ir orca <i>s</i> ?		13. V	Vas Dace Yas, spe	dant of H	lispanic Oi an, Maxica	rigin? (Sp n, Puarto	ecify Yas or No Rican, atc.)	-		e - Amarica ck, Whita, a	
20	i within 72 hours after death with the Meryland liene. Than "natural", or flems 23a or 28a-f ehow The Medical Examiner must be notified at	by F	1 ☐ Nevar Marri 3 ☑ Widowed	ied 2 Married	1 ∟fYas If Yas, G	orcas? 2 No 194	3 -	1	☐ Yas	2 <b>™</b> No	Specify	•			Specify	/i D1 -	-1-
8	ural'		34E) Widowed		YaarorL	Datas: 194	15									ьта	
Maryland 21215-0020	nat	Completed	(Spec	15. Dacedant's E eify only highast gr	ducation a <i>de completed)</i>	)	16a.	Give	ant's Usu kind of wo	ork done	ation du <i>ring</i> mod d)	st of work	ing	16b. K	Ind of Bi	usinass/Ind	ustry
12	within ene.	E D	Elamantary/Seco	ndary (0-12)		1-4or 5+)					2)			**			
7			Unknown 17. Falhar's Nama	(First Middle 1 as	Unknown	1		Han	dy Ma	an	40 14-4	-d- M	- 155 A 81-1-1		kno	4 14 14 1	
Ĭ,	a fa fa	Be	7772 - 172								io. Moin	ars Nami	a (First, Middle	Melden	Sumen	18/	
K	should be nd Mental marked o	P		Cloney Le								mie	Cogde1				2
a	200		19a. fnformani'a Na	ame/Ralationship	(Type, Print)		19b.	Mailin	g Addras	s (Street	end Numb	er or Run	al Routa Numb	er, City o	or Town,	Stete, Zip	Coda)
	5 5 8 5		Carrie Co	ollier /	Sister						ove S	t.	Apt. 4A	Ba	1to	., Md	. 21216
Ore	10		20a. Mathod of Disp	oosition □ Cramation 3 [	70	208	. Place of camatery	Dispos	sition (Ne	me of other plea	ce)		Data	20c. Lo	ocation -	City or To	wn, Stata
Ē	Pages nent of I mrt: If ite ury or o			5 Othar (Speci			rrisc	n i	Forre	est			7/1/96	Owin	gs l	Mills	. Md.
Baltimore,	교투론증.		21. Signature of Fu	narai Sarvice Lica	nsaa						ss of Facil	ity		-			
m	Depa impo any i	1	DA.	4. 1.1	//	20							es Fune	ral	Home	e	
			23a Parti Enter II	na disaasa or con	unications A	caused the di	eeth Don	ot ante	bll I	rark	Heig	nts .	Ave.	root			Approximata
я	<b>.</b>		23a. Part T. Entar II shock, or haa	rt failura. List only	ona caum on	aach lina.	au	0. 0.110		ou or uyar	ig, scorr ac	our dido	or raspiratory a	ruot,		1	Intarval Between Onsat and Death
1	Physician /Medical		Immediata Causa (	Final				1	*	V	c/,		1-1	-		1	
	Examiner		disaasa or condition rasulting in daath)		a. ( a	uf	ex	U	M	$\triangle$	La	54	LA	1/1	u	1	
		-	2000			Dyla to	or as a c	onseq	uanca of)	: [/	1	/	//				
	ped Isit	- Lu			b. 121	Val	un	P	X	201	lu	Ka	Kan	-		ļ.	
_	and I-trar	Examiner	Sequantially list con if any, leading to Im causa. Entar Unda	nditions,	0=0	Dua to	orasac	phseq	uange of):				(	/		į	
60,	cian cian		causa. Entar Unda Causa (Disaasa or	rlying Injury	0 < (	211	co		No.							į	
68760,	sete hysi	edicai	that Initiated avants rasulting in daath) L			Dua to	(or as a co	nsequ	uance of):							1	
	certificate be executed ding physician and se es the buriel-transit	ЛМе		L	a.											i	
Вох	th c thend thend or us	an			u		-									1	
Ö	es that the death of igned by the etten be detached for u	Physician	Part II. Other eigniff	fcant conditions	contributing to d	leath but not r	asulting In	tha un	ndarlying	ausa giv	an in Part	l.	23b. Dld	tobacco	uae co	ntribute to	the cause of death?
<u>م</u>	at the by th	h'											1 🗆	Yes 2	No	3 Prob	ably 4 Unknown
	gned b	by															
D	v requires been sign should be												24a. Was	an autor	psy		ra autopsy findings
S	_ D 00	olet											pend	1111007		con	nplation of causa
æ	0 - 6	Completed											10	Yas 2			Yas 2□ No
Vital Records,	ician: Th certificate rector, pay		25. Was casa rafarr	red to medical							00.01			-	INO	- '-	THIS ZLINO
		o Be	axaminar?	/	Hospital:					Oth	ar:		h (Check only o				
o	는 는 등	: To	27. Manne of Death	TOTAL STREET	28a. Data		28b. Ti			JA	4 L N		ma 5 Rasi				)
n o	After After fune	tlon	Natural	5 Panding Invastigatio	(Mon	ith, Dey Year,		ury	м	28c. Injun Worl	k?`` Yas 2⊡		Eco. Dascribo	tow angui	y occur	100	
S	Attending or death. ector: After by the fune	Icai	2 ☐ Accident 3 ☐ Suicide	6 Could not b	e one Diese	n of Intro-	home for	1			103 2		29f Leastion /	Etropt or	of Alumah	as as Bure	Route Number,
Division	ii or Attending P s efter death. I Director: After t d in by the funer	ertification:	4 🗌 Homicida	dataminad	build	e of Injury - Aling, atc. (Spe	cify)	ii, sire	et, ractor	y, once			City or To			ei oi nuiai	noble Mulliber,
_	ospitai hours unerai ( ity filled	O	00 - 0 - 111	_/						_							
	To the Hospital or Attending I within 24 hours efter death. To the Funeral Director: After completely filled in by the funeral	edical	29a. Certifier (Check only	1☐ Certifying Pi 2☐ Medicai Exa	miner: On the b	asis of axami	nowledga, nation and	daath or Inv	occurred astigation	at tha tim , in my o	na, data ar pinlon, daa	nd place, ath occurr	and dua to tha ad at tha tima,	causa(s) data and	and ma placa,	innar as sid and due to	ated. tha causa(s)
	To the He within 24 To the Fu	Med	one)		and man	nar slatad.											
	5 × 5 × 6	-	29b. Signatura and	litla of cartifiar	1	11			29	c. Licans	a number	~	-	29d. Da	ta signe	d (Month, L	Day, Year)
	3+		P(-)/	Lod/	1 . //	15	ev		_ ]	216	271	U		61	d	5 /	1736
			30. Nama and addre	ass of parson who	complated caus	se of death (I	am 23a) (1	ype, F	Print)				[J 10			16	16 CON
	0		Dr.	Emc	10	41-	Ba	n	na		P	Vi	nce	TY	10	leri	CKIND
	Sta	te	31. Data filed (Mont	h, Day, Year)	32. F	Registrar's Sig	natura	90		-							200
	Registr	ar		JUN 2	8 1996	delin J	MARSON	-16	NIGOTO DE	-							



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Date of Death 3. Time of Death BARBARA ANNE LOWE Month **Physician** 20 1996 6:25 PM June /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Rossville Baltimore Franklin Square Hospital Dete of Birth (Month, Day, Year) 4,1936 If Undar 1 Yeer if Undar 24 Hrs. Hours Min. 5. Sociei Security Number 7. Age (In yrs. last birthday) Birthpiaca (State or Foreign Country) **Funeral** Months Deys 1□ M 2√ F 59 216-30-7854 Yrs. Aug. Director Maryland Usuei Residence of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location x 28a-f show 10d. insida City Limiis Maryland Baltimore Baltimore County 1 ☐ Yas 2 X No Director 10e. Street end Number 10f. Zip Coda 10g, Citizan of What Country? ir than "natural", or items 23s or the Medical Examiner must be a 1829 Ellinwood Rd. 21237 USA Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hyglene.
Int: If Hem 27 is marked other than "natural; or items 23.
INY or other traumatic event, the Medical Examiner must Funeral 12. Wes Dacedent Ever in U,S. Armed Forces? Wes Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indien, Bieck, Whita, atc. 1 ☐ Yes 2 ☑ No If Yas, Give Yeer or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□Yas 2√No Specify: ģ White 3√Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collaga (1-4or 5+) Homemaker(Own Home) 12th grade N/A Housewife 18. Mothar's Nama (First, Middla, Maiden Sumama) 17. Father's Name (First, Middla, Last) Eva Mary Schwindel Theodore W. Lembach 19a. Informant's Name/Raiationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Lisa Rapanotti 13208 Patuxent Rd. Baltimore, Md. 21220 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata XBuriai 2 ☐ Cremation 3 ☐ Removal from Stata permit. Page Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) 6-24-96 Baltimore, Md. Evergreen Cemetery 21. Signature of Funerei Sarvice Licansee 22. Nema and Address of Facility
Lassann Funeral Home 7401 Belair Rd. Baltimore, Md. 21236 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata rvsl Bet **Physician** Immediata Causa (Finei disaasa or condition rasulting In daath) /Medical mon to Examiner Dua to (or as a consequanca of): Examiner physician and the burial-transit Sequantially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disease or injury that initiated evants resulting in death) Last Dua to (or as a consequence of): Box 68760 that the deeth certificate be Physician/Medical Due to (or es a consequance of) 88 080 ŏ signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 0 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, 2 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed peeu has 1 | Yas 2 | 1416 1 Yas 24 No certificate I or Attending Physician: after death. Director: After this certific funeral director. 25. Was casa rafarred to medicai axaminar? 26. Piaca of Death (Check only ona) Hospitai: 1 Impatient Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1□ Yes 2□No 10 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred Certification: 28b. Tima of 28c. injury at Work? 5 Pending invastigation 1 DNaturai 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicide Hospital 24 hours a 29e. Cartifian 1🖆 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. npletary To the Vithin 2 29c. License number 29b. Signetura and tifle of certifier 29d. Dete signed (Month, Day, Year) 30. Nama and addrass a parson who complated cause of death (Itam 23a) (Typa, Print) 9101 FRANKLIN SOUARE DRIVE BALTO, MD THANT 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State

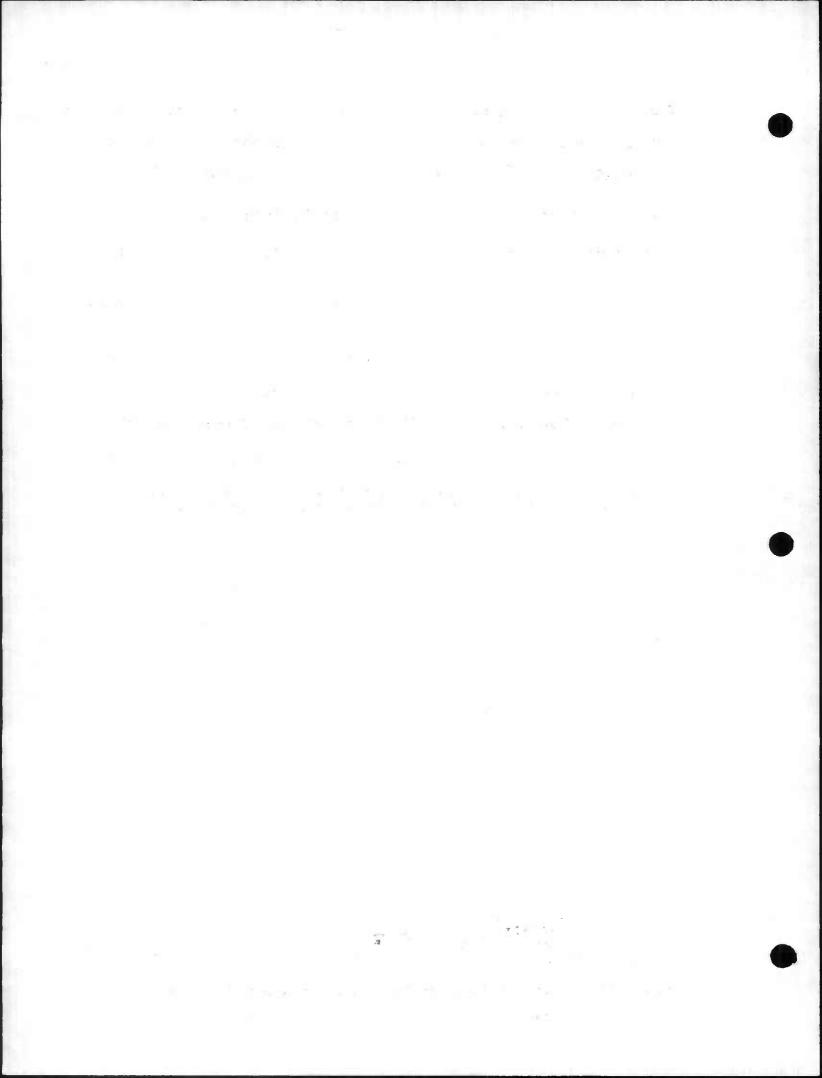
Registrar

a Jurdson-Randell

e see a see ja EXT8 \*\*\*

## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Marvland / Department of Health and Mental Hygiene Q

		1. Decedent's Name (	(First, Middle, La:	st)					Death	2. Dete of De	Reg. No. eth		3. Tima of Death
Physici		Pear1		Et	ta		LIPSEY			Month June	Dey	Yeer 1996	-
/Medi Examir		4e. Fecitity Neme (If n	not institution, give				PILOFI	4t	o. City, Town, or L				2:34 а.п
Exami		Franklin	n Square	Hospit	cal				Rossv	ille	Balt:	imore	
Funeral Director		5. Sociel Security Num 291–14–129	93 1	ex □ M <b>2</b> ΩF		s. lest birthday) 74 Yrs.		eys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month De Jan 12	, 1922	9. Birthp Coun Ohi	tece (State or Fore try)
ranylatio F show	or	Usuel Residence of Do 10e. Stete 1 Md •	10b. County Baltin	ore	10c. C	City, Town or Lo		ſido	dle Rive	r		1	0d. Inside City Limi
me 23a or 28a-f show	Funeral Director	10e. Street end Numb 724 Set	neca Par	k Road			10f. Zip Coo	de	21220		10g. Citizen of	Whet Coun	
	by Funera	11. Meritel Status  1 Never Married  3 Widowed 4		12. Wes Dece Armed Fo 1 Yes If Yes, Giv Yeer or D	rces? 2 No /e	1	Wes Decedent if Yes, specify (		penic Origin? (Sp , Mexican, Puerto Specify:	ecify Yea or No Rican, etc.)	- 14. Rec Ble Specif	ca - Americ ck, White,	etc.
tal Hygiene d other than "natural", or ite event, the Medical Examine	Completed	(Specify Elementery/Seconds 12th	5. Decedent's Ed r only highest gra lery (0-12)	lucation		(Give	dent's Usuel Oo a kind of work do DO NOT use re	one du etired)	tion uring most of work	ing	16b. Kind of 8	usiness/inc	
d other	BeC	17. Fether's Neme (Fil	rst, Middie, Last)			• •	Oubenil		18. Mother's Nam	e (First, Middle,			
th and Mental Hygie ?? Is marked other! traumatic event, to	ToB	Willia 19e. Informent's Neme	am Rahm			19h Maili	ing Address (St	reet e	Phoel	be Will	er City or Town	State 7in	Codel
		Charles A	20.1				Senca F				re Md.		2000)
Department of Health a Important: If Item 27 is any injury or other tra		20e. Method of Dispos 1 <sup>20</sup> Burlel 2 □ 0 4 □ Donetion 5	sition Cremetion 3 🗆	Removet from	Stete	Pleca of Diapo cemetery, cres	osition (Name of matory or other	of place		Dete	20c. Location	- City or To	
ortan Injur		21. Signeture of Fune		·	00	-	2. Neme end Ad			30	Daron	more i	
Depa impo		· R-T	in	Con	nell	4 3	onnelly 00 Mace	Fu	neral Hove. Balt:	imore M	d. 2122	1	
hvalaian		23a. Pert1. Enter the shock, or heert for	eilure. List only	olications thet c	aused the dec	atiz. Lua not ani	ter the mode of				12011		Approximete
nvsician			U	one ceuse on e	ech tine.	+		dying	, audit es cardiec	or respiretory e	11001,	1	Interval Between Onset and Deeth
hysician /Medical xaminer		Immediate Cause (Findiseese or condition resulting in death)	V		ic obs	structiv	ve pulm		ry disea				Interval Between Onset and Deeth
/Medical examiner	ner	disease or condition	V		ic obs	· .	ve pulm						Interval Between Onset and Deeth
/Medical examiner	il Examiner	disease or condition resulting in deeth)	nel		Due to	structiv	ve pulm						Interval Between Onset and Deeth
physician and burial-transit sthe burial-transit	edicai	disease or condition	itions, ediate ing ury		Due to	structiv	ve pulm quenca of):						Interval Between Onset and Deeth
physician and burial-transit sthe burial-transit	edicai	disease or condition resulting in deeth)  Sequentietly list condition if any, leading to immediate. Enter Underly, Ceuse (Disease or hij) that initiated events resulting in deeth) Les	nel itions, ediate ing ury	b	Due to	(or es e consec (or es e consec (or es e consec	quenca of):  quence of):	ona	ry disea	ase			Interval Between Onset and Deeth 40 hours
x x x x x x x x x x x x x x x x x x x	edicai	disease or condition resulting in deeth)  Sequentietly list condition, lieding to immicause. Enter Underly Ceuse (Disease or tript that initiated events resulting in deeth) Les	itions, ediete ing ury st	b	Due to	(or es e consec (or es e consec (or es e consec	quenca of):  quence of):	ona	ry disea	23b. Dld	tobacco usa co		Interval Between Onset and Deeth 40 hours
x x x x x x x x x x x x x x x x x x x	edicai	disease or condition resulting in deeth)  Sequentietly list condition if any, leading to immediate. Enter Underly, Ceuse (Disease or hij) that initiated events resulting in deeth) Les	itions, ediete ing ury st	b	Due to	(or es e consec (or es e consec (or es e consec	quenca of):  quence of):	ona	ry disea	23b. Dld 1 1 1 24e. Wes	tobacco usa co	3 ☐ Prot	Interval Between Onset and Deeth 40 hours
has been signed by the attending physician and make should be detached for use as the burial-transit	edicai	disease or condition resulting in deeth)  Sequentietly list condition, lieding to immicause. Enter Underly Ceuse (Disease or tript that initiated events resulting in deeth) Les	itions, ediete ing ury st	b	Due to	(or es e consec (or es e consec (or es e consec	quenca of):  quence of):	ona	ry disea	23b. Did 1%1 24e. Wes	tobacco use co Yes 2⊡ No en autopsy med?	3 Prot	Interval Between Onset and Deeth Ad hours  the cause of dea bebly 4 Unknown allable prior to impletion of cause deeth?
ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentietly list condition if eny, leading to immedate. Enter Underlyi Ceuse (Disease or high that initiated events resulting in deeth) Les  Pert II. Other signification in the condition of the conditi	itions, ediete ing ury st	b	Due to	(or es e consec (or es e consec (or es e consec	quenca of):  quence of):	ona	nty disea	23b. Dld 1 1 2 2 4e. Wes perfo	tobacco use co Yes 2⊡ No en autopsy rmed?	3 Prot	Interval Between Onset and Deeth 40 hours the cause of dear bebly 4 unknown allable prior to mpletton of cause
s certificate has been signed by the attending physician and director, page 2 should be detached for use as the bunal-transit	Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentietly list condition and the condition of the condition of the cause. Enter Underly, Ceuse (Disease or high the indieled events resulting in deeth) Les  Pert II. Other signification of the condition tions, ediete ing ury st	cdontributing to de	Due to  Due to  Due to	(or es e consec (or es e consec (or es e consec	quence of):  quence of):  quence of):  quenca of):	ona	n th Pert t.	23b. Did 1 12 24e. Was perfo	tobacco use co Yes 2□ No en autopsy med? Yes 2₹2€to	3 Prot	Interval Between Onset and Deeth Ad hours  40 hours  the cause of dea bebly 4 Unknown under the prior to mpletion of cause deeth?  Yes 2 No	
this certificate has been signed by the attending physician and Dalinector, page 2 should be detached for use as the bunal-transit	To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Sequentietly list condition resulting in deeth list cause. Enter Underlyi Ceuse (Disease or high that initiated events resulting in deeth) Les  Pert II. Other signification of the deeth less cause referred examiner?  25. Wes case referred examiner?  1 Yes 2 No  27. Menner of Deeth  1 10 Neturat  20 Accident	itions, ediete ing ury st st st st st st st st st st st st st	c  d  ontributing to de opathy  Hospitet: 1XI t	Due to  Due to  Due to  Due to	(or es e consec (or es e consec (or es e consec esuiting in the u	quence of):  quence of):	Ona  e given	n In Pert t.  28. Place of Deet	23b. Dld 1 1 24e. Wes perfo	tobacco use co Yes 2□ No en autopsy med? Yes 2₹2€to	3 Prote	Interval Between Onset and Deeth Ad hours  40 hours  the cause of dea bebly 4 Unknown to the cause of dea bebly 4 Unknown to the cause of dea bebly 4 No No No No No No No No No No No No No
this certificate has been signed by the attending physician and Dalinector, page 2 should be detached for use as the bunal-transit	To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Sequentietly list condition resulting in deeth list cause. Enter Underlyi Ceuse (Disease or Injusted initiated events resulting in deeth) Les  Pert II. Other signification of the condition  itions, ediete ingury st	c	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	(or es e consector es	quence of):  quence of):	Other	n th Pert t.	23b. Dld 1% 24e. Wes perfo	tobacco use co Yes 2 No en autopsy rmed? Yes 2 No one) dence 6 Ott- now injury occur Street and Numi	3 Prot	Interval Setween Onset and Deeth  40 hours  the cause of death  the cause of death  abely 4 Unknown under autopsy finding allable prior to mpletion of cause deeth?  Yes 2 No	
this certificate has been signed by the attending physician and Dalinector, page 2 should be detached for use as the bunal-transit	Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Sequentietly list condition resulting to immediate. Enter Underlyi Ceuse (Disease or Injusted initiated events resulting in deeth) Les  Pert II. Other signification resulting in deeth)  I SChemic Consumer	itions, ediete ing ury st st st st st st st st st st st st st	c	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Of Injury  At Injury - At Ing, etc. (Special Special S	(or es e consector es	quence of):  quenc	Other Other	n th Pert t.	23b. Dld 1 1 2 2 4 e. Wesperforme 5 Pesid 28d. Describe 1 28f. Location (3 City or Tou	tobacco use co Yes 2 No en autopsy med? Yes 2 No one) dence 6 Oth now injury occur vn, State) cause(s) end me	3 Prot  24b. We ave cor of c  1 C  her (Specif) rred  ber or Rura	Interval Setween Onset and Deeth AD hours  the cause of death about AD Unknown and Deeth AD Unknown and Deeth AD Unknown and Deeth AD Unknown and Deeth AD AD AD AD AD AD AD AD AD AD AD AD AD
ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Sequentietly list condition resulting to immediate. Enter Underlyi Ceuse (Disease or Injusted initiated events resulting in deeth) Les  Pert II. Other signification resulting in deeth)  Pert II. Other signification resulting in deeth)  Sequentiation resulting in deeth less a sequentiation resulting in deeth less are referred examiner?  1 Yes 2 No.  25. Wes case referred examiner?  1 Yes 2 No.  27. Menner of Deeth 1 Noture 1 No	itions, ediete ingury st st st st st st st st st st st st st	c	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Of Injury  At Injury - At Ing, etc. (Special Special S	(or es e consector es	quence of):  quenc	Other Other Injury Work? 1 Type	28. Place of Deet  4 Nursing Hoet  to  n, dete end place, nion, deeth occurr	23b. Did  1 1 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2	tobacco use co Yes 2 No en autopsy med? Yes 2 No one) dence 6 Oth now injury occur vn, State) cause(s) end me	3 Prot  24b. We ave cor of control  1 Control  Per (Specify)  Per or Rura  Benner as stand due to	Interval Between Onset and Deeth Onset and Deeth 40 hours  the cause of deat bebly 4 Unknown or autopsy finding: allable prior to mpletion of cause deeth?  I Route Number, eted. the cause(s)
this certificate has been signed by the attending physician and Dalinector, page 2 should be detached for use as the bunal-transit	edical Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Sequentietly list condition resulting to immediate. Enter Underlyi Ceuse (Disease or Injusted initiated events resulting in deeth) Les  Pert II. Other signification resulting in deeth)  I schemic of the signification resulting in deeth of the sequential resulting in deeth of th	itions, ediete ingury st st st st st st st st st st st st st	c	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Of Injury  At Injury - At Ing, etc. (Special Special S	(or es e consector es	quence of):  quenc	Other Injury Work? Injury opi	28. Place of Deet  4 Nursing Hoet  to  n, dete end place, nion, deeth occurr	23b. Did  1 1 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2	tobacco use co Yes 2 No en autopsy med? Yes 2 No one) dence 6 Oth now injury occur vn, State) cause(s) end m date and pleca,	3 Protein 24b. We ave cor of control of the core (Specify and the core of the	Interval Between Onset and Deeth 40 hours  the cause of deeth about 4 unknown and beeth 4 unknown allable prior to appletion of cause deeth?  I Poute Number, allable the cause(s)
this certificate has been signed by the attending physician and Dalinector, page 2 should be detached for use as the bunal-transit	Medical Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Sequentietly list condition resulting to immediate. Enter Underlyi Ceuse (Disease or Injusted initiated events resulting in deeth) Les  Pert II. Other signification resulting in deeth)  I schemic of the signification resulting in deeth of the sequential resulting in deeth of th	itions, ediete ing ury st ant conditions con	c	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  On the to the total partie of the total pa	cor es e consection (or es e consection es e c	quenca of):  quenc	Other Injury Work? Injury opi	28. Place of Deet  4 Nursing Hoet  to  n, dete end place, nion, deeth occurr	23b. Did  1 1 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2	tobacco use co Yes 2 No en autopsy med? Yes 2 No one) dence 6 Oth now injury occur vn, State) cause(s) end m date and pleca,	3 Prot  24b. We ave cor of control  1 Control  Per (Specify)  Per or Rura  Benner as stand due to	Interval Between Onset and Deeth Ad hours  the cause of dea bebly 4 Unknown of cause prior to impletion of cause present?  I Route Number, etcd. the cause(s)  Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed an executed an executed an executed are provided by the attention physician and computer for the following physician and executed are signed by the attention physician and computer for removal.

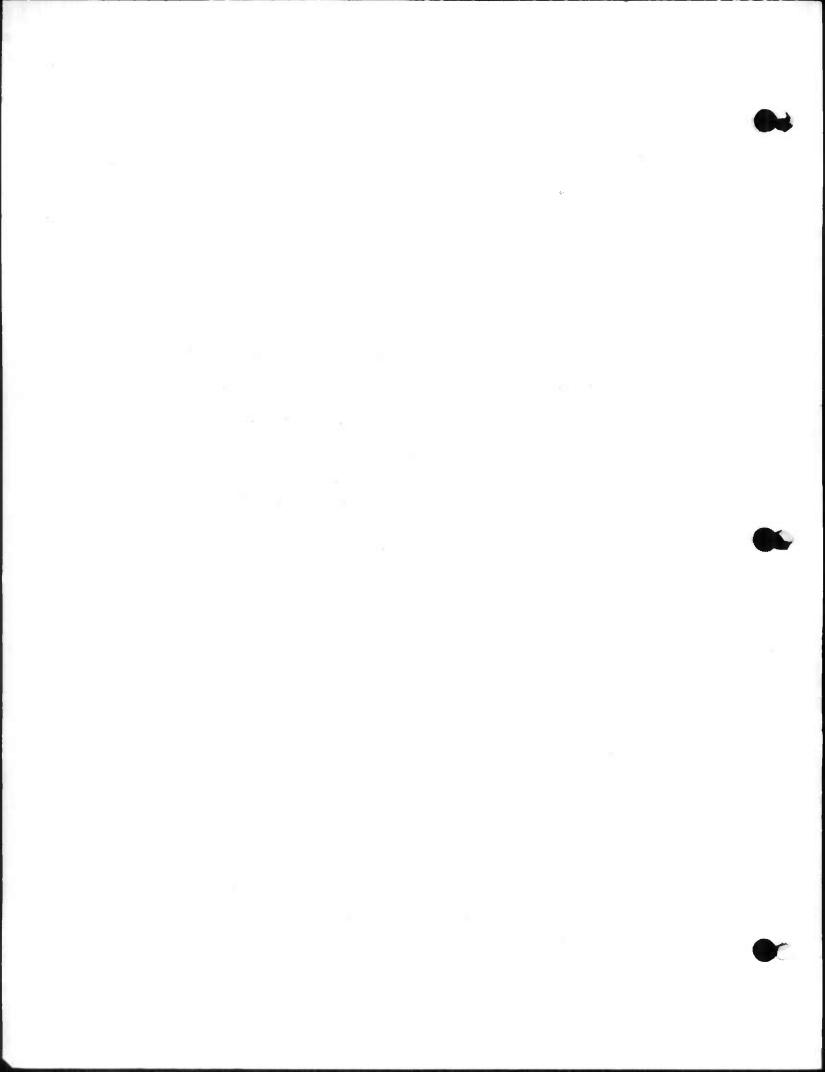
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attention physician and executed and executed are provided by the attention of the physician and executed are physician and executed and executed are provided as after that the provided are notified at once.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumattic event, the medical examiner must be notified at once. GRLT MORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR				CERTIF	ICALE	: Ur	DEAL	I H	F	IEG. NO.			
	1. DECEDENT'S NAME (First)		riotti S	'n					-T	2. DATE OF JUNE	DEATH	1996	YEAR	3. TIME OF DEATH 10:25pm
	4. SOCIAL SECURITY NUMBER								$\rightarrow$			1330		- "
	215-05-400		5. SEX	6. AGE (In yrs. 90		IF UNDER MONTHS	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF I (Morith, De Aug. 2	y, Year)	05	Countr	PPLACE (State or Foreign y) alv
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	TOWN	OR LOCATIO	ON OF DEA		0,15		NTY OF D	
8	1209 Ever	areen	T.ane				Es	sex					Balt:	imore
5	RESIDENCE OF DEC	EDENT	Darie			1.								
Ä	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN C	R LOCAT	TION						10d, INSIDE CITY
- DIRECTOR	Md.	Ba	altimore					ssex						1 YES 2 NO
FUNERAL	1209 Ever	green	Lane				101	. ZIP CODE	212	21		10g. CIT	USA	VHAT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F HISPANIC	C ORIGIN? (S	pecify Yea	or No-	14. RACE	- American Indian,
	1 Never Married 2 🔀		IF YES, GIVE V	YES 2	NO				п, Maxican, Specify:	Puerto Ricer	n, atc.)		Speci	k, White, atc.
ВУ	3 Widowed 4 Olvo	rced	ļ			ı		36	-,,				Ороса	White
COMPLETED	15, DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	D OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of life. Do NOT u.	se retired.)	aunng mo	IST OF WORKIN	g					
집	8th			S	Superin	ntend	lent	Warel	house	5	Clo	thin	g	
S	17. FATHER'S NAME (First, M	iddle, Last)						16. MOTH	HER'S NAM	E (First, Midd)	le. Maiden	Surname)	-	
	Paul Mic	riotti	i						Ca	rmela	Ama	to		
ᆱ	19a. INFORMANT'S NAME (7			T	19h MAILING	ADDRESS	(Street a	nd Number	or Rural Bo	oute Number, (	The or Town	Oteta 7/a	Codel	
5	Frank Micr	iotti	Jr.							Baltim				1
	20a. METHOD OF DISPOSIT 1 N Burlel 2 ☐ Cremetic	n 3 🗆 Rem	oval Irom Stata		CE AND DATE		ITION (Na	ime of		DATE	20c. LO	CATION —	City or To	wn, Steta
	4 Donation 5 Other	,,			dens (	of Fa			/28/9		Ros	svi1	le l	Md.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	0	1				SS OF FACI		ome	of D	CC031	
	► R. 7	erri	1 (00	ne ll	11					eral H Bali				
	23. PART I. Enter the di	seases, or	omplications the	t caused tha	death. Do	not anter	tha mo	de of dyl	ng, such	aa cardlec	or reapl	retory an	rest,	Approximate
	IMMEDIATE CAUSE (Fir		Liat only one cau	use on ascmi	nna.									Interval Between Onset and Death
Ì	disease or condition			LUN	16 (n	MAR								29 marts
H	resulting in death)	,	B	(OR AS A CON	ISEOUENCE O	f):								CALITONIUS
z	CARCON PROCESSION		b.											
CERTIFICATION	Sequentially list condition if any, leading to immediate	diata	DUE TO	(OR AS A CON	SEOUENCE O	F):								
2	cause. Entar UNDERLY! CAUSE (Disease or Inju		c											
t I	that initiated evanta resulting in death) LAS	_	DUE TO	(OR AS A CON	SEOUENCE O	F):								
H H			d											
	PART II. Other algolitica	nt condition	s contributing to	death but no	ot rasulting	In the un	darivino	cause o	alvan in P	art I. 24	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
EDICAL			_				, , , ,				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										_ 1[	YES 2	NO		OF DEATH?
Σ										_			- 1	1 YES 2 NO
ÿ I	DID TOBACCO U		RIBUTE TO CA	USE OF D	EATH YE	S 🗆 1	NO Z	LUNC	ERTAIN					
3	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	28. P	LACE OF DEA									
S	1 YES 2 NO		1 Inpetient 2	ER/Outpatient	3 DOA	4 Nun	t: sing Hom	a 5 DRa	aldenca 6	Other (Sp	ectfy)			
PHYSICIAN:	27. MANNER OF CEATH  1 Netural 5	Pending	28a. DATE OF (Month, D	INJURY lay, Year)	28b. TIM		28c. INJ WO	URY AT	- 1	28d. DESCRI		JURY OC	CURED	
BY	2 Dutation	Investigation	28a. PLACE C	F INJURY — At	1 home, farm,	etreet, Jact		YES 2		28I. LOCATIO	N (Street a	nd Numbe	r or Rural F	Pousta Mumbar
TED		Could not be determined	building,	atc. (Specify)			,			City or To	wn, State)	TO TONTO	or Horar	reare rearrant,
1 2	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the beat of	my knowledge.	, dasth occum	ed at the ti	me, date	and place	and due to	o the cause/s	) and men	001 00 010	ted.	
COMPLET														) and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	20					29c. LICE	NSE NUMB	BER		29d. DAT	E SIGNED	(Month, Day, Year)
TO BE	Lamy	08	ell	MB				D.	465	15		▶ J	une	25th 1996
-	Seamer &	PERSON WHO	, year	SE OF DEATH (	TEM 27) (Type	, Print)	ONC	Q1 - ·	1	ntoe	B	160	4600	25th 1996
H			32 AFGISTRA	B'S SIGNATUR	E	(10	J C	109	4		1	WIIA	we	י אט
	31. DATE FILED (Month, Day JUN 2	81996	di a	Live Sun	Proposite									





#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19209

3. Time of Deeth

10d. Inside City Limits

Approximete Intervai Between Onset and Deeth

1 ☐ Yes 2√ No

12:50 PM

Certificate of Death

2. Date of Death

**Physician** /Medical Examiner

**Funeral** 

Director

Funeral

þ

Completed

1. Decedent's Name (First, Middle, Last)

Director the Maryland 28a-f show Examiner count be notified at 6 itеms 23a ò "natural",

filed within 72 hours after permit. Pages I and 2 should be filed within Depertment of Health and Mental Hygiena. Important: if I flem 27 Is marked other than any Injury or other traumest.

Baltimore, Maryland 21215-0020

P.O. Box 68760,

Records,

Division of Vital

Physician /Medical Examiner

Physician/Medical Examiner attanding physician and for use as the burial-transit The law requires that the daath certificate be executed signed by t þ ata hes been signated based based based and based and based and based are seen at the seen Be Completed cartificata or Attending Physician: To the Hospital or Autoria...

Within 24 hours after death.

To the Funeral Director: After this o Certification: To

Month JUNE 22, 1996 LEROY WILLIAM MORROW 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 616 KINGSTON ROAD **ESSEX** BALTIMORE Hours Min. 8. Date of Birth (Month, Day, Year)
Jan. 16,1940 If Under 1 Yaar 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foraign Country) Days M 2□ F 218-36-5533 56 Yrs. Maryland Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location Md. **Baltimore** Middle River 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 616 Kingston Road 21220 USA 12. Was Decadent Ever in U,S. Armed Forces? Was Dacadent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yas 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 3 Married 1 ☐ Yes 2X No Specify. Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Baker Bakery 12th 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surname) Leroy Edward Morrow Carrie J. Klohr 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Helen E. Morrow 616 Kingston Road Baltimore Md. 21220 20b. Plece of Disposition (Name of cametery, crematory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 6/25/96 Oak LAwn Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Baltimore Md. 21. Signature of Funarai Servica Licansee 22. Nama and Address of Facility Connelly Funeral Home of Essex herry onne 300 Mace Ave. Balitmore Md. 21221 23a. Part 1. Enter the disaasa, or complications that caused the death. D not enter tha mode of dying, such as cardiac or respiratory arrast, shock, or heer feilure. List only one cause on each line. Immadiate Cause (Final disease or condition resulting in death) « Arteriosclerotic Cardiovascular Disease Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last Due to (or as e consequenca of): Dua to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1□ Yes 2⊠ No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of causa of death? INSPECTED 1 ☐ Yas 2 ☐ No 25. Was case referred to medical exeminer?
1 ☑ Yas 2 ☐ No 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☒ Residenca 6 ☐ Other (Specify) 27. Manner of Deeth Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No

29c. License number

O.C.M.E.

State Registrar

Medical

31. Date filed (Month, Day, Year) 8 SMUL

5 Pending investigation

6 Could not be determined

Donald to Wright MO

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

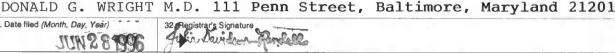
2 Aocident

4 Homicide

(Check only one)

29b. Signature and title of certifier-

3 ☐ Sulcide



28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

**DHMH 16 Rev 6/95** 

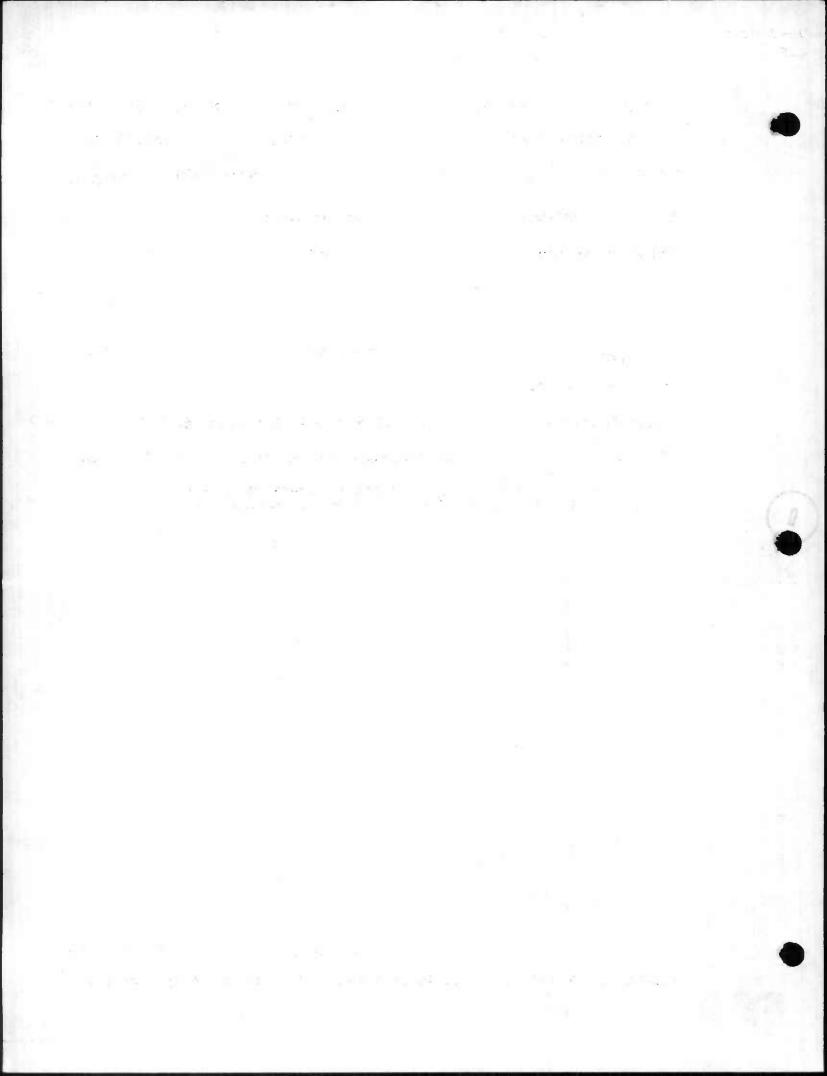
1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and pleca, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) end manner stated.

29d. Data signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

JUNE 23, 1996

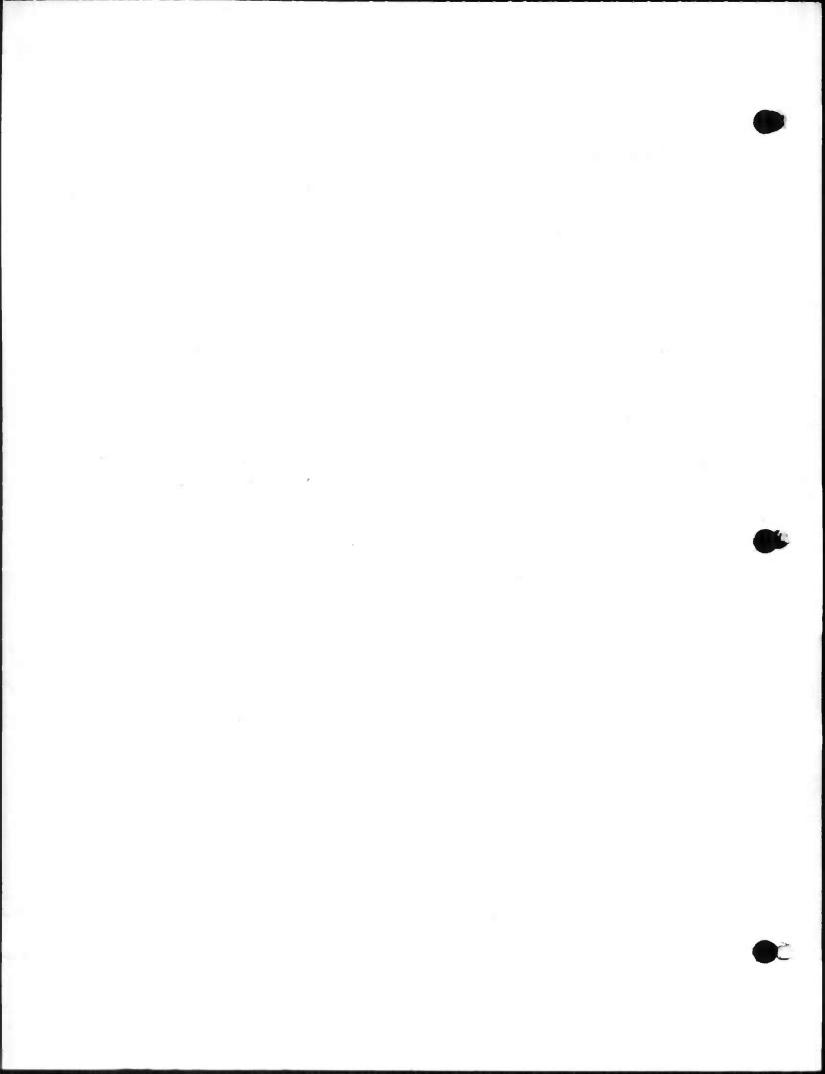


be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician.

BANTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected with court after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complemy fined in by the amena director, page 5 should be detached be filed within 72 hours after death with the State Deot, of Health and Mental Hydiere prior to burn, compleme, or primers.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
d D	ed be	je p	
etaine	Shou	otiffe	
, ge	age 5	be n	Г
6 гла	tor, p	net	
Page	direc	10	l
f	mens	ij	l
)î	a w	181	H
<b>/</b> §	10 10	nedic	
ò	100	ne n	
ď	plenty	ent.	
pen	E SE	2 50	
1	to bu	mat	
ate be	ysicia	trat	
ertifica	ng ph giene	othe	ı
ath c	itendi	0.	
the de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the aftending physician and completely fined in by the filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burst completely or immediately.	injury	
that	th an	any	
quires	n sign	SW0	
aw re	s bee	3 sh	
The	ate ha	me	
CIAN	ertificathe St	0.1	
PHYSI	this c	rked,	
DING	After	E	i
TEN	after after	28 is	
OR A	DIREC	tem	
PITAL	RAL 172 t	=	
HOS	FUNE	TAN	-
THE (	Filed	#PO#	1
H	2 2	5	- (

	1 - STATE (	F MARYLAND /		TMENT			MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Lillian B. MULLINS						2. DATE	E OF DEATH	1996	YEAR	3. TIME OF DEATH  5:25pm M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2 ½	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1		F UNDER 24 HRS.	7. DATE	of BIRTH th, Day, Year)		Counti	IPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number 431 53rd Street	r)		9b. CITY, T		timore	EATH		9c. COUN	ITY OF D	
FUNERAL DIRECTOR	100. STATE 100. COUNTY Md. Baltimore		10c. CITY	Y, TOWN OR		timore					10d. INSIDE CITY LIMITS? 1  YES 2 NO
ERAL	100. STREET AND NUMBER 431 53rd Street			-	101. Z	IP CODE 212	224		10g. CITI	ZEN OF V	VHAT COUNTRY?
ВҰ	1 Never Married 2 Married FORCES	EDENT EVER IN U.S. AR 1 YES 2 1 IVE WAR OR DATES	MED 10	af y	yes, speci	DENT OF HISPAN fy Cuban, Mexica NO Specify	in, Puarto		a or No-	14. RACE Black Speci	E — American Indian, k, White, atc. hy: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4)	or 5 +)				of working	16	own		USTRY	WILDC
BE CON	17. FATHER'S NAME (First, Middle, Last) Andy Seymour		-			8. MOTHER'S NA NO1a	Dye	er			
2	19a. INFORMANT'S NAME (Type/Print) Glenda Sudano	19				n Road					0
	20a. METHOD OF DISPOSITION  1 "YBurlel 2 Cremation 3 Removal from Star  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE cometery, cre Oak I	matory or of	her place) <b>Cemet</b>	ery	6/27			altime		
	R Tury (	ma lle	1	Co	nnel	ly Fune	eral				21
ON	Sequentially list conditions,	that coused the decorate on each limit to myocard E TO (OR AS A CONSECUTED TO (OR AS A CONS	ial i DUENCE OF art f	nfaro ailun	ction		h as cer	diac or resp	elratory am	eat,	Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Partition of the control	ole vessel E TO (OR AS A CONSEC tic and mi	COTO	nary			ease				
PHYSICIAN: MEDICAL C	PART II. Other significent conditione contribution							24a. WAS APPERFO	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN:	DID TOBACCO USE CONTRIBUTE TO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLAC		H (Check on	nly one)	UNCERTAIN	N 🔯				
IYSI	1 X YES 2 NO 1 Inpatient	2 ER/Outpatient 3	DOA 28b. TIME		ng Home	5 A Residence		er (Specify)	IN HIEW OOD	NIDED.	
B	1 Natural 5 Pending 2 Accident Investigation	nth, Day, Year)  CE OF INJURY — At ho	ILNI	M M	1 YES	? 2  NO					
ETED	4 Homicide determined but	ding, atc. (Specify)					City	CATION (Street or Town, State	)		Ioune Number,
COMPLET	29a. CERTIFIER (Check only one)  1 X CERTIFYING PHYSICIAN: To tha beginned by the control of the basic control of										) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED	, , , , , , , , , , , , , , , , , , ,	MI	) .	2	D17752			29d. DATE	SIGNED 2	(Month, Day, Year) 596
	R. Sirithara, M.D., 300	1 S. Hanov	er S		, Ba	ltimore	, Ма	ryland	1 212	l 225	/
	JUN 2 8 1996 Julia	STRAR'S SIGNATURE	plett								DHMH-16 Rev 1/89



## Amended item #1, g-736, 6/28/96emh per fh Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						C	Pertifica	ite of	Death			Reg. No.		
hysician /Medical	ı	Decedent's Name (First, Mic ROSE MARIE	MAI	NOS	emae	Corn MARIA	nia l NI	Maria	ni		2. Data of D	Day 23	1996	3. Time of Death 2:09 P
Examiner	4	a. Facility Nama (If not institu ST • MARYS HO	_		um <i>ber)</i>				4b. City, Tov LEON		cation of Dea TOWN		nty of Deeth	5
uneral rector		Social Security Number	6. Se	х ]м 2XIF	7. Age (In	yrs. lest birthd 68 Yrs	Month	er 1 Yeer s Days	If Under 2 Hours	Min.	8. Date of B (Month, D MAY	irth Pey, Year) 9 1928	9. Birthp Cour	placa (State or Foreigntry) LA
nulfied at	1	Isual Residence of Decedent Oa. State 10b. Cour M D S T	nty M A	RY	10c.	City, Town o							1	0d. Inside City Limi
0 3 0	1	0e. Street and Number						ip Code				10g. Citizen o		ntry?
er, or items 23a Evaration must by Funeral	•	RT 2 BOX 3  1. Marital Status  1 Navar Married 2 1 M  3 Widowed 4 Divorce	arriad	12. Wes Dec	cedant Ever i orces? 2 \( \) No ive	n U,S.		edant of F ecify Cub	636 Hispenic Orig an, Mexican, Specify:	in? (Sp Puerto	ecify Yes or N Ricen, etc.)	lo- 14. R	S.A. lace - Americ lack, White,	
nt, the Medical Ex-		15. Deced (Specify only high Elementery/Secondary (0-12 1 2	nest grea	a complated,	(1-4or 5+)	16a. De (G		vork done use retire	pation during most d)	of work	ing		Business/in	
Be ve	1	7. Father's Name (First, Midda JOSEPH		NUEL			ь	PN				e, Maiden Sum obtair		
eny injury or other traumetic once.	20	9e. Informant's Name/Relation  CHERYL CARTE  Da. Method of Disposition  1 Burial 2 Cramatio 4 Donation 5 Other  1. Signature of Funerel Service	R, n 3□F (Spacify)	DAUGH	State 20	431	L SOU isposition (No cremetory of OUIS	TH Come of other ple	OLUME ce) emete	ry	APT Data 7-2		ALEXA n - City or To RLEAN	S, LA
use as the burial-transit and property of the buria	OH COt	shock, or heart failure. L' mmediate Cause (Final iseasa or condition esulting in death)  sequentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or Injury lat intieted events asulting in death) Last			Due to	o (or as a con	sequence o	):	23					Interval Between Onset and Death
Physicial	Pi	art II. Other significant condi	tions cor	ntributing to d	eath but not	rasulting In the	e underlying	causa gh	ven in Part I.			l tobacco usa d Yes 25™		the causa of death
shoul	-						-				24a. Wa: perf	s an autopsy formed?	ava	ere autopsy findings ailable prior to mpletion of ceusa death?
rector, page 2 Be Comp	25	5. Was cese referred to medic	al						26 Place	of Death	(Check only	Yes 2□No	1(	Pres 2□ No
Atter this funeral di tlon: To	27	3 ☐ Suicide 6 ☐ Coul	ling tigetion	28e. Date (Mon 28e. Plece	of Injury th, Dey Year 23-90	t home, ferm.	e of ry 20 M	28c. Injur Wor 1	ler: 4□ Nur	sing Ho	me 5 Res 28d. Describe	how injury occ	urred — c	Scene auto CU4 I Route Number,
tiffe by				Dana		adua		d at the time		place	Rt:	235	- CASHIULS	
taly filled in by the funeration:	2	(Uneck only 2) Medica	ing Phys	lolan: To the ner: On the b	asis of exam	knowledge, de Ination and/or	eth occurre r Investigatio	n, in my o	ne, date end pinion, death	occurr	and due to the ed at the time.	, date and plece	menner es st e, and due to	ated. the cause(s)
completaly filled in by the Medical Certifica		test 1 1	il Examir	ner: On the b	best of my lasts of examper stated.	knowledge, de Ination and/or	r Investigatio	n, In my o	pinion, death	occurr	and due to the	cause(s) and i date and plece 29d. Data sign	e, and due to	the cause(s)  Dey, Yeer)

Treat on the colorest leading resolution 14 de 5

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 1. Department of Health and Mental Hygiene

					Cei	tificate	e of l	Death		Reg. No.			
hualala		1. Decedent's Name (First, Middle, I	est)						2. Dete of D Month	eeth	Voor	3. Time of Deeth	
hysicia /Medic:	_	TISHA	YOLAND	YOLANDA			McFADDEN			23 1996		4:50P.M.	
xamine	er	4e. Fecility Name (If not institution, g	ive street end num	ber)			4		, or Location of Dee	th 4c. County	of Deeth		
	Щ		CENTER			W 1 1 1		BALTI			N/A		
neral ector		215-86-8515	Sex 7 1 □ M 2 🛣 F	Age (In yrs. les 24	t birthday) Yrs.	If Under Months	Deys	If Under 24 Hours		24,1971	9. Birth Cou NEV	plece (Stete or Foreign ntry)  JERSEY	
		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City,	Town or Lo	cation						10d. Inside City Limits	
iner must be notified at	ō	MD. N/A					MOD.	TP.				1 XYes 2 No	
Total	Director	MD. N/A			D.	ALTI 10f. Zip		E .		10g. Citizen of	What Cou	ntry?	
		2106 WEST SAR	ATOGA S	таядт				1223			USA	,	
	Funeral	11. Marital Stetus	12. Wes Deced	ent Ever in U.S.	13. V	Vas Deced			? (Specify Yes or N ruerto Rican, etc.)			can Indien,	
		1 Never Married 2 Married	Armed Ford	No No					uerto Rican, etc.)		ck, White,	etc.	
	by	3 ☐ Widowed 4 ☐ Divorced		If Yes, Give Year or Dates:		1 ☐ Yes 2 No Specify:				Specify	Specify: BLACK		
Medical	Completed	15. Decedent's (Specify only highest g			16e. Decad	lent's Usue kind of won	l Occupa	ation during most of	working	16b. Kind of B	usiness/In	dustry	
	ap.	Elementery/Secondery (0-12)	College (1-4	lor 5+)	(Give kind of work done during most of wor life. DO NOT use retired)  CLERK				D T - T	TELEMARKETING			
		12TH 17. Fether's Name (First, Middle, Las	.41										
	Be	JOSEPH McCARY	,						Name (First, Middle				
	2									HEL WILLIAMS			
200		19e. Informent's Neme/Relationship		HER)					r Rural Route Numi				
one nemino	-	ETHEL WHITE  20a. Method of Disposition	(HUL			sition (Nem		SAKAI	OGA ST.	20c. Location -			
		IX Burial 2 ☐ Cremetion 3		cem	etery, cren	netory or ot	ther plec		/29/96			Y, SC.	
any injury	-	4 ☐ Donetion 5 ☐ Other (Spec 21. Signature of Funerel Service Lie		IICI					1				
any		21. Signature of Pullerer Service Co.	1	0					CAPLE FU				
	-	1 Som	13.5						VE. BALT		MD.		
		231. Pert1. Enter the disease, or co shock, or heart feilure. List or	nplications that cau y one cause on eed	ised the deeth. th line.	Do not ente	er the mode	of dying	g, such es car	diec or respiretory	errest,	i	Approximete Intervel Between Onset end Deeth	
an		Immediate Cause (Final	۸۸									3.100. GHQ 176001	
er		disease or condition resulting in deeth)	e. Multiple Shib Wounds										
	ē		(or es e consequence of):										
	Examiner	Soquentially list acaditase	b. Due to (or es e consequenca of):										
1	LXS	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	בשם וני נטו פש פי ביטוושמעשמווים טון.										
1	edical	Ceuse (Diseese or Injury that Initiated events	c										
	De	resulting in deeth) Lest	see to fail as a satisfaction of the										
Tor use as the bunal-transit	ar/m		d						•		- 1		
	Physician	Part II. Other significant conditione	contributing to deat	h but not resultir	ng in the un	derlying ca	use aive	en in Pert I.	23b. Did	tobacco usa co	ntribute t	o the cause of death?	
ā	Š.				S 3.0 311	, 9 30	9.70					bably 4 Unknow	
	à												
										s an eutopsy ormed?	24b. W	ere eutopsy findings allable prior to	
	Die								_   Peri	J	00	mpletion of cause deeth?	
	Completed								112	Yes 2□No		ZYes 2□No	
	-	25. Wes case referred to medical						26. Place of	Deeth (Check only		L		
	0	exeminer? }∰es 2□ No	Hospitel:	atient 2 ER	/Outpetient	3□ DO/	A Othe	AP1	ng Home 5 ☐ Res		er (Specil	(y)	
		27. Menner of Deeth 1 □ Neturel 5 □ Pending	28e. Dete of	Injury 28	b. Time of Injury	28	Bc. Injury Work			how injury occur	red		
and an an an an an an an an an an an an an		2 ☐ Accident Investigation	on 6-2	7 11 1	nkran	3.4		res 28No	susje	er shu	She	2	
1914		3 ☐ Suicide 6 ☐ Could not determined	288. Pieca of	Injury - At home , etc. (Specify)	, farm, stre	et, fectory,	office		28f. Location	28f. Location (Street and Number or Rural Route Number, City or Town, State)			
		,		Sheek					Phy sila		0 11	more-	

State Registrar

Medical

29e. Certifier

31. Dete filed (Month, Dey, Year)

29b. Signeture end title of certifier.

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signeture

1 Cartifying Physictan: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

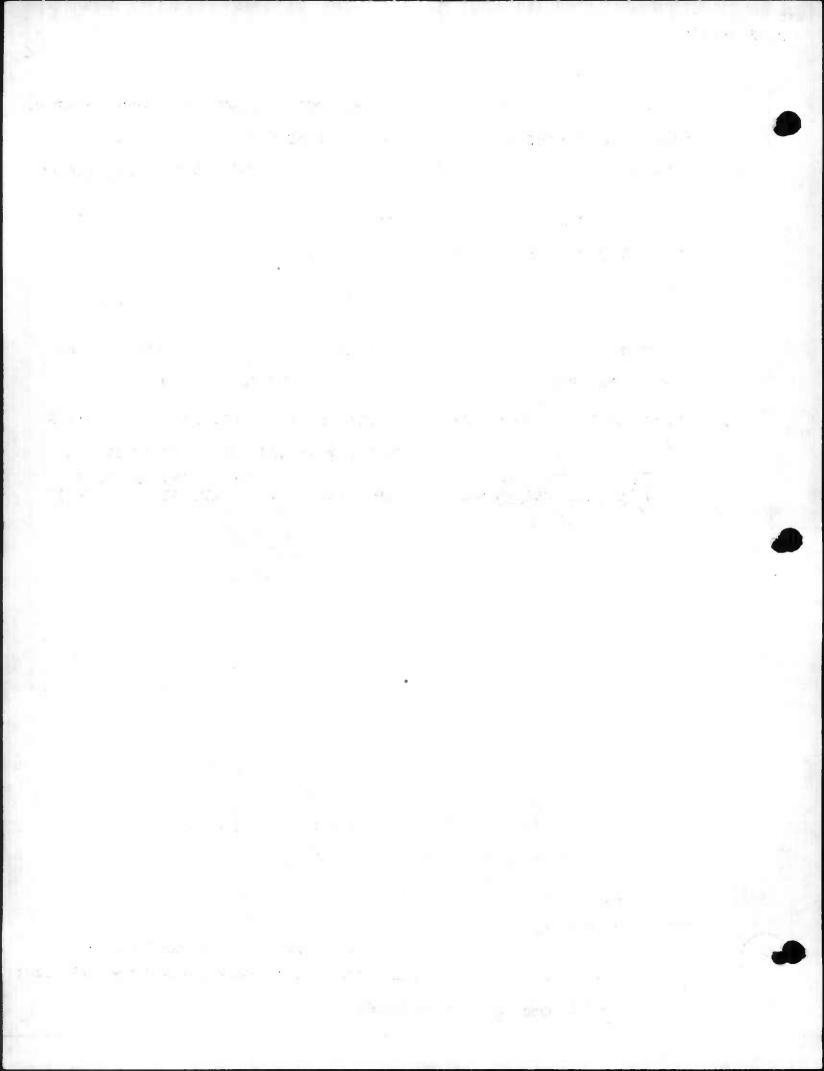
\*\*Comparison of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and manner stated.

29c. License number

O.C.M.E.

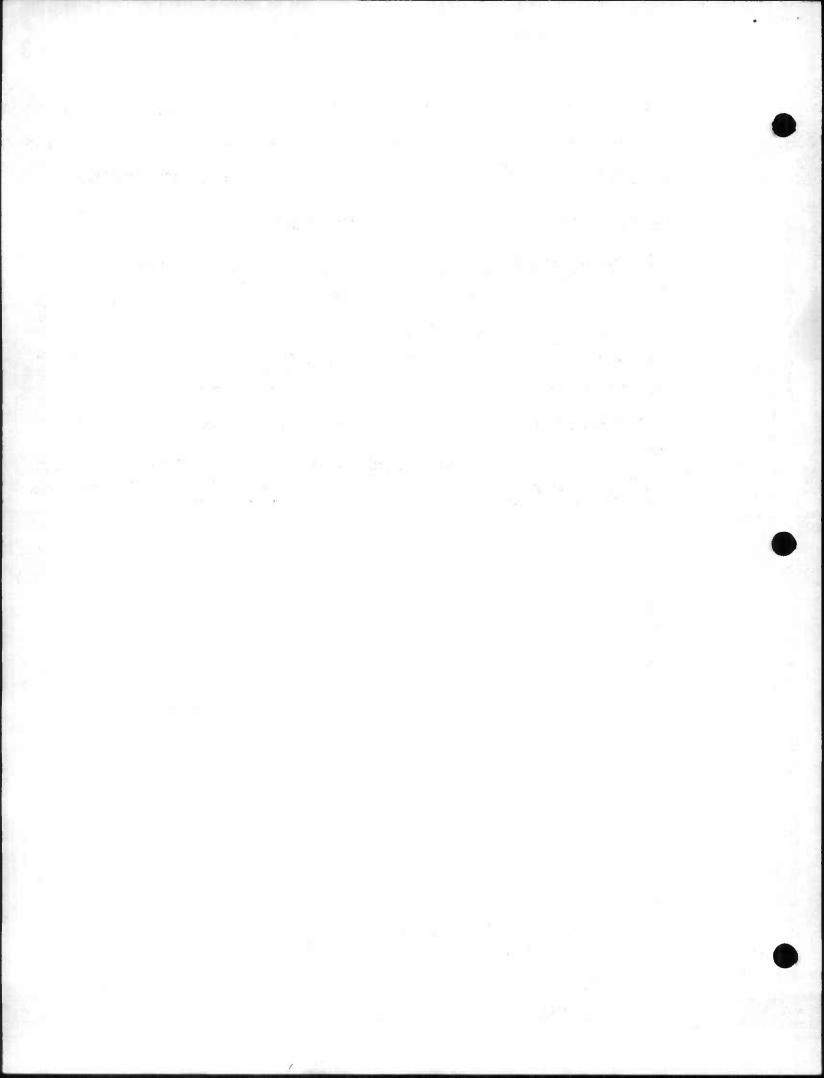
29d. Date signed (Month, Day, Year)

JUNE 24,1996



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

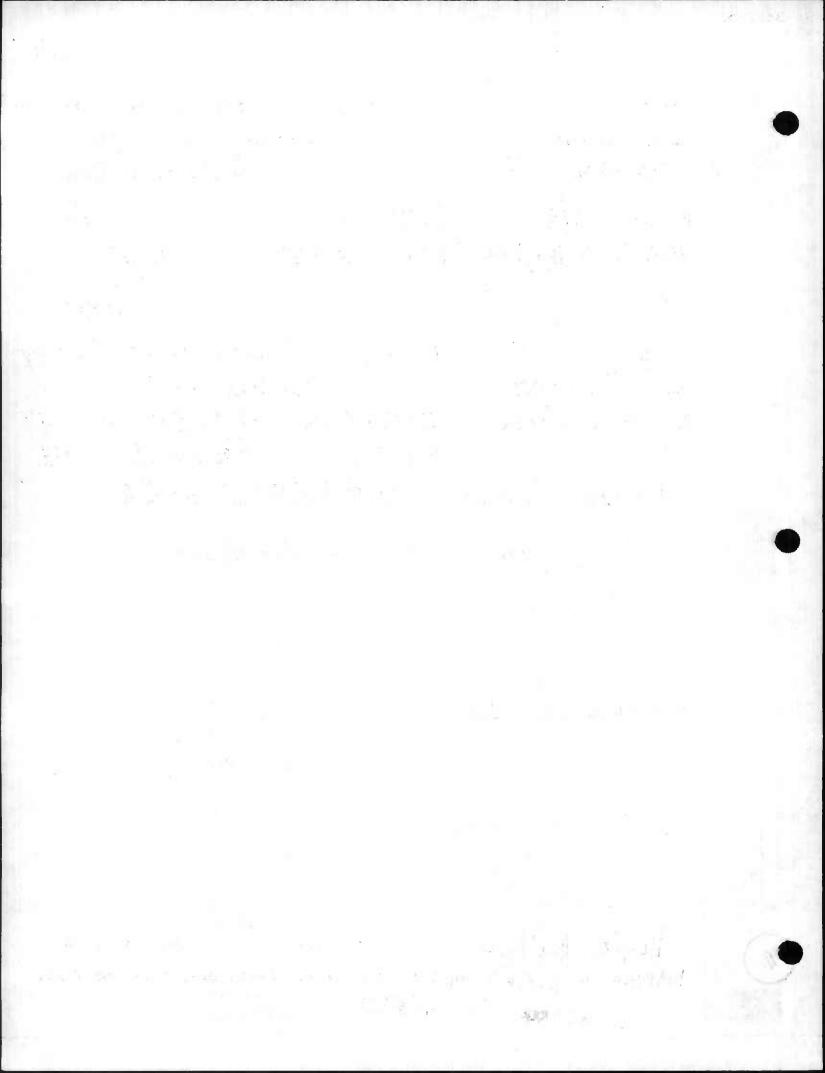
						Ce	rtificate	e of Death		Reg. No.				
Physician	,	1. Decedent's Nema (First, Midd		)		11 0	1 =1	LAND	2. Deta of Month	Deeth Dey	Yaer	3. Time of Deeth		
/Medica		MICHEL				MIC	-CEC		JUN	E 24	1996	1355		
Examine	r	4a. Facility Name (If not institution				0017	,		n, or Location of De					
_		6000 SAN				SPITA			LTIMOR	_		MORE		
Funeral Director		5. Sociel Security Number  216-78-0876  Usual Residence of Decedent	6. Sa:	х Эм 2ДД¥ //		last birthdey) 5 Yrs.	Months	Deys Hours	Min. (Month,	Dey, Year) 23 1961	9. Birthp Coun MARY	laca (Stete or Foreign try) LAND		
Wor		10e. State 10b. County	,		10c. Ci	ty, Town or Lo	ocation				1	0d. Insida City Limits		
19 3	Ö	MARYLAND NA	Ά				BALT	IMORE CITY	1			1XXYes 2□No		
, or items 23s or 28s-f show tenning must be notified at	<b>E</b>	10e. Street end Number					10f. Zip			10g. Citizan of	Whet Coun	try?		
238	0	4834 Carmine	Ave	nue				21207		U.S	ce - Americ			
	I Le	11. Merital Status		<ol><li>Was Deceder Armed Forcas</li></ol>	5?	,S. 13.	Wes Deced	ent of Hispanic Original of Cuban, Mexican, I	n? (Specify Yes or Puarto Rican, etc.)	No- 14. Rad Ble	ce - Americ	an Indien, etc.		
63	2	1)(Never Married 2 Mail 3 Widowed 4 Divorced		1 ☐ Yes 2¶ If Yes, Give Yaar or Dates	<del>]</del> (No ::		1□ Yas 2	XNo Specify:		Specil	y: BLA	CK		
natural', idical Ext	200	15. Deceder (Specify only highs	nt's Edu	cation e completed)		(Giva	kind of wor	i Occupation k dona during most o	of working	16b. Kind of B	usiness/inc	lustry		
	E I	Elementary/Secondery (0-12)		College (1-4o	r 5+)		DO NOT us	,						
marked other than imatic event, the Markette Mar		12th grade 17. Fethar's Nema (First, Middle	( act)			DATA	ENTR	Y OPERATOR	Nema (First, Mide	STATE	OF MA	RYLAND		
other traumatic event,	O I										ne)			
To	-	HARRY McCLELLA  19e. Informent's Name/Raletion		me Print)		19h Malii	na Addraes	(Street end Number	ENEVA PET		State 7in	Cada		
E 66		GENEVA PETTUS/		, , , , ,				nor Avenue				,		
othe		20e. Method of Disposition			20b. F	Plece of Dispo	sition (Nam	ne of	Dete	20c. Location				
7 9		1 X Kuriel 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (5		lemovel from Stet	е	NC MCM	•	PARK	6 20 0	C DALTI	MODE	"4ADVLAND		
any Injury or other tr	1	21. Signatury of Funeral Service		94/				d Addrass of Facility				MARYLAND		
5 6 8	1	1 Karles V	11									UNITY F/H		
- 20	1	23a. Part1. Enter the disease, o ahock, or heart feildre. Lis	compl	callions thet caus	ed tha deat	h. Do not en	ar tha mode	a of dying, such as ca	206 W. N	ORTH AVEI	NUE	Approximeta		
dcian		anock, or neart rendra. Lis	delly de	e ceuse on eech	line.							Interval Between Onset and Deeth		
edicai		Immediate Ceuse (Final disaase or condition		Bu	* 1001	1011	11.11	PERTEN	CIAN		1	2 2 2 200		
miner		rasulting in death)	•	e. PUL		or as a consec		EN / E/V	2/01/			7 3 DAYS		
- i											i			
-tran	Examiner	Sequentially list conditions,	ſ	<i>J.</i> —	Dua to (	or es a consec	quence of):							
		Sequantielly list conditions, if eny, laeding to immediate cause. Enter Underlying Causa (Disease or injury	C											
as the bural-transit	3	thet initiated events resulting in death) Last Due to (or es a consequence of):						į						
			<b>L</b> ,	1										
o lor	2	Date Office design		a we are a rule to				na Websie Karak						
etached for use	3	Part II. Other algnificant conditi	ona cor	tribusing to death	but not res	uiting in tha u	nderlying ca	tuse given in Pert I.				the cause of death?		
		RIGHT	HEART FAILURE					_   '	□ Yes 2□ No	3 Prot	pably 4 12 Unknows			
should by	pleted by	Completed b	leted b	D D	0	0							24b. We	ere autopsy findings
s been 2 shoul											pe	rformed?	COI	allable prior to mpletion of causa death?
ege 2	5								1	Yes 2□No		Yas 20 No		
director, pege		25. Was casa referred to medical	1					28. Placa o	f Deeth (Check on	11 70 11 10				
		exeminer?	F	lospital:	tient 2	ER/Outpatier	nt 3 DO	Other	ing Home 5□R		ner (Specify	()		
		27. Manner of Deeth 1 Manual 5 ☐ Pendi		28a. Date of In (Month, L	jury Jav Year)	28b. Time o	2	Bc. Injury at Work?	28d. Descrit	e how Injury occu	rred			
tha fune		2 ☐ Accidant invest	gation	,	,,	Injury Work?  M 1 Yes 2								
led in by the funer Certification:		3 Sulcide 6 Could 4 Homlcide determ	not be	28a. Plece of I building,	njury - At h	ome, farm, str	eet, fectory	, office		n (Street end Num. Town, Stete)	ber or Rura	l Route Number,		
led i														
pletely filled edical Ce	2	(Check only 2   Medical	ng Phys Examir	ner: On the basis	of exemine	wledge, deet tion end/or In	n occurred a vestigation,	it tha time, date end In my opinion, deeth	plece, and due to t occurred et the lin	ne ceuse(s) end m le, dete end place,	annar es st and due lo	eted. tha ceuse(s)		
Med		one) 29b. Signatura and titla of certifia		and menner	steted.		200	Licansa number		20d Data sign	nd (Month	Day Voer		
8					1			P08240		29d. Dete signe				
	-	BARBARA						108270		JUN	c 24,	1996		
-		30. Name and address of person BARB	ARA	4 LEDES	MA -	SANI	CO: 1	N.D.						
Chaha		560/ 31. Dete filed (Month, Day_Year	600	H RAV	EN type s Signe	BOULE	VARO	BALT	MORE	MD 2	1239			
State Registrar		31. Dete filed (Month, Pay Year,	1996	Jula	Davidson	1-Mande	2							



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

		Decedent's Name (First, Middle, Last)	Certificate of		2. Dete of Deeti	eg. No.		3. Time of Deeth
Physic		NELL	MORSE		Month	Dey	Year 996	01:27
/Medica Examine		4e. Facility Nema (If not Institution, give street end number)	HORDE	4b. City, Town, or L		4c. County	-	01.27
		SINAI HOSPITAL		BALTIMO	RE	713-130-170	NIT	4
Funeral Director		5. Sociel Security Number 6. Sex 1 M 2 F 7. Age (In yrs. lat 2 12 - 22 - 0240 1 M 2 F 85	st birthday) If Undar 1 Yea Months Deys		8. Deta of Birth Month, Pey, April &	, 1911	Virthple Virg	ce (State or Fore
be filed within 72 hours efter death with the Marylend ntal Hygiene.  Id other than "natural", or flems 23a or 28a-f ahow event, the Medical Examiner must be notified at	Director	Mary and 10b. County 10c. City.	Jown or Location Altimore 10f. Zip Code		10	ng. Citizen of		d. Inside City Ltm 1 Yas 2 ☐ I y?
rs 23a c	Funeral D	2621 Park Heights Ter  11. Maritei Status  12. Wes Decedent Ever in U.S.	race 2/ 13. Was Decadent of	1215	poits Ves or No	U	SA	Indian
iral", or item	by	1 Never Married 2 Married  3 Widowed 4 Divorced  Armed Forces?  1 Yas 2 No If Yas, Give Yeer or Detas:	it Yes, specify Cul	ben, Maxican, Puerto	Rican, etc.)		ca - American ck, White, et y: P	
n *natu	Completed	(Specify only highast grede completed)	16e. Decedent's Usuel Occu (Give kind of work done life. DO NOT use retin	e during most of work	ring	6b. Kind of B	usiness/Indu	stry
Hygiene. rther thar ent, the		Elementery/Secondary (0-12)  College (1-4or 5+)  17. Fether's Name (First, Middle, Last)	lousekeeping	Technic 18. Mother's Nam	(First, Middle, M	Priva	ite I	Indust
d Mental	To Be	Ed Sullivan		Mart	ha l	tall		
Health end Mer em 27 is marke ther traumatic		19a. Intorment's Name/Relationship (Type, Print)  Mr. Larry Morse.	19b. Malling Address (Street	nt end Number or Rur	C + apt.	By It	Stete, Zip C	1.7121
× = 0		1 Buriel 2 □ Cremation 3 □ Removel from State	ce of Disposition (Name of neither plants) cremetory or other plants	ece)		10c. Location -	- City or Town	n, Stata
Department of Important: If any injury or once.		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funerel Serval Licansee	22. Name and, Addr	ress of Eacility	11/96/	an50	down	e, Ma.
l mp	1	Desert Li Kuss	Joseph 2222 W	L, Kuss	Avene	ral H	ome	1716
		23a. Pany Enter the filseesa, or complications that caused the deeth.	Joseph 2222 V	L, KUSS V. North ing, such es cardiac	Ave. For respiratory erre	ral H Balto. st,	ti	2/2/6 Approximete Intervel Between
ysiclan Medical		. List only one cause on each line.	Joseph 2222 V Do not enter the mode of dy				ti	2/2/C approximete intervel Between onsat and Deeth
ysiclan	er	Immediate Cause (Finet disease or condition resulting in death)  a. Hypermans	Joseph 2222 V Do not enter the mode of dy				ti	ntervel Between
ysiclan Medical aminer	aminer	Immediate Ceuse (Finet disease or condition resulting in death)  Due to (or a	Joseph 2222 V Do not enter the mode of dy				ti	ntervel Between
ysician Medical aminer	al Examiner	Immediate Ceuse (Finet disease or condition resulting in death)  Sequentially list conditions, if eny, teading to immediate cause. Enter Undertying Cause (Disease or Injury	Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy				ti	ntervel Between
ysician Medical aminer	Cal	Immediate Ceuse (Finet disease or condition resulting in death)  Sequentially list conditions, if eny, teading to immediate cause. Enter Undertying Cause (Disease or Injury	Do not enter the mode of dy  NATHORS  s e consequence of):				ti	ntervel Between
Aledical and frameiransit framsit and frameiransit framsit and frameiransit framsit frameiransit	Cal	Immediate Cause (Finet disease or condition resulting in death)  Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  Due to (or expected by the cause of the cause of the cause (Disease or Injury that initiated events resulting in death) Lest  Dua to (or expected by the cause of	Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy	scienois			ti	ntervel Between
Ad by the ettending physician and deteched for use es the buriel-transit and an arrangement of the property of	Physician/Medical	Immediate Ceuse (Finet disease or condition resulting in death)  Due to (or a Due to (or e disease or injury that initiated events  Due to (or e disease or injury that initiated events  Due to (or e disease or injury that initiated events	Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy	scienois	D ( 5 G 10)	8લ		ntervel Between Onsat and Deeth
hes been signed by the ettending physician and included to use as the buriel-transit upon the deteched for use as the buriel-transit upon the deteched for use as the buriel-transit upon the deteched for use as the buriel-transit upon the deteched for use as the buriel-transit upon the deteched for use as the buriel-transit upon the deteched for use as the deteched	by Physician/Medical	Immediate Ceuse (Finet disease or condition resulting in death)  Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Due to (or each of the cause of	Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy	scienois	D ( 5 G 10)	acco use cons 2□ No autopsy	ntribute to til	the cause of deat bly 4 Unknow e eutopsy findings able prior to letton of cause
As been signed by the ettending physician and and page 2 should be deteched for use as the buriel-transit	Completed by Physician/Medical	Immediate Ceuse (Finet disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  Due to (or each of the conditions of the ceuse of the conditions of the ceuse of th	Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy	iven in Pert I.	23b. Did tot 1 ye  24e. Wes an perform The Control 1 yes	Dacco use col s 2□ No autopsy ed? No s 2½No	ntribute to ti	the cause of deat bly 4 Unknown eutopsy finding able prior to oletion of cause ath?
As been signed by the ettending physician and and page 2 should be deteched for use as the buriel-transit	Be Completed by Physician/Medical	Immediate Ceuse (Finet disease or condition resulting in death)  Due to (or a seculting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  Dua to (or expected by the conditions of the conditions of the cause of the conditions of the cause o	Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  S a consequence of):  S a consequence of):  S a consequence of):  S a consequence of):	iven in Pert I.	23b. Did toto 1 ye  24e. Wes an perform 1 year	secco use con 2 □ No autopsy ed? No s 2 □ No	ntribute to til 3 Probal 24b. Were aveile composite of de	the cause of deat bly 4 Unknot electron of cause ath?
this certificate hes been signed by the ettending physician and indicator, page 2 should be detected for use as the buriel-transit and an arrangement of the control of the	To Be Completed by Physician/Medical	Immediete Ceuse (Finet disease or condition resulting in death)  Due to (or a security list conditions, if eny, leading to immediete cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  Dua to (or each of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions.  Due to (or each of the conditions of the conditions of the conditions of the conditions of the conditions.)  Due to (or each of the conditions of the conditions of the conditions of the conditions).  Due to (or each of the conditions of the conditions of the conditions of the conditions).  Due to (or each of the conditions of the conditions).  Due to (or each of the conditions of the conditions).  Due to (or each of the conditions).	Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Se consequence of):  Se consequence of):  Se a consequence of):  Se a consequence of):  Se a consequence of):  Se a consequence of):  Se a consequence of):  Do not enter the mode of dy  Do n	iven in Pert I.  26. Piece of Deetliher:	23b. Did tot 1 ye  24e. Wes an perform The Control 1 yes	pacco use con 2 No autopsy ed?  2 No autopsy s 2 No )	ntribute to til 3 Probal 24b. Were aveilicomy of de	the cause of deat bly 4 Unknot electron of cause ath?
where the sentificate hes been signed by the ettending physician and in py the funeral director, page 2 should be deteched for use as the buriel-transit and in by the funeral director, page 2 should be deteched for use as the buriel-transit.	To Be Completed by Physician/Medical	Immediete Ceuse (Finet disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  Pert tl. Other significant conditions contributing to death but not resulting to death but not re	Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  See a consequence of):  See a	iven in Pert I.  26. Piece of Deetiher: 4   Nursing Ho	23b. Did toto 1   Ye  24e. Wes an perform TUPLON 1   Yes  h (Check only one	Decco use consection of the co	ntribute to ti 3 Probe  24b. Were aveile comported to the	he cause of death he cause of death bly 4 Unknown he autopsy findings able prior to helation of cause ath?  Yes 2 No
where the sentificate hes been signed by the ettending physician and in py the funeral director, page 2 should be deteched for use as the buriel-transit and in by the funeral director, page 2 should be deteched for use as the buriel-transit.	Certification: To Be Completed by Physician/Medical	Immediete Ceuse (Finet disease or condition resulting in death)  Sequentielly list conditions, if eny, teading to immediete cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  Due to (or each of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions.  Due to (or each of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condition of the conditions.  Due to (or each of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions.  Due to (or each of the conditions of the con	Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Se e consequence of):  Se e consequence of):  Se a cons	iven in Pert I.  26. Plece of Deetliher: 4   Nursing Ho iny at ink?  J Yes 2   No	23b. Did tot 1	secco use con autopsy ed?  No autopsy ed?  No once 8 Other winjury occurre sect end Numb Stete)	ntribute to ti 3 Probe  24b. Were aveile comported  1 Drawer (Specify)  red	the cause of death the cause of death bly 4 Unknown a sutopsy finding able prior to pletion of cause ath? The cause ath? The cause ath?
After this certificate has been signed by the ettending physician and in pip of profit in a profit of page 2 should be deteched for use as the buriel-transit are a larger transit.	ledical Certification: To Be Completed by Physician/Medical	Immediete Ceuse (Finet disease or condition resulting in death)  Due to (or a seculting in death)  Due to (o	Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Do not enter the mode of dy  Se consequence of):  Se consequence of):  Se a conseque	26. Piece of Deether:  26. Piece of Deether:  4  Nursing Houry at ord;  1 Yes 2  No	23b. Did total 1 Ye  24e. Wes an perform 1 Yes  1 Yes  1 Check only one me 5 Resider 28d. Describe how  28f. Location (Stre. City or Town, end due to the ceued et the time, det	secco use con autopsy ed?  No autopsy ed?  No once 8 Other winjury occurre sect end Numb Stete)	ntribute to til 3 Probei  24b. Were aveile composition of de til 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the cause of death  the cause of death  the cause of death  bly 4 Unkno  a eutopsy findings  able prior to  ale of cause  ath?  for 2 No  Route Number,  ed.  the ceuse(s)

State Registrar



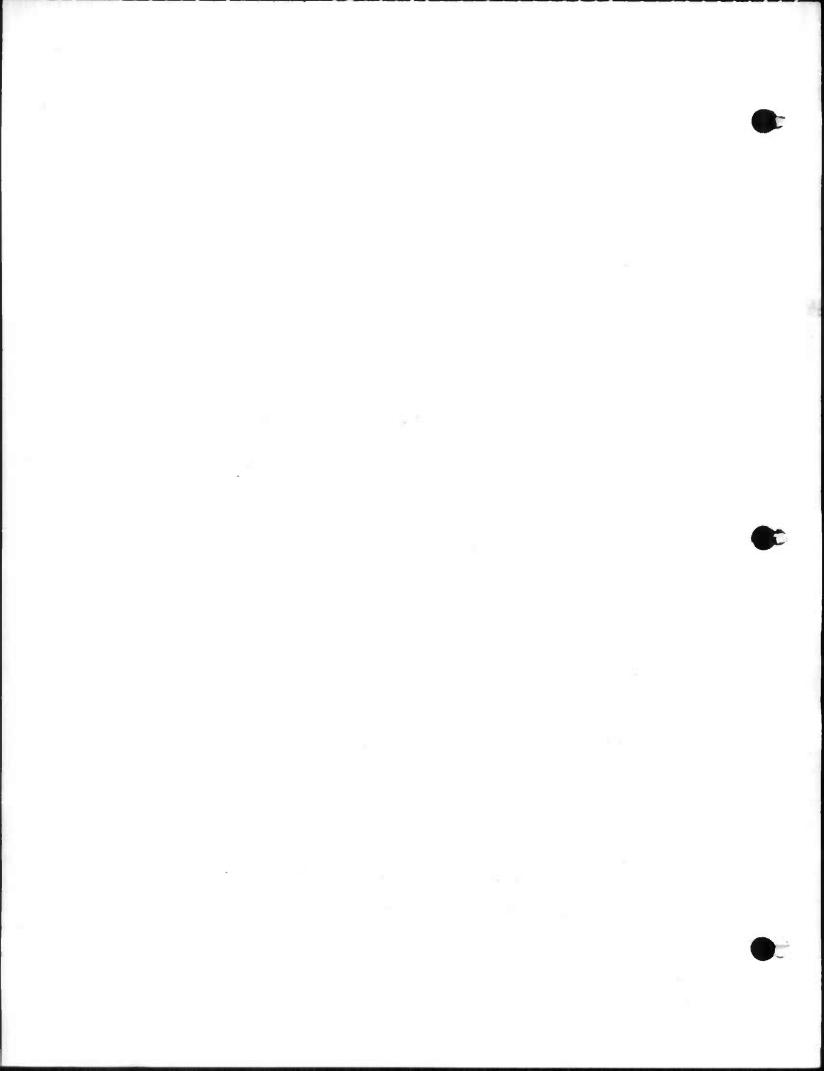
0
(0)
~
6876
00
9
~
BOX
~
0
_
P.O.
40
S
~
Life.
RECORDS,
$\overline{}$
O
ш
~
4
TAL
Q
-
-
>
LL.
0
$\mathbf{\circ}$
-
0
$\simeq$
CO
DIVISION
>
0

IMPTHIANT HIGH 28 R HARRY OF HOM 23 SHOWS ANY INDICA OF BRAINS RESIDENCE SEEM THE MEMBER HIGH AS AREA	5 E 7	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transit permit. Pages 1, 2, 3 should	
---	-------	---	--

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO							
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF DE							
	BETTY	POTASH				June 23.		5:00 A. M					
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	F UNDER T YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign					
	579 00 2755	1 M 2 🖫 F		ONTHE DAYS	HOURS MIN.	(Month, Day, Year)	Cour	ntry)					
	578-09-3755  9a. FACILITY NAME (If not institution, give st	25	83 YRS.	OUTH BOOM				timore, MD					
œ	TAGICIT NAME (II NOT HISIRUSION, GIVE ST	reet and number)	°	b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF	OEATH					
0	Hebrew Home Of Gre	eater Washir	ngton	Rock	ville		Montgo	mery					
ည္မ	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			Total Maria Committee					
DIRECTOR					1011			10d, INSIDE CITY LIMITS?					
		gomery	omery Rockville					1 ST YES 2 NO					
Z.	10e. STREET AND NUMBER			100	ZIP CODE		WHAT COUNTRY?						
FUNERAL	6121 Montrose Road	<u> </u>			20852		Α.						
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMEO	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No - 14. RA	CE — American Indian, ck, White, atc.					
	1 Never Married 2 Married	IF YES, GIVE WAR OR			2XXNO Specify.	n, Puerto Rican, atc.)		oth:					
BY	3  Widowed 4 Divorced							White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEOENT'S US (Give kind of work	UAL OCCUPATION	IN and an address	16b. KIND OF BUS	SINESS/INDUSTRY	U					
盲	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)	si or working	i							
립	12 Years		Clerk			Depart	ment Sto	re					
8	17. FATHER'S NAME (First, Middle, Last)	***************************************		7	16. MOTHER'S NAM	ME (First, Middle, Maiden							
	Nathan Potash			/		e Bulmash	- Community						
BE	19e, INFORMANT'S NAME (Type/Print)	<u> </u>	105 111 110 45	DEFAC (During		oute Number, City or Tow							
2	Control of the contro							20001					
	Joseph N. Potash				e, Silvei	Spring,	Maryland	20901					
	1 😾 Burial 2 □ Cremation 3 □ Remo	oval from State	10b. PLACE AND DATE OF I	DISPOSITION (Na place)	me of 6/25	7996 20c. LO	CATION - City or	Town, State					
- 1	4 Donation 5 Other (Specify)	I	King David	Memori	al Garder	1 Fal	ls_Church, Virginia						
	21. SIGNATURE OF FUNERAL SERVICE LIC	LITOLL		STEIN	HEBREW N	EMORIAL F	UNERAL H	OME INC.					
	Vonald (.	Xtotte	imyer	232 C	ARROLL ST	TEMORIAL F TREET, N.W D.C. 2001	• 0005	,,					
	23. PART i. Enter the diseases, or c			anter the mo	da of dving such	as cardiac or read	2-2095						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  Approximate interval Batween												
	IMMEDIATE CAUSE (Final disease or condition LIVPEATELL WE CONSTRUCT A DISEASE OF CONDITION LIVPEATELL WE CONSTRUCT A DISEASE OF CONDITION LIVE												
	disease or condition resulting in death)  a. HYPERTENSINE CEREBROVASCUCAR DISEASE YEARS  DUE TO (OR AS A CONSEQUENCE OF):												
- 1	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, b. ESSENTIAL HYPERTENSION YEARS												
Ĕ	DUE TO (OR AS A CONSEQUENCE OF):												
2	CAUSE (Disease or injury												
쁜	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					I					
CERTIFICATION	reading in dastn) LAST	ı											
	PART ii. Other elegificant condition	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS											
EDICAL	1+0,4, 5,00	La a de - a A	Tout not resulting in	ina underlying	cause given in i	Part i. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO					
ă	ATRIAL FIBR	TLLATION	LAKON	IC A	STIFAII	0 N 1 TES 2	No	OF DEATH?					
ME			Sept.					t   YES 2   NO					
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE	OF DEATH YES	□ NO □	UNCERTAIN	1 🗹							
X	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEATH	Check only one)									
S	EXAMINER?  1   YES 2   NO	HOSPITAL: 1   Inpatient 2   ER/O		THER:	5 🗆 Raeldence (	E Chher (Specify)							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. TIME O			28d. DESCRIBE HOW II	NJURY OCCURED						
	t Natural 5 Pending	(Month, Day, Year	) INJUR	y Wo	RK?			}					
B≺	2 Accident Investigation	28a PLACE OF INJUI	RY — At home, farm, stre-			204 1 004710W (O							
	3 Suicide 8 Could not be 4 Homicide datermined	building, etc. (S)	pecify)	et, tactory, offici		281. LOCATION (Street a City or Yown, State)	ind Number or Hursi	Houte Number,					
COMPLETED	00-0000000					- January (6)							
릴		CIAN: To the best of my kno											
ő	2 MEOICAL EXAMINER	3: On the basis of examinat	tion and/or investigation, i	n my opinion, d	eath occured at the t	lime, date and place, an	d dus to the cause	(s) and manner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER	10			29c. LICENSE NUM	BER	29d. DATE SIGNE	O (Month, Day, Year)					
BE	Steven	Inson	-,MD		D 05	885							
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type Pri	nt)									
		PSON O	6/21 MC	NTR	OSE R	D, RD	CKVILL	E					
	31. DATE FILED (Month, Day, Year)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	JUN 281996	32. EGISTRARIS SIG	son-Bandon										
	2011 to 0 1930	G	A land										





DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
DIVISION OF VITAL RECORDS,	L OR ATTENDING PHYSICIAN: The law requires that the dea	DIRECTOR: After this certificate has been signed by the att

if. Pages 1, 2, 3 should THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND		HYGIENE REG. NO.					
	1. OECEOENT'S NAME (First, Middle, Last)			***************************************	2. DATE OF	DEATH		3. TIME OF DEATH			
	Daniel Carroll Pa	lmer			Juh	DAY 1	YEAR	10:13 Am			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	yrs. last birthday) II	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF						
	217-14-3826 1	M2 DF 7		NTHS DAYE HOURS MIN.	(Month, Di			Maryland			
	9a. FACILITY NAME (If not institution, give street			b. CITY, TOWN OR LOCATION OF I	1 11 00		INTY OF OEA				
œ	Union Memorial H			Baltimore Ci		12.000	1. 1	11			
DIRECTOR	RESIDENCE OF DECEDENT										
ñ	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IN										
<b>=</b>	Md. NA BALTIMORE MARULAND.										
A	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT										
FUNERAL	3220 BARCLAY 57. 2/2/8 U.S.										
5		. WAS DECEDENT EVER IN U		13. WAS DECENDENT OF HISPA			14. RACE -	- American Indian,			
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		If yes, specify Cuban, Maxic	://v:	Specify:					
		WWI			13LA			LACK			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON 1 pleted)	6a. OECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	16b. KII	ND OF BUSINESS/IN	DUSTRY				
	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)		энгөд.)	0 -	THIER I	2000	TRACK			
M			ASHIER				HCK	-11/11/21			
	17. FATHER'S NAME (First, Middle, Last)	- 0				lle, Maiden Sumame)	,				
B	ANDREW PALME	K		ELMO		ESLE	-				
2	ERNESTINIE PA	LMER	19b. MAILING AL	DDRESS (Street and Number or Rura	_		ip Code)				
	20a, METHOD OF DISPOSITION		13220	BARCLAY ST		LTO, M	20	Au c			
	1 Donation 5 Other (Specify)	from State cemet	ary, crematory or other	placal . // 1	7/2/9			Ils, Ad			
	21. SIGNATURE OF FUNERAL SERVICE LICENS		RISIN FR		FACILITY						
	1 1 2 . 11	CHOTALDA HARRIS FUNERAL TIONE									
	Isaiah W. Hau							1270,179			
	23. PART I. Entar the diseases, or con- shock, or heart fellure. List	plications that caused to only one ceuse on eer	the death. Do not th line.	antar tha moda of dying, su	ich aa cardlad	or reapiratory a	rreat,	Approximata interval Between			
	IMMEDIATE CAUSE (Finel	^	Λ.	0 -				Onset and Deeth			
	disease or condition resulting in deeth) a	Acute	Myoca	rdial Infar	ction			3days			
	DUE TO (OR AS A CONSEQUÊNCE OF):										
CERTIFICATION	Sequentially list conditions.  Due to (or as a consequence of):  Due to (or as a consequence of):										
EA	if any, leeding to immediate ceuse. Enter UNDERLYING		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
윤	CAUSE (Diseese or Injury that initiated evente	DUE TO (OR AS A C	ONSEQUENCE OF):					+			
E	resulting in deeth) LAST										
8											
AL	PART II. Other eignificent conditione c	ontributing to deeth but	not reculting in	the underlying ceuee given i	in Pert i. 24	a. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO			
8	Chronic Fen	al tailur	e		1	YES 2 K NO		COMPLETION OF CAUSE OF DEATH?			
WE								T YES 2 7 NO			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB				IN 🗆						
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	B. PLACE OF DEATH	(Check only one)							
YSI		Inpatient 2 ER/Outpat	lent 3 🗆 OOA   4	☐ Nursing Home 5 ☐ Residence		6 Other (Specify)					
PH	27. MANNER OF OEATH  1 M Natural 5 Pending	26a. OATE OF INJURY (Month, Day, Year)	26b. TIME (	Y WORK?	28d. OEŞCR	IBE HOW INJURY O	OCCUREO				
В	2 Accident Investigation	OR- DIACE OF IN HIEV	44.5	M 1 YES 2 NO							
G	3 Suicida 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, atc. (Specify	- At nome, term, atri	ват, тастогу, отнов	e 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER				1						
AP.	(Check only			at the time, date and place, and d							
Ö	2 MEDICAL EXAMINER: C	In the beels of examination	and/or investigation,	in my opinion, death occured at ti	he tima, date an	d placa, and dua to	tha ceuse(s)	and manner as stated.			
ш	296. SIGNATURE AND TITLE OF CENTIFIER	ach!	2	29c. LICENSE N		29d. DA	TE SIGNED	Month Day, Year)			
TO B	Document 10	Hunne	100	AT24	18941	b   4	e/26	196			
F	30. NAME AND AODRESS OF PERSON WHO C	OMPLETED CAUSE OF OFA	H (ITEM 27) (Type, P.		11	1 0 1	1,				
	Robert Mc	Kinney	Union	Memorial F	protu	1 Ral	TIMO	re, md			
	JUN 2 8 1996  JUN 2 8 1996  JUN 2 8 1996  JUN 2 8 1996  JUN 2 8 1996  JUN 2 8 1996										

TO THE PLANTING AT TELEMENT THE law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLANTING COTH And the certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT.-IF. Them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. SION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day: Year)

	tem #19b, filmg 73	per Dr. 8-15-96			96	19211							
FO		STATE OF MARYLAN	D / DEPARTMEN										
	EDENT'S NAME (First, Middle, Lest)	Robin	KOM	E OF DEATH	REG. NO.  2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF GEATH							
	AL SECURITY NUMBER	5. SEX 6. AGE (In yo	s. lest birthday) IF UNDE YRS. MONTHS	R 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)							
9e. FACI	PLITY NAME (If not institution, give st		9b. CIT	Y, TOWN OR LOCATION OF DE		Y OF OEATH							
RESID 10a. STA	DENCE OF DECEDENT		10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITED  1 FYES 2 NO							
	10g. CITIZEN OF												
11. MARI	106 N . BENTALOU ST  11. MARITAL STATUS  12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES  12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.)  14. RACE Black, Specify Cuben, Maxican, Puerto Rican, etc.)  15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.)  16. RACE Black, Specify Cuben, Maxican, Puerto Rican, etc.)												
Elem	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY												
17. FATH	IER'S NAME (First, Middle, Last)	N/A	MAIL HANI		SOCIAL S ME (First, Middle, Malden Surname)	ECURITY							
	JOHN LEE  196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
EZ	THOD OF DISPOSITION rtel 2 Cremetton 3 Remo	20h Pl	1745 106		DATE 20c. LOCATION - CI	the on Town Photo							
23. PAI	ahock, or heert fallure. I	complications that coused the List only one cause on each	e deeth. Do not ente	129 N. CAR	ETTS FUNERAL OLINE ST BAL' h as cerdisc or respiratory erre	TO, MD 21213							
	ing in death)	DUE TO (OR AS A CO	24-5										
Sequer if any,	leading to immediate	DUE TO (OR AS A CO	NSEGUENCE OF):	iror disea	ase_	1 monin							
CAUSE that in	Enter UNDERLYING E (Disease or Injury iltiated eventa ing in death) LAST	OUE TO (OR AS A CO	NSEQUENCE OF):	Browst disease failure		144-5							
11	II. Other algnificant conditions												
25. WAS 1 - 27. MANI	Hypermen	DM	tot resulting in the u	nderlying ceuse given in	Part I. 24e. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 PNO							
25. WAS EXA 1	CASE REFERRED TO MEDICAL MINER? YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatie	m 3 DOA 4 TLA	26. PLACE OF DEATH (Chi A: Irsing Home 5 ☐ Residence									
	Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	JREO							
3 🗆	Accident Investigation Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street, fe	home, farm, street, factory, office  281. LOCATION (Street and Number or City or Town, State)									
29e. CEF	RTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of our beauty de-			to the cause(a) and manner as state								

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Sulia Savidson-Randam



OHMH-16 Rev 1/89

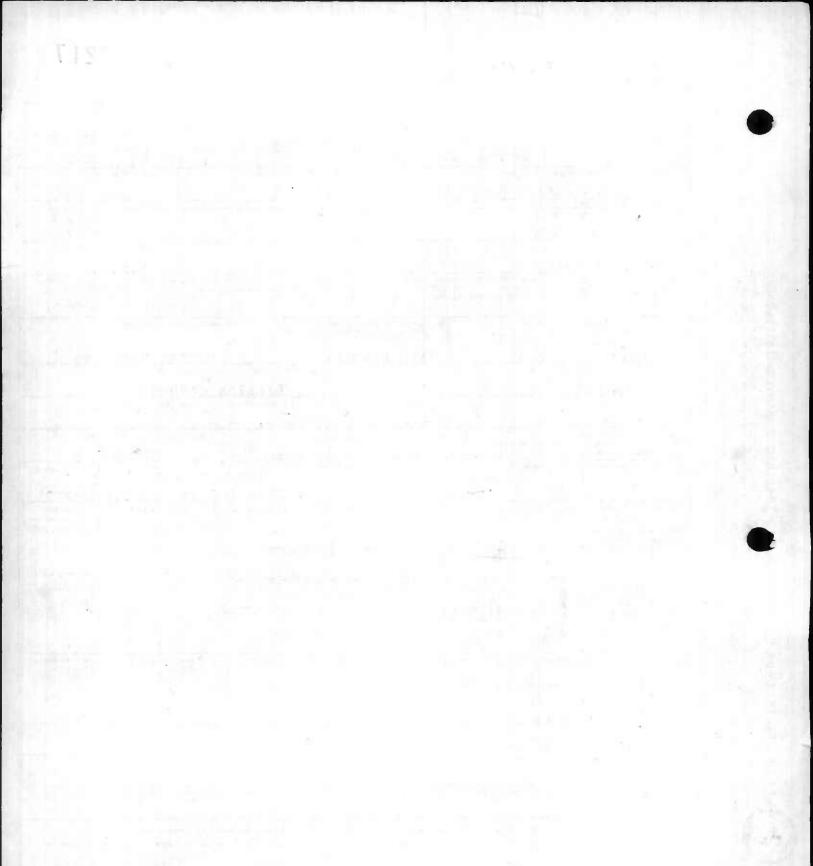
0/24/96

011247

D36494

Ae

Baltimare



State of Maryland / Department of Health and Mental Hygiene Film G738 item 1,27 per ME 8-29-96 rja

Certificate of Death

			_
	Decedant's Neme (First, Middla, Last)	DIMARR	I
Physician /Medical	BABY	BOY	
Examiner	4a. Facility Nama (If not institution, giva si	reet end number)	

**Funeral** 

the Maryland 28a-f show the Medical Examiner must be notified at 6 Herna 23a death

Director

Directo Funeral Pages 1 and 2 should be filed within 72 hours after with of Health and Mental Hygiena.
Int: If lean 27 is marked other than "natural", or its altimore, Maryland 21215-0020 þ Completed important of Health and Mental Phy.

Important if Item 27 is marked Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Art.

The August Market Market Art.

The August Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market M Be **Physician** /Medical Examiner Examiner The law requires that the death certificate be axecuted attending physician a for use as the buriel-Division of Vital Records, P.O. Box 68760, Physician/Medical bed ! signed by the þ should I Completed cartificata has t irector, page 2 s Ye the Hospital or Attending Physician: Whin 24 hours after death.

To the Funeral Director: After this cartification of the Funeral director, I Be axeminar? 9 Certification: **K**⊠Naturai Medical

2. Dete of Death AUQUIN 3. Time of Death JUNE 28, 1996 REGUSTUS 18:27 PM 4b. City, Town, or Location of Death 4c. County of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY N/A 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Under 24 Hrs. 5. Social Security Number 6. Sax Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day 1**▼**M 2□ F 82° Yrs. JUNE 18,1996 MARYLAND Usual Rasidence of Dacedent 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2557 BARNSLEY PLACE 21244 USA 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑No Was Decedant of Hispanic Orlgin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - Amarican Indian, Bieck, Whita, atc. 11. Maritai Status 1 Never Merried 2 Married 1 Yas 2 No Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elamantary/Secondery (0-12) Collega (1-4or 5+) INFANI N/A 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) UNKNOWN MELITA REGUSTUS 19a. informant's Neme/Raiationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) SHIRLEY GRAY (G.GRANDMA) 2557 BARNSLEY PLACE BALTIMORE, MD. 21244 20a. Method of Disposition
1 Buriai 2 □ Cremation 3 □ Ramoval from State 20b. Place of Disposition (Nama of cematary, crematory or othar place) 20c. Location - City or Town, Stata MT. ZION CEMETERY 6/27/96 LANSDOWNE, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Address of Facility CAPLE FUNERAL SERVICE 21. Signature of Funeral Service Lic 5502 WINNER AVE. BALTIMORE, MD. complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, only one cause on each line. Approximata Intarvai Between Onset end Daath Immediata Causa (Final PULMONARY 45 MINUTES diseasa or condition rasulting in death) RESPIRATORY DISTRESS 40 Hours Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaasa or Injury that Initiated evants rasulting in daath) Last Dua to (or as e consequance of): PREMATURITY

Dua to (or as e consequanca of): AO HOURS Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown TRANSPOSITION OF THE GREAT VESSELS 24b. Ware autopsy findings aveilable prior to complation of cause of death? 24a. Was an autopsy 1 ¥ Yes 2 □ No 1 ☐ Yes 2 No 25. Was casa rafarred to medical 28. Placa of Death (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) TX Yas 2 No 1 Ninpatient 2 □ ER/Outpatient 3 □ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? Pending Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Sulcide 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida 154 Certifying Physician: To the best of my knowledga, death occurred at tha tima, data and placa, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at tha time, data and place, and dua to the cause(s) and manner stated. 29a. Cartifiar 29b. Signetura end titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) MILZS JUNE 20, 1996 30. Nama and addrass of person who complated causa of daath (Item 23a) (Type, Print)

State Registrar

31. Data filad (Month, Day, Year)



ADAM SLOTE, 122 S. COLLINGTON AVE., BAUTIMORE, MD 21231

0	1 0	0	
	1 4 1		6
96	19	/	
	1 )		
	B 66	Revitte .	

			item #7,8,18, f:	State	of Marylan 6/28/96,cy	d / Depa w, PCe	artment rtificate	of H	ealth ai D <i>eath</i>	nd Me		iene eg. No.	96	19219
			1. Decedent's Name (First, Middle,	Last)							2. Date of Deat	th	V	3. Time of Death
	Physici		Russell H. Ryla	and							Month June	25. 1	Year 996	2.35 pm
	/Medic Examir		4a. Facility Name (If not institution,		umber)			4	b. City, Tow		ation of Deeth	4c. County		سر در، عا
	Endiiii		3026 Stafford St	reet					Balt	imor	0		N/A	
1	Funeral			6. Sex	7. Age (In yrs. I	ast birthday)			If Under 24	4 Hrs.	8. Date of Birth (Month, Dey,			lace (State or Foreign
	Director		212-01-4280	100 M 2□ F	78	Yrs.	Months I	Days	Hours	Min.	7-8-1	1917	Cour	Md.
			Usuel Residence of Decedent		- /									
	how		10a. State 10b. County		10c. City	, Town or Lo	ocation						1	0d. Inside City Limits
	h the Marylan r 28a-f show	cto	Md.	N/A	Ba	ltimor	re							1 20 Yes 2 □ No
	or 26	Director	10e. Streef and Number				10f. Zip C	ode			1	0g. Citizen of	Whet Cour	ntry?
	23a (23a (	<u>a</u>	3026 Stafford S	treet				2	21223			U.S	. A .	
	72 hours after death with the Maryland natural; or items 23a or 26s-f show dost Examiner must be notified at	Funeral	11. Merital Sfetus		cedent Ever In U.	S. 13.	Was Deceder			n? (Spec	ify Yes or No- ican, etc.)	14. Rad	e - Americ	
0	or he		1 Never Married 2 Marrie	d 1 Yes	2 No Nav	У				Puerto H	ican, etc.)		ck, White,	etc.
02	al', c	by	3 Widowed 4 Divorced	If Yes, G Year or	Dates: W.W.	II	1 ☐ Yes 212	No.	Specify:			Specil	y: Whit	ce
5-0	"natural",	Completed	15. Decedent's (Specify only highest	Education	0	16a. Dece	dent's Usual (	Occupa	ition	of workin		16b. Kind of B	usiness/în	dustry
21	C . 0	nple	Elementery/Secondary (0-12)		(1-4or 5+)	life.	kind of work DO NOT use	retired	)	JI WOIKIII	9			
2		00	Grade 12			Inst	rance	Sa]	esman			Home E	enefi	cial
nd	be filed ntal Hygi of other event, t	Be (	17. Fether's Name (First, Middle, L	ast)					18. Mother	s Name	(First, Middle, f	Maiden Sumar	ne)	
Na Na	should be and Mental I marked of umatic evs	2	Samuel E. Ry	rland						Emma	May He	ults H	lts	
Maryland 21215-0020	f Heelth and Men tem 27 is marke other traumatic		19a. Informant's Name/Reletionship (Type, Print)  19b. Meiling Address (Street end Number or Rural Route Number, City or Town, S										State, Zip	Code)
	elth 127		Mrs. Betty F. R	yland		3026	Staff	ord	Stre	et-B	altimor	e, Md.	2122	3
Baltimore,	Pages 1 end ment of Heelt ant: if item 27 ury or other		20e. Method of Disposition	_	0.0	lace of Dispo	osition (Name matory or other	of er plac	9)	-	Dete	20c. Location	- City or To	own, State
E	Page ent c mt: If		1 ☐ Burial 2 ☐ Cremation : 4 ☐ Donation 5 ☐ Other (Spi		1 51616		Cemet			6-28	_96	Sykesv	:110	Md
E E	HETE.	1	21. Signeture of Funeral Survice L	and the second		2	2. Name end	Addres				Dykesv	1116	Tia.
B	Depa Impo any i		10.7	timo	the		-				onal Pi	.ke		
	_		23e. Pert1. Enter the disease, or o shock, or heart failure. List o		caused the death		Baltimo					net	ı	Approximate
STALL.	Physician /Medical Examiner	iner	Immediate Ceuse (Final disease or condition resulting in death)	a. Co	N gest	T as a conse		OR-	rfA	ilu	RE		1	Conset and Deeth
68760,	eath certificete be executed ettending physician end for use as the burial-transit	edical Examiner	Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest	c		es e consec							1	
	ding Se as	M		d										
Box	etter for u	Slan												
o.	the d	Physician/Me	Part II. Other significant condition	<ul> <li>contributing to</li> </ul>	death but nof resu	ilting In the u	nderlylng cau	se give	en in Part I.		23b. Dld to	bacco use co	ntributa to	the cause of death?
<u>a</u>	that the ed by detac										1 U Y	es 2 No	3 Pro	bebly 400 bnknown
Records,	requires been sign should be	Completed by									24a. Was a perform		ev	ere autopsy findings aileble prior to mpletion of ceuse death?
R	0 5 0	Eo									1 🗆 Ye	es 2 DNo	11	Yes 2□ No
Vital	ician: The certificata rector, pag		25. Was case referred to medical						26 Place	of Dogsh	(Check only of			
>	Physician: this certific ral director,	To Be	exammer?	Hospitel:	Inpetient 2 1	ER/Outpatie	nt 3 DOA	Othe					ner (Specif	iv)
o			27. Manger of Death	28a. Date	of Injury	28b. Time o		. Injury Work		-	8d. Describe ho			y)
on	th. : After a funer	to	1 Matural 5 ☐ Pending 2 ☐ Accident Investiga		nth, Dey Year)	Injury	М		t? Yes 2□N-	0				
Division	Attending r death. ector: After by tha fune	Certification:	3 ☐ Suicide 6 ☐ Could no	ed 289. Plac	e of Injury - At ho		reet, factory, o	office		21			ber or Rura	I Route Number,
Ď	afte Dire	er	4 Homicide	build	ding, etc. (Specify	)					City or Town	n, State)		
	To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completaly filled in by tha	edicai C		caminer: On the I	e best of my knov basis of examinati nner stated.									
-	vithin 2 To the comple	Σ	29b. Signature and title of certifies	1	/		-		number			9d: Dete signe		
	,		MATAYII	1, Am	2001	111	1	ノ	11/97	/	2	JUNE	26,	1996 NS0, U.E
	6		30. Name and address of person w	ho completed cau	ise of deeth (Item	23a) (Type	Print)							, , -
-	IJK		1/1 / 1	2. W/12	LIAM	SON	£ 4	05	FL	ede	Eich	12-1	007	NERILE
	Sta	te	31. Date filed (Month, Dey, Year)	32.	Registrar's Signat	ture .		-			76		201	21228
,	Registr		JUN 28	1996	Registrar's Signat	bon-Aar	phase					•	me	アノンンと

DHMH 16 Rev 6/95

Facility is a real of the second against the second

The companies were seen to be a

CIP (CASE NOT INITIALLY REPORTED)

1. Decedant's Name (First, Middle, Last)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

**Physician** /Medical Examiner

JOHN 4a. Facility Name (If not institution, give street and number)

10b. County

JUNE 15 ROSE 4b. City, Town, or Location of Death

3. Time of Death

SAINT AGNES HOSPITAL

BALTIMORE

Day 1996 2:00AM 4c. County of Death

5. Social Security Number **Funeral** 214-46-7829

XXM 2 F

if Under 1 Year 7. Age (In yrs. last birthday) Days Months Hours

10f. Zip Code

21207

If Under 24 Hrs. Min

2. Date of Death

8. Date of Birth (Month, Day, Year) 1950 9. Birthplace (State or Foreign MD)

10d. Inside City Limits

1 XYes 2 No

Director

with the Maryland

filed within 72 hours after death

I Hygiene.

other

permit. Pages 1 and 2 should be filt Department of Health and Mental Hy Important: if flem 27 is marked oth any linjury or other traumatic event page.

Physician

/Medical

Examiner

and the bunal-tran

attending physician for use as the buna

detached

8

3

The law requires that the death certificate be executed

Box 68760.

P.O.

Division of Vital Records,

or Attending Physician:

this

After

s after death.

within 24 hours a To the Funeral D Hospital

other traumatic event,

21215-0020

Maryland

Baltimore,

Journal Residence of Decedent State ir than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Director Funeral

2

Completed

Be

2

Examiner

Physician/Medicai

Completed by

Be

2

Certification:

Medicai pletely

10e. Street and Number 5603 WINDSOR MILL ROAD 1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:

46

 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2XXIo Specify:

 Race - American Indian, Black, White, etc. Specify: BLACK

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Collaga (1-4or 5+) DISABLED

10c. City, Town or Location

BALTIMORE

16b. Kind of Business/Industry

10g. Citizen of What Country?

U.S.A.

10th

18. Mothar's Name (First, Middle, Maiden Surname)

N/A

17. Father's Name (First, Middle, Last)

JOHN W. ROSE SR.

LESSIE GENEVA ROSE

19a. Informant's Name/Ralationship (Type, Print) JOHN W. ROSE SR.

20b. Place of Disposition (Name of cemetery, crematory or other place)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5603 WINDSOR MILL ROAD BALTIMORE, M.D. 20c. Location - City or Town, State

20a. Mathgd of Disposition

1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

WESTERN SMM com. 22. Name and Address of Facility CARY L. FOR CLUS FOR NOW E

JUNE 20,1995 BARTMORE, MO

21. Signature of Funeral Servica License

gary X

WEST MU SAUS ST. PREDERIER, MO 1001 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart lailura. List party one cause on each line.

Approximate Intervel Between Onset and Death

Immediate Cause (Final disease or condition resulting in death)

PNEUMONIA

**BURNS** 

Due to (or as a consequence of):

LEFT HEMIPARESIS

Due to (or as a consequence of):

CEREBROVASCULAR ACCIDENT

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Last

Part ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown

PARANOID SCHIZOPHRENIA

5 Pending Investigation

6 Could not be determined

24a. Was an autopsy performed? INOUIRY

1 ☐ Yes ZE No

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

25. Was case referred to medical XXYes 2□ No

28a. Date of Injury (Month, Day Year) 4/26/1977

Management 2 □ ER/Outpatient 3 □ DOA 28b. Time of Injury

8:38AMM

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ON

28d. Describe how injury occurred SUBJECT SET ON FIRE

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

HOSPITAL

28f. Location (Street and Number or Rural Route Number, STONE TAGE CAFETERIA SPRING GROVE HOSPITAL

29a. Cartifier (Check only

27. Mannar of Death

1 Natural

2 Accident

3 ☐ Suicide

X)Homicida

1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

Donald H. Wright MD

29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) JUNE 27, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DONALD G. WRIGHT MD

111 Penn Street, Baltimore, Maryland 21201

26. Place of Death (Check only one)

State Registrar 31. Data filed (Month, Day, Year) JUN 2 8 1996



water for joins egit. Hold Hold Room

ELECTIVE TO BOTH

item #5,10g, filmg,736, 6,25,96, Maryland, Department of Health and Mental Hygiene

Physician
/Medicai
Examiner

**Funeral** Director

the Maryland 28a-f ahow the Medical Examiner must be notified at ò items 23a ö "natural"

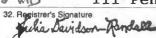
Director MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zip Code filed within 72 hours after death with 8061 GREEN ORCHARD RD., APT. 32 21061 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No II Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: p 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decadant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 12 ENGINEER traumatic evant. 17. Father's Nama (First Middle Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Nem 27 Is marked oth any lujury or other traumatic evant otics. Be SACHINDRA NATH SAHA 2 TARA 19a. Informant's Name/Relationship (Type, Print) CHANDRA PAUL (SISTER) 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) CHESAPEAKE CREMATORY 21. Signature of Funeral Service Licenses 22. Name and Address of Facility 23a. Part1. Enter the diseasa, or complications that countries the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart lailure. List only one cause or feed the **Physician** /Medical Immediate Cause (Final Intestinal disease or condition resulting in death) Examiner Dua to (or as a consaquenca of): Examiner The law requires that the death certificate be executed burial-transit Sequentially list conditions, if any, leading to Immediata cause. Entar Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): Box 68760. Physiclan/Medical the Due to (or as a consequence of): ettending p Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by d be detect alcoholism p Completed ate has b certificate Division of Vital I or Attending Physician: after death. Be 25. Was case referred to medical 28. Place of Death (Check only one) 2 1 XYes 2 □ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funerei 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 1 Datural 5 Pending Investigation 1 Yes 2 No 2 ☐ Accident Director: / 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 \( \text{Homicide} within 24 hours aft To the Funeral Di completely filled in edicai 29a Certifier 1 Certifying Physician: To the best of my knowledge, daath occurred at the tima, date and place, and due to tha cause(s) and manner es stated. 2 XMedical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner steted. \$ \$ 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) JUNE 21,1996 lut no O.C.M.E. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Dennis J 111 Penn Street, Baltimore, Maryland 21201 Chute mo 31. Date filed (Month, Day, Year)

Certificate of Death 1. Decedant's Name (First, Middle, Last) 3. Time of Death Month SANJIV SAHA 20 1996 JUNE 6:49P.M. 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 8061 GREEN ORCHARD ROAD APT. 32 GLEN BURNIE ANNE ARUNDEL 6. Sex 1 M 2 □ F If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 9. Birthplece (State or Foreign Country) Days Months Hours Vrs UNKNOWN 11/22/53 INDIA Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No 10g. Citizen of What Country? INDIA GREEN CARD HOLDER 14. Race - American Indian, Black, White, etc. Specify: ASIAN INDIAN 16b. Kind of Business/industry FIBER OPTICS 18. Mothar's Name (First, Middle, Maiden Sumeme) MULLICK 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20b. Place of Disposition (Name of camerary, crematory or other place)

8217 NEW CASTLE STREET, BAKERSFIELD, CA 93311
20c. Location - City or Town, State 6/27/96 BELTSVILLE, MARYLAND SINGLETON FUNERAL HOME SECOND AVE. S.W., GLEN BURNIE, MD 21061 Approximate Intarval Between Onset and Death 23b. Did tobacco use contribute to the cause of death? 24b. Ware autopsy lindings available prior to completion of cause ol death? 24a. Was an autopsy performed? Other: 4 Nursing Home 5 XResidence 6 Other (Specify) 28d. Describe how injury occurred

State Registrar

JUN 2 8 1996



Mark Report 18 

the state of the s

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Tima of Deeth June 27, 1996 Constance E. Sliwinski 11:15 m 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 5609 Remmell Ave. Baltimore 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Hours Min. Birthpiece (Stete or Foraign Country) Deys 1□M 2√2 F Yrs 73 Aug. 11,1922 Maryland 10c. City, Town or Location 10d. Inside City Limits Baltimore MXYes 2 No 10f. Zip Code 10g. Citizen of Whet Country? 5609 Remmell Ave 21206 U.S.A. 12. Wes Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 ☐ Yes 2000 Specify. Specify: White 16e. Dacadant's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use ratired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Housewife Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Sonia Wanger 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, Stete, Zip Coda)

8608 Goldstraw Lane Columbia, Md. 21045

20c. Location - City or Town, State

maint be notified at permit. Pages 1 and 2 should be filed within 72 hours after death with t Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 2 any injury or other treatmetic event, the Medical Control ones.

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

5. Sociel Security Number

216-12-6860

10e. Street end Number

1 Never Merried 2 Married

3 ☐Widowed 4 ☐ Divorced

Elementary/Secondery (0-12)

Walter Gaise

Mrs. Karen V. Pusey

12th

20e. Method of Disposition

10b. County

N/A

10a. Stete

Md.

Director

Funeral

Completed by

Be

**Physician** /Medical **Examiner** 

or Attending Physician: The law requires that the death certificate be executed physician and s the burial-transit d for use as t

this certificate has been signed by the a rail director, page 2 should be detached To the Hospital or Attending Physical and 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral directors.

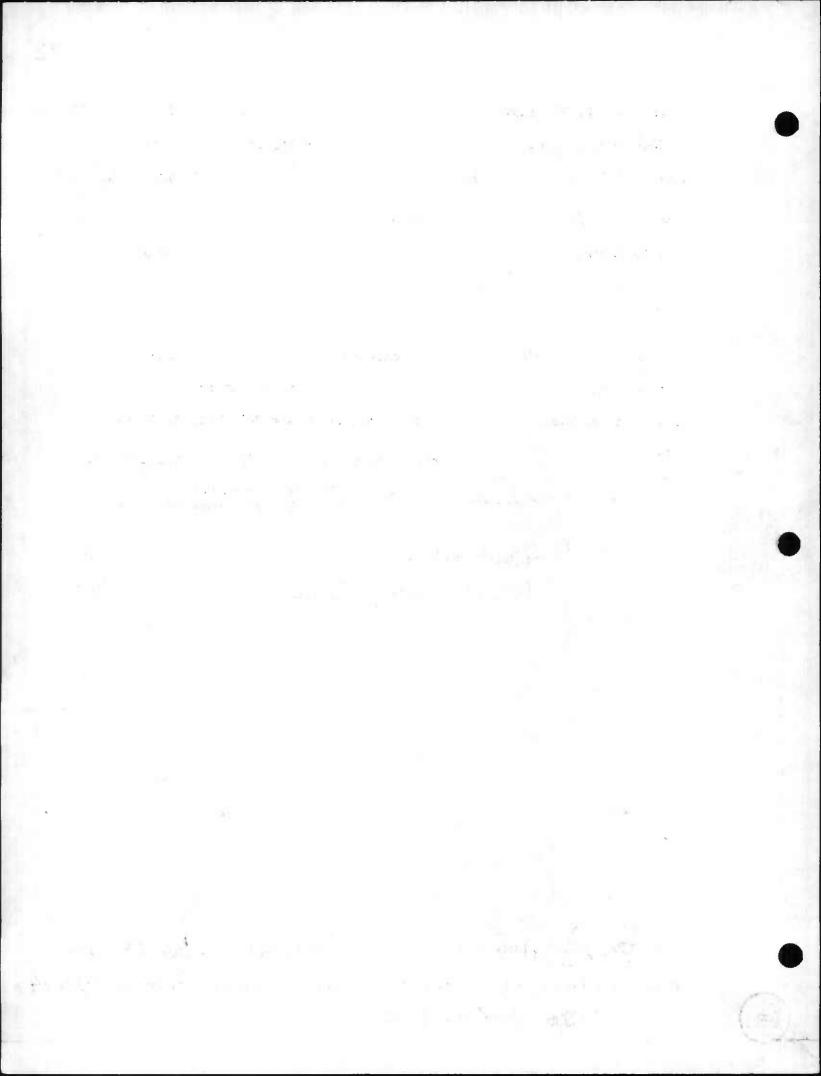
> State Ragistrar

QHMH 1 Rev 6/95

Division of Vital Records, P.O. Box 68760,

	XXBuniel 2 ☐ Cremetion 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)		Parkwood C			7/1	Baltimo	re,Md.			
	21. Senature of Funerei Service Licanse	South	Har 752	tley 7 Har	dress of Fecility Miller Fu	Baltimo	re.Md. 21	234			
1	23a. Part I Enter the prisesse, or compli- shock, or heart failure. List only on	cations thet caused the de ceuse on each line.	death. Do not enter th	ne mode of	dylng, such es cardi	ac or respiretory	errest,	Ap	proximete ervei Between iset end Deeth		
- 1	Immediete Ceuse (Finel diseese or condition resulting in deeth)	Heart +	to (or es e consequen	1				11	lour		
	_ b	Corman	40	1 hour							
EYal	Sequentially list conditions, if eny, leeding to immedieta cause. Enter Underlying Ceuse (Disease or Injury	Due to (or es e consequence al)									
N. M. C. L.	thet initiated avents resulting in daeth) Lest	Dua t	o (or es e consequen	ce of):							
	Pert II. Other eignificant conditions conf	tributing to death but not	resulting in the under	lying cause	given in Pert I.		d tobacco use conf	tribute to the	/		
						per	s an eutopsy formed?	compli of deel	eutopsy findings ble prior to ation of causa th?		
1	25. Wes case referred to medical				26. Place of D	eeth (Check only	one)				
	examiner?	ospital:	2 ☐ ER/Outpetient 3	B DOA	Other: 4 Nursing	Home 5 Re	sidence 8 Other	r (Specify)			
2	27. Menner of Deeth  1 Privatural 5 Panding 2 Accident investigation	28e. Dete of Injury (Month, Day Yea			njury et Vork? Yes 2 No		how Injury occurre				
	3 ☐ Suicide 6 ☐ Could not be detarmined	28e. Place of Injury - / building, atc. (Sp	At home, farm, straat, ecify)	fectory, offi	ca		(Street and Numbe own, State)	r or Rural Ro	oute Number,		
	29a. Certifier (Check only one)	iclan: To the best of my ar: On the basis of exen end menner stated.	knowledge, daeth occ ninetion end/or investi	curred at the getion, in m	time, dete and place y opinion, deeth occ	ce, and due to the curred at the time	e cause(s) end men e, date end pleca, er	ner es stete nd due to the	d. causa(s)		
2	29b. Signeturi and trille of cooling	tum.		29c. Lic	ense number	11	29d. Date signed  June 2		Year)		
	10. Nema and eddress of person who con Marc I. Leave 11. Dete filed (Month, Dey, Year)  JUN 2 8 1996		600 Osl	er T			Baltim		721204		

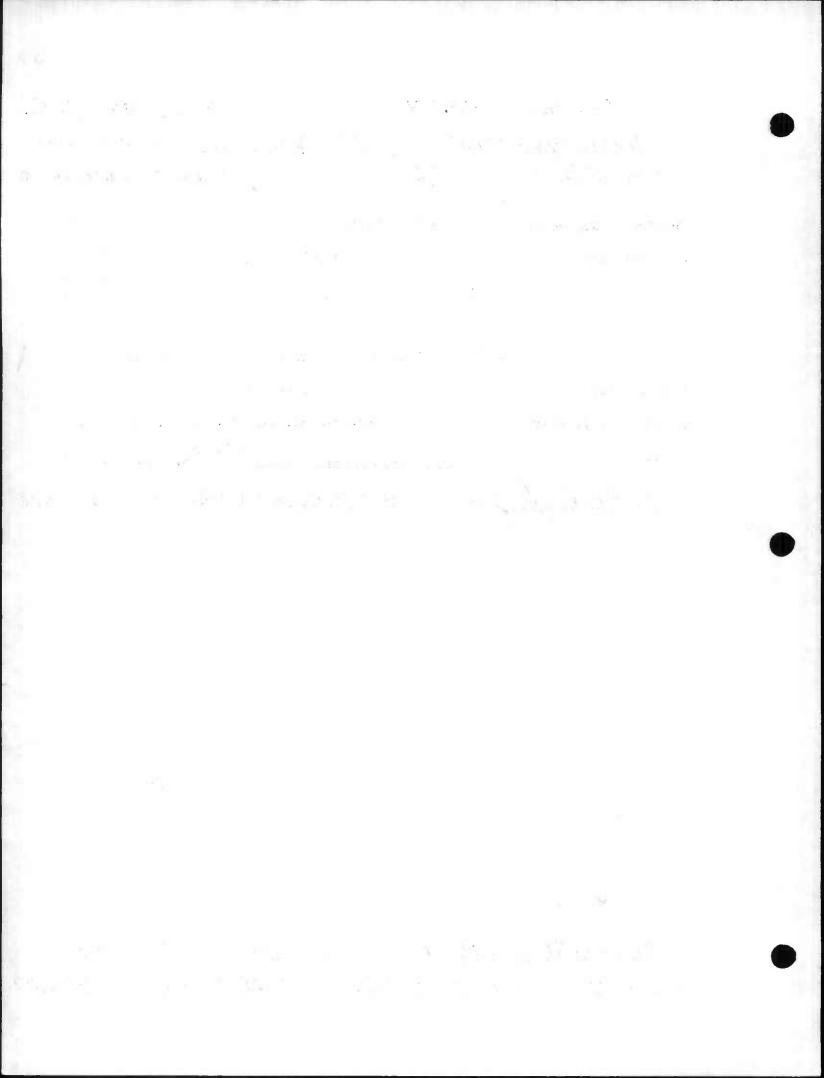
20b. Pleca of Disposition (Nama of



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 6

				State of Ma	aryland /	-	rtment of l tificate of	Health and M	lental Hy		0	9223	
			Decedent's Nama (First, Middle, L.	ast)		061	illicate of	Dealli	2. Dete of De	Reg. No.		3. Tima of Deeth	
	Physici		LAWren		mol	V			Month	Dey 7	96	9:35	0
	/Medic Examir		4a. Facility Name (If not institution, g		- (	, ,	0.4	4b. City, Town, or Lo		th 4c. County	4	1100	
			HYATTSUILLE, MA	DAR 658	10 K	1989	s Kd	HUALTS	ville	eorges			
	Funeral		5. Social Security Number 6.		a (In yrs. lest		If Undar 1 Yaar Months Days		8. Dete of Bir (Month, De	rth ay, Year)	9. Birthpla	aca (Stete or Foreig	n
	Director		215 60 7555 Usual Residence of Decedent	17 m 201	40	Yrs.			6.2	9-53	Washi	ngton, DC	,_
	Mand Mand		10a. Stete 10b. County		10c. City, T	own or Loc	ation				10	d. Inside City Limits	3
	the Marylan r 28a-f show notified at	to	Maryland Montgo	merv	Si	lver	Spring					1 X Yas 2 No	0
	or 28	Directo	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Count	ry?	
	23a	rai	8423 11th Avenue				209	903		L	18.	A	
020	filed within 72 hours after death with the Maryland Hygiena. ther than "natural", or items 23s or 28s-f show int, the Medical Examine trust be notified at	by Funeral	11. Meritel Stetus 1   Never Merried 2 Married 3   Widowed 4 □ Divorced	12. Wes Decedant II Armed Forces? 1  Yas 2 N If Yes, Give Yaer or Datas:			es Decedant of Yes, specify Cut ☐ Yes 2☐µM	Hispanic Origin? (Specify:	ecity Yes or No Rican, atc.)	5- 14. Rad Bie	ck, White, a		
21215-0020		Completed	15. Decedent's Eigenentary/Secondery (0-12)			(Give k	ent's Usuei Occu ind of work done O NOT use retire	during most of worki	ng	16b. Kind of B	usiness/Indi	ıstry	
2		Con		-4-		High	School 7	T		Educat			
Maryland	0 - 0 -	Be	17. Fethar's Nema (First, Middle, Las	0)				18. Mother's Name	(First, Middle	, Meiden Suman	na)		
ž	should be nd Mental marked o	To	Harold Simon  19a. Informent'a Neme/Relationship	(Time Brint)		Ob Mailin	Adduses (Ottos	Yetta Kay	/ Davida Mumb	0/2 0 T	C4-4- 7:- 1	0-4-1	
Ma	and 2 sho saith and 27 is m		Harold Simon/Fath	et end Number or Rura Rd. M207				852					
re,	of Feb		20e. Method of Disposition		20b. Piece	e of Dispos	ition (Neme of etory or other ple	ace) 6	/25/96	20c. Location	- City or Tov	vn, Stete	
m			1 Description 2 □ Cramation 3 (					ial Gdns	/ 23/90	Falls C	hurch	, VA.	
Baltimore,	permit. Page Department of Important: If any injury or once.		21. Signature of Funarei Service Lice	nsee	->		Name end Addr	ass of Facility SON_FUNERA SHINGTON S	Ļ номе;	STE CHIID	CH, V	A. 22046	
	100		23a. Pert1. Enter the disease, or cor shock, or haert feilure. List only	nplications that caused	the deeth. [							Approximete Intervel Between	_
	Physician /Medical		Immediate Cause (Final	, 51.0 55255 51. 5531 11.	Λ	100	-				1	Onset and Deeth	
2	Examiner		diseese or condition resulting in deeth)	θ	Due to (or es	e conseni	ence of):						
3_	D #	ner			m	4 T	01,000						
	and trans	Examiner	Sequentially list conditions, if eny, leading to immediate	b. ———	Due to (or es	e consequ	enca of):						
68760,	cate be axecuted physician and the burlat-transit	a E	Cause (Disease or Injury	. KAP	051	51		RCOM	A				
-	phy:	Medical	thet Initieted events rasuiting in death) Lest	CARD	Dua to (or as	a consequ	anca of):	Y FAI	1201	S.E	1 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
Box	leath certific attending p	Physician/M									i		
P.O.	that the de ed by the detached	hysi	Part II. Other significant conditions	contributing to death bu	ıt not resultin	g in the un	derlying cause gi	iven in Pert I.		1-1		the cause of death	
	signed b	y P							שי	Yes 21 10	3 Prob	ably 4 ☐ Unknow	m
Records,	request value	Completed by								an eutopsy ormed?	ava	ra autopsy findings ilabla prior to apletion of cause eath?	
Ä	a E 2	E O							10	Yas 2 No	10	Yes 2□ No	
/ita	oartificata irector, pag	Be	25. Was case referred to medical axaminer?					26. Place of Deeth	(Check only	ona)			
- Jo		P	1 ☐ Yes 2 No	Hospitel: 1 Inpatie		/Outpatient	3LI DOA			Idenca 6 DOth		)	
Division of Vital	g tan	Certification:	27. Menner of Deeth  Selection 5 Pending	28a. Date of Injur (Month, De)	Year) 28	b. Time of Injury	28c. Inju Wo	ork? ]Yes 2∐No	28d. Describe	how Injury occur	red		
isi	Attending or death. octor: After by the fune	fical	2 Accident Investigation 3 Sulcide 6 Could not leadermined	20	ırv - At home	, ferm, stre			28f. Location (	(Street end Numi	ber or Aural	Route Number.	
Div	al or last	ert	4 Homicide	28e. Plece of Inju- building, etc	(Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or To	wn, Stete)			
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi	Medical (	29e. Certifier (Check only one)  Certifying P  2 Medical Exa	hysician: To the best of miner: On the basis of end menner ste	examinetion	dge, deeth and/or inve	occurred et the tiestigetion, in my	ime, dete end plece, a opinion, deeth occurre	and due to the ed et the time,	ceuse(a) end ma dete end plece,	anner as ate and due to	ited. the cause(a)	
	To the To the Comp	ž	29b. Signeture end title of certifier	1 - 1	/		29c. Licen	se number		29d. Date signe			-
			Kalent Q St	mount	mo		D.	28906		6-	23-	96	
	1		30. Nema end eddress of person who	completed cause of de	eath (item 23	e) (Type, F	rint)	1111 C+ De	1 + 1			0,2070	7
			31. Dete filed (Month, Day, Year)	1 PWOTY	r's Signetura	7 2	0> 1117	MIN X KS	2/ 2	MUKE	4/1/	1,2010	/
	Sta Registr	_	JUN28		wids	n- Par	delle				/		
-		_											_

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician	
/Medical	
Examiner	

1. Decedent's Name (First, Middle, Last)

2. Date of Death 3. Time of Death JUNE 25, GARRETT SMOOT 1996 11:28 PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth 5934 WOODBINE ROAD WOODBINE CARROLL 5. Sociei Security Number If Under 1 Year | If Under 24 Hrs. Birthplace (Stete or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** X M 2□ F Days Yrs. 220-34-6085 59 Director May 23 1937 Maryland Usual Residence of Decedent 10c. City, Town or Location 10a State 10h County 28a-f show 10d. Inside City Limits must be notified Director 1 ☐ Yes 2 ☐ No MD Carroll Woodbine the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 238 5934 Woodbine Rd. Lot 28 21797 U.S.A. death Funeral items 2 12. Was Decedent Ever In U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yea or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 X Yes 2 □ No If Yes, Give Year or Dates: 1 Never Married 2 Married 21215-0020 5 1 ☐ Yes 2 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced natural', Completed 15. Decadent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 10 Heavy Equipment Oper. Construction more, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Pages 1 and 2 should be nent of Health and Mental Edward Franklin Smoot Elizabeth Virginia Sealock 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Health and or other traur Peewee Burnsed Smoot wife 5934 Woodbine Rd. Lot 28 Woodbine MD 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Dete 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Important: It any Injury o once. Carroll Cremation 6/27 Hampstead MD 21. Signature of Funeral Service Licansee 22. Name and Address of Fecility Haight Funeral Home Box 195 Sykesville uch 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical immediate Cause (Final Arteriosclerotic Cardiovascular Disease disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last burial-tran Due to (or as a consequenca of): P.O. Box 68760. Physician/Medical The law requires that the death certificate the Due to (or as e consequenca of): 88 attending USB Por Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? à 1 Yes 2 No 3 Probably 4 Unknown Records, Sign by Completed 24b. Were autopsy findings available prior to completion of cause of death? director, page 2 should 24a. Was an eutopsy performed? INSPECTED certificate 1 Yes 2 XNo 1 ☐ Yes 2 ☐ No of Vital Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 NResidenca 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 XXYes 2□ No After this 27. Menner of Deeth 1 Natural 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? Attending Division 5 Pending investigation 1 Yes 2 No death 2 Accident after death 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as steled.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end manner stated. 29a, Certifie Medicai completely 29b. Signature and title of bertifie 29c. License number 29d. Dete signed (Month, Dey, Year) O.C.M.E. JUNE 27, 1996 30. Name dress of person who completed cause of death (Item 23e) (Type, Print) WIDIXON 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Yeer) 32. Registrar's Signature

State Registrar

IUN 2 8 1996

308.33

and the second

Man Alendon 9

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

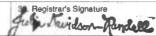
96

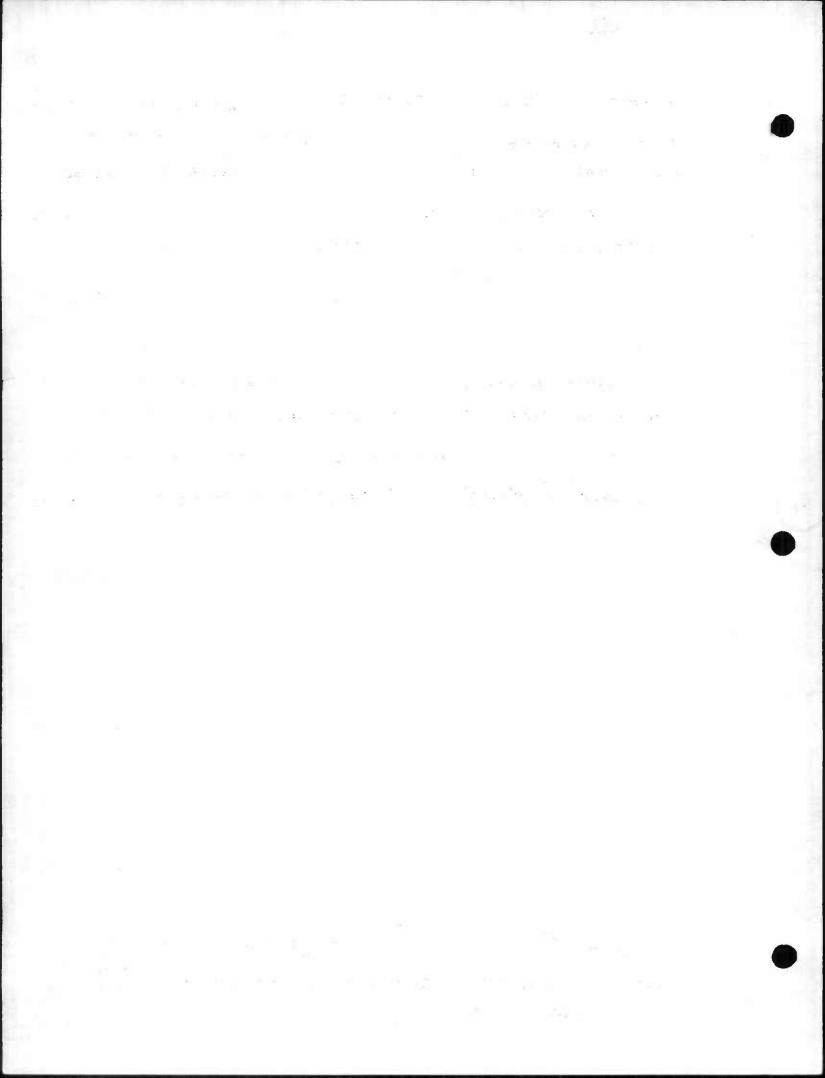
19225

		erinicate of	Deam	R	eg. No.							
1. Decedent's Nama (First, Middla, Last) Gilbert James	Sau	erhoff		Month	Day	3. Time of Death 1:00 A.M						
4a. Facility Nama (If not institution, give street and number) 1428 Harvey Avenue		-	4b. City, Town, or Severn	Location of Death	4c. County Anne	of Death Arundel						
5. Social Security Number 6. Sex 7. Age 1 № M 2 □ F 41	(In yrs. last birthda Yrs.	Months Day		8. Date of Birth (Month, Day, NOV . 16	Year) 1954	9. Birthplace (State or Foreign Country) Maryland						
10a. Stata 10b. County		Location				10d. Inside City Limits 1 Yes 2 2000						
10e. Street and Number 1428 Harvey Avenue		10f. Zip Code 2 1 1 4	14	1	0g. Citizen of V USA	What Country?						
11. Marital Status  1 Nevar Marriad 2 Married  3 Widowed 4 Divorced  12. Was Decedant Evarmed Forces?  1 Yes 2 No	var In U,S. 1			pecify Yas or No- o Rican, etc.)		e-Amarican indian, ck, Whita, atc. White						
15. Decedent's Education (Specify only highest grade completed)	16a. De	cedent's Usual Occi ive kind of work don	upation e during most of wo	rking	16b. Kind of Bu	isiness/industry						
Elementary/Secondary (0-12) Collega (1-4or 5+)	)	N/A	60)	N/A								
17. Father's Name (First, Middle, Last)  James Gilbert Sauerhoff	E											
19a. Informant's Name/Relationship (Type, Print) Jeanette Sauerhoff	19b. Ma 1 4 2	ailing Addrass <i>(Stree</i> 8 Harvey	et and Number or Ru 7 Ave. S	ural Route Number evern,	r, City or Town, MD 2	Stata, Zip Code)						
20a. Method of Disposition 1 □ Burial 2 ③Cramation 3 □ Ramoval from State 4 □ Donation 5 □ Other (Specify)	cemetery, c	cemetery, crematory or other place)										
24 Stepston of European Separate Learning Control of Co												
Immediate Causa (Final disease or condition rasulting in death)	tiple	coron		1	<del>00</del> 1,	Interval Between Onset and Death						
if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury			diel	chje.	aho	- Kin						
Part II. Other significant conditions contributing to death but	not resulting in the	a undarlying causa g	jiven in Part I.			ntribute to the cause of death						
				24e. Wes a perform	in autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?						
35. Was aged safested to medical						1 Yes						
examiner? Hospital: 1 ☐ Inpatient	t 2 ER/Outpat	tient 3LI DOA	ther: 4 Nursing H			er (Specify)						
1 ☐ Natural 5 ☐ Panding (Month, Day 1 2 ☐ Accident Investigation				28d. Describe ho	ow injury occurr	red						
detarmined 288. Place of Injury		straat, factory, office	Ð	28f. Location (Si City or Town	treet and Numb n, State)	er or Rural Route Number,						
(Check only 2 Medical Examiner: On the basis of e	examination and/or	ath occurred at the Invastigation, in my	time, data end place opinion, death occu	, and due to the corred at the time, d	ause(s) and ma lata and place,	nner as stated. and dua to tha cause(s)						
29b. Signatura and titla of certifier		29c. Licer	IRTO	P	9d. Date signed	(Month, Day, Year)						
			ay Suit	e 306 G	len Bu	21061 grnie, Md.						
	4a. Facility Nama (If not institution, give street and number)  1428 Harvey Avenue  5. Social Security Number 213-64-0441  Usual Residance of Decedant  10a. Stata 10b. County 10e. Street and Number 1428 Harvey Avenue  11. Marital Status 1 Nevar Marriad 1	1. Decedent's Nama (First, Middle, Last)  Gilbert James Sau  4a. Facility Nama (If not institution, give street and number)  1428 Harvey Avenue  5. Social Security Number 213-64-0441  Usual Residence of Decedent 10a. State 10b. County MD Anne Arundel 11. Marital Status 1   Nevar Marriad 2   Marriad 3   Wirdowed 4   Divorced 15. Decedent's Education (Specify only in highest prade completed) 15. Decedent's Education (Specify only in highest prade completed) 16a. Decedent's Education (Specify only in highest prade completed) 17. Father's Name (First, Middle, Last) 1   Teamer Gilbert Sauerhoff 19a. Informant's Name/Relationship (Type, Print) 1   Jeanette Sauerhoff 19a. Informant's Name/Relationship (Type, Print) 1   Jeanette Sauerhoff 19a. Informant's Name/Relationship (Type, Print) 1   Jeanette Sauerhoff 19a. Informant's Name/Relationship (Type, Print) 1   Jeanette Sauerhoff 19a. Informant's Name/Relationship (Type, Print) 1   Jeanette Sauerhoff 19a. Informant's Name/Relationship (Type, Print) 1   Jeanette Sauerhoff 1   Stock of heart failure. List only one cause on each line.  Immediate Causa (Final disease) 1   Stock of heart failure. List only one cause on each line.  Immediate Causa (Final disease or conditions. 2   Stock of heart failure. List only one cause of death but not resulting in the failure of line of the stock of heart failure.  2   Mannae_G Death   Hospital:   Impatient   2   EPt/Outpal   2   Academt   1   Certifying Physician: To the best of my knowledge, de detarmined   2   Medical Examiner: On the basis of examination and/or and manner stated.  2   Medical Examiner: On the basis of examination and/or and manner stated.  3   Name and address-of-person who complated causa of death (Item 23a) (Type 250). Name and address-of-person who complated causa of dash (Item 23a) (Type 250). Name and address-of-person who complated causa of dash (Item 23a) (Type 250). Name and address-of-person who complated causa of dash (Item 23a) (Type 250). Name and address-of-person who complated causa of dash (Item 25a)	1. Decedent's Nama (First, Middle, Last)  Gilbert James Sauerhoff  4a. Facility Nama (Incot institution, pive street and number)  1. 428 Harvey Avenue  5. Social Security Number 21.3 – 64 – 0.441  1. May 21 F 41  1. Usual Residance of Decedent 106. Stata 105. County MD Anne Arundel  1. Marrial Status 110. Name Arundel 1. Marrial Status 110. State Arundel 1. Marrial Status 110. Name Arundel 1. Marrial Status 110. State Arundel 1. Marrial Status 1. Marrial Marrial 1. Marrial Status 1. Marrial Marrial 1. Marrial Marrial 1. Marrial Marrial 1. Marrial Marrial 1. Marrial Marrial 1. Marri	Sauerhoff	1. Decoder's Name (Frist, Middes, Last)   James   Sauerhoff   James	1. Deceder's Harm (First, Middles, Last)   James   Sauerhoff   James						

State Registrar 31. Date filed (Month, Day, Year)

JUN 2 8 1996





State of Maryland / Department of Health and Mental Hygiene

19226

						Certi	ficate of	Death		Reg. No.		
	Physic /Medi	cal	1. Decedent's Name (First, Middle, Last) S.R. Mount	leen	5	nit		S.M.	2. Date of D Month	25,	1996	3. Time of Death  3. Am
	Exami	ner	4e. Facility Neme (If no) institution, give sti	Lical C	ente	V	f Under 1 Yeer	4b. City, Town, or Boult If Under 24 Hr	mos	e N	y of Death	
	Funeral Director		5. Sociel Security Number 6. Sex 220-54-8857	7. Age (	(In yrs. last birt		fonths Days	Hours Mir	8. Date of Bi (Month, D 06/10	rth ey, Year) /1907	9. Birthple Count West	ece (State or Foreign lry) Virginia
	faryland staryland	٥٠	10e. Stete 10b. County MD . N/A	1	Oc. City, Town						10	Od. Inside City Limite 1 ☑ Yes 2 ☐ No
	the A	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Count	
	th with	al Di	301 St. Paul Pla	ce			2120	2		U.S.		
21215-0020	filed within 72 hours efter death with the Maryland Hygiene. ther than "natural", or flema 23a or 28a-f show brt, the Medical Examinar must be notified at	by Funeral	11. Marital Status 12  11 Never Married 2 Married 3 Widowed 4 Divorced	. Wes Decedent Even Armed Forces? 1 Yes 24 No If Yes, Give Yeer or Dates:			3.7	lispanic Origin? ( an, Mexican, Pue Specify:	Specify Yes or N rto Rican, etc.)	o- 14. Ra Bla Specii	ce - America ick, White, e fy: Whit	etc.
15-0	72 ho	eted	15. Decedent's Educa (Specify only highest grade of	tion completed)	16a.	(Give kin	t's Usual Occup d of work done	during most of wi	orking	16b. Kind of E	Business/Indi	ustry
121	d within giene. r than	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)			NOT use retired			Catho	1:0 (	Church
Maryland 2	ad at b	To Be Co	17. Fether's Nems (First, Middle, Last) Edgar F. Smith	<u> </u>	Re	rry.	LOUS S		ame (First, Middle Suder			muren
	alth a 27 is r trau		19e. Informant's Name/Relationship (Type Sisters of Mercy	), Print)	19b. Mailing Address (Street end Number or Rura 6806 Bellona Ave. E							
Baltimore,	permit. Pages 1 an Department of Heal Important: If item 2 any Injury or other 2005.		20a. Method of Disposition  Gurial 2 □ Cremation 3 □ Rer  4 □ Donation 5 □ Other (Specify)	noval from State		v, cremet	on (Neme of ory or other place Cemet		Dete /28/96	20c. Location Woodla		
Ball	Depart Import any in		21. Signature of Funeral Service Licensee	tools			_	ess of Facility Ashtor ndson A				nc. 1228
10.00	Physician /Medical Examiner	ner	23a. Pert1. Enter the disease, or complice shock, or heart failure. List only one Immediate Cause (Final disease or condition rasulting in death)	cause on each line.	ue to (or as a c	2C	Zorh	yllhing	ac or respiratory	errest,		Approximate Interval Between Onset end Deeth
Box 68760,	sath cartificate be executed attending physician and for use as the burial-transit	n/Medical Examine	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Influry that initiated events resulting in death) Last		ue to (or as a c		31					
P.O. B	that the death or ed by the attends detached for use	Physician/	Pert II. Other eignificant conditions contri	buting to death but r	not resulting In	the unde	rrlyling cause giv	ven in Part I.		tobacco uee co		the cause of death?
of Vital Records,	aw requires ts been sign 2 should be	Completed by	ve	atricu	ler	t	ype ,	Lophi	24e. Wei	s an autopsy ormed?	ave	re autopsy findings illebie prior to npletion of cause leeth?
æ	the star of the preger	Com							1)24	Yes 2□ No	×	Yes 2□ No
Vita	ician: santific socior,	Be	25. Wes case referred to medical exeminer?	spitai:			011		eath (Check only	one)		
ō	Phys.	1. To	1 ☐ Yes 2 ☐ No.	28a. Date of Injury	2 ER/Out		3 DOA Oth	4 LI MUISHING	Home 5 ☐ Res	how injury occu		)
lon	lending leath. lor: After the fune	ation	Netural 5 Pending 2 Accident investigation	(Month, Dey Y		jury	28c. Injur Wor M 1 □	rk? Yes 2□No		,,		
Division	pital or Atta burs attar de eral Directo filled in by th	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury building, etc. (	- At home, far (Specify)	m, street	, factory, office			(Street and Num wn, State)	ber or Aural	Route Number,
	the Hospit in 24 hour the Funeri plensy fill	edical	29a. Certifier (Check only one) Certifying Phyelocal Examine	len: To the best of r r: On the basis of ex and manner stete	camination and	deeth od Vor invest	curred et the tir tigation, in my o	me, dete and place opinion, death occ	e, end due to the surred at the time	ceuse(s) and m date and place	anner as sta , and due to	ited. the cause(s)
0	101 pm	M	29b. Signature and title of certifier	burlo	ng fr	4)	29c Licens	7966	,	gune Date signer	25	1996
_	13	100	31. Name end eddress of person who corp  AVR (C E B )  31. Date filed (Month, Day, Year)	V& LOW	16 11	Typa, Pri		/MEG	ecy M	EDICA	AL (	ENTER
	Sta Registr	200	JUN 2 8 199	6 July	Signature	range)				7		

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

							Cei	uncai	e oi	Deam			Reg. No.			
hysician /Medical	1	S TEP	e (First, Middle, L HEN	ast)	[F							2. Dete of Do Month	Dey 2 2	Year 1996		of Deeth
xaminer			If not institution, g	ve street end nu								ocation of Deal		ty of Deeth		
		St. Agnes Hospital Baltimo  5. Social Security Number 8. Sex 7. Age (In vrs. last birthdev) If Under 1 Year   If Under 24 Hrs.   8									N/					
al or	1	212-05-	3197	Sex YDM 2□F		3 7	last birthdey) Yrs.	Months			Min.	8. Dete of Bi (Month, D 0 3 / 2 4	71909	9. Birthi Coul Ma 1	plece (Ste	nd
		suel Residence of 0a. Stete	10b. County			10c. City	y, Town or Lo	cation							Od. insid	e City Limits
by Funeral Director		MD.	Balti	more		Ca	tonsv	ille	3							Yes 22 No
2	1	0e. Street and Nu	mber					10f. Zip				1	10g. Citizen of	What Cour	ntry?	
Ö	:	1905 Ro	llingwo	od Rd.					22	8			U.S		,	
/ Funeral Director			ied XXMerried	12. Wes Dec Armed Fo 1 Yes If Yes, Gi	orces?			Wes Deced				pecify Yes or No Rican, etc.)		ce - Americ eck, White,	etc.	٦,
d by	L	3 Widowed		Yeer or E	Detes:								Spec	ny. **11.		
ete		(Spec	15. Decedent's E cify only highest gi	ducation ade completed)			16a. Deced	lent's Usua kind of wo	nk done	pation during mos	t of work	king	16b. Kind of	Business/In	dustry	
Completed		Elementery/Seco 12th		College (	1-4or 5-	+)	Shop	Fore		n		BGE				
To Be		/.Femers Neme	(First, Middle, Las Seif							10.00		a Fran	n zwa	me)		
			eme/Reletionship		,		1	_					ber, City or Town			0.1.0.0
once. To Be Completed by F	1		e Vaeth	Seif/	Wi					ngwoo	d R		tonsvi			
	2	De. Method of Disp	position □Cremetlon 3 (	Removel from	Stete	C	lece of Dispo emetery, crer	netory or o	ther ple			Dete	20c. Location			
	L	4 Donation	5 Other (Speci	ify)		New	Cath						Balti			•
once	2	1. Signeture of Fu	neral Service Lice	Harli	2		22 S t 7 3	Name en erli 6 Ec	d Addr Lng lmo:	ess of Facili As ht ndson	on Av	Funera e. Ba	al Homelto. M	e, In D. 23	nc. 1228	
	2	3e. Pert1. Enter ti shock, or hee	he diseese, or con rt feilure. List only	nplications that	caused t	the deeth	h. Do not ent	er the mod	le of dy	ing, such es	cardiec	or respiretory	errest,		Approxi	mete Between
in					2									1	Onset a	nd Deeth
al er	l d	mmediete Cause ( isease or conditio	(Finel n		HBI	10(	AMIL	2	A	ORT	1 C	ANEUR	MSYS		5	YRS
ē e	'	esulting in death)		, Co		Oue to (or	r es e consec	uence of):	RY	Di	SEA.	8 E			25	YRS
Examiner	Siff	equentielly list cor eny, leeding to in	nditions, nmediete	7		Due to (or	r es a conseq	uence of):							7	WEEK
<u>e</u>	000	equentielly list cor eny, leeding to im ause. Enter Unde ause (Disease or let initieted events	orlying injury	c	) -	1	. (	,						i	Lane	WEEK
n/Medical	re	esulting in deeth) l	Lest		D	rue to (or	r es e conseq	uence of):						1		
r use as the burlat-transit an/Medical Examir				d										<u> </u>		
sicia	P	ert ii. Other signif	icant conditions	contributing to d	eath but	not resu	ulting in the u	nderlying c	ause g	iven in Pert	I.	23b. Did	tobacco uas c	ontribute t	o the cau	es of death?
be detached for by Physicia												10	Yss 2 No	3 □ Pro	bably	4 ☐ Unknown
by F	-													_		
Completed												24a. Wes	s an autopsy ormed?	av	allable pri	
Comple	-													of	mpletion deeth?	or cause
S												10	Yes 20 No	1 [	□Yes :	2□ No
Be	2	5. Wes case reference examiner?	red to medical							26. Plece	e of Dee	th (Check only	one)			
0		1 ☐ Yes 2 💢	No	Hospitel: 1 D	Inpatien	t 201	ER/Outpatien	t 3□ DC	DA O	ther: 4 Nu	ursing Ho	ome 5 Res	idence 6 🗆 O	her (Specia	5/)	
	2	7. Mennef of Death	h 5 ☐ Pending	28a. Date (Mon	of Injury	Year)	28b. Time of Injury	2	8c. Inju	ry et ork?		28d. Describe	how injury occu	irred		
cati		2 Accident	investigetio					М		Yes 2	No					
		3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	20e. Fleck	of Injur	ry - At ho (Specify	ome, ferm, str	et, fectory	, office			28f. Location ( City or To	(Street and Num wn, Stete)	ber or Run	I Route N	Number,
elety med in by	2	9e. Certifier (Check only one)	1☑ Certifying Pl 2☐ Madical Exa	nysician: To the miner: On the b end men	asis of e	examineti	wiedge, deeth ion end/or Inv	occurred restigation,	at the t in my	ime, dete an opinion, des	nd plece, eth occur	and due to the red et the time,	cause(s) and n	nenner es s , and due t	tated. the caus	Se(s)
W	2	9b. Signeture end  Mam		Anant	W P	'ωΥ,	RESIDO		Licen	se number	1		29d. Dete sign			
	30	). Neme and eddre	ess of person who	1.1 01	se of de	eth (Item	23a) (Type,	Print)	, 9,	77 (1	100	r AUE	BALTI	MORE	MD	2/229
State	3	1. Dete filed (Mont	th, Dey, Yeer)	7	Registrer	's Signet	ture		- 11		1 101	1700				
istrar		JU	IN 2 8 199	16 Jul	201	ioolo	charles	3								

the second region, and the second second control of the second con

State of Maryland / Department of Health and Mental Hygiene

19228

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Deeth 3. Tima of Death Month **Physician** Mae DRUIN ONPI 96 /Medical 4b City, Town, or Location of Death 49-Fecility Neme (If not institution, give street end number) County of Deeth Examiner Kins alhmore Bayview Med almine If Undar 1 Yaar | If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) 09/07/1916 Birthplece (State or Foreign Country)
 PA 5. Social Security Number 6. Sax 7. Age (In yrs. lest birthdey) **Funeral** 1□M 21 F Deya Houra 79 Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Heelih and Mentel Hygiene. Important: If item 27 is merked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be notified at once. 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 TNo Director MD. Baltimore Dundalk 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 2023 Paulette Rd. 21222 U.S.A. Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ဩ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Biack, White, etc. 1 ☐ Nevar Married 2 ☐ Married White Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Teacher Public Schools 17. Fether's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Meidan Surnama) Zachery O'Neil Bertha Mallory 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) P. O. BOX 302Greensboro, PA. 15338 Charles Ray Mallory/ 20b. Placa of Disposition (Nema of cemetery, crametory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata ↑ Buriai 2 Cremetion 3 Ramoval from Stete Monongahela Hill Cem 6/24 Greensboro, 4 ☐ Donetion 5 ☐ Othar (Spacify) 21. Signeture Funaral Servica Licanses 22. Name and Address of Facility Bradley-Ashton Funeral Home, 2134 Willow Spring Rd. Balto. MD. 21222 23a. Part1. Entar the disease, or complications that causad the deeth. Do not enter the mode of dying, auch as cardiec or respiratory errest, shock, or heart feilure. List only one ceuse on eech line. pproximete iterval Betw Physician /Medical Immediate Ceuse (Finei diaeese or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner physician and the buriel-transit Sequentially list conditions, if eny, laeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated aventa resulting in death) Lest Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical the Due to (or es a consequence of): attending p signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed hes certificate 25. Wes case referred to medical examiner? funeral director, 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No 2 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? A hours effector: Afficial Director: Af 1 Neturei 5 Pending investigation 2 Accident 1 ☐ Yes 2 ☐ No 3 Sulcide 6 Could not be 28e. Plece of Injury - At home, ferm, streat, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

State Registrar 31. Dete filed (Month, Dey, Yeer) JUN 2 8 1956

29e. Certifier

29b. Signature a

Medical

Registrer's Signeture alk Stocker Redal

30. Name end apdress of person who completed cause of deeth (Item 23e) (Type, Print)

Certifying Physician: To the best of my knowledge, deeth occurred et the time, deta and place, and dua to the cause(s) and menner es stated.

Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, deta end place, and due to the cause(s) and manner steted.

29c. License number

29d. Dete signed (Month, Day, Year)

and the second

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

19229

**Physician** /Medical Examiner 1. Decedent's Neme (First, Middle, Last) ROBERT

TIEDEMANN, II

2. Date of Deeth JUNE 25" 1996

3. Time of Deeth 1:57 PM

4a. Fecility Name (If not institution, give street end number)

4b. City, Town, or Location of Deeth

4c. County of Deeth

**Funeral** 

TRAUMA (UNIVERSITY OF MARYLAND) SHOCK 7. Age (In yrs. last birthdey) If Under 1 Year 5. Social Security Number Months Deys 1 □ M 2 □ F

T. .

BALTIMORE If Under 24 Hrs.

Hours

BALTIMORE CITY

Director

Funeral

by

Completed

Be

Examiner

Physician/Medical

by

Completed

Be

0

Certification:

Medical

burial-transit

the

and

physician

for use es bed i

2

signed b

page 2 should peed

this certificate hes

Usuel Residence of Decedent 10e. State 10b. County

10c. City, Town or Location

8. Date of Birth (Month, Dey, Year) AUGUST 27, 1963

9. Birthplece (State or Foreign MARYLAND

MD BALTIMORE CITY

228-15-5960

BALTIMORE

10d. Inside City Limits Yos 2 No

2404 MARBOURNE AVENUE - APT-3-C

10f. Zip Code 21230 10a. Citizen of Whet Country? U.S.A.

1 Never Married 2 Merried 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐XNo If Yes, Give Yeer or Detes:

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Yes 2 No

14. Race - American Indian, Bleck, White, etc. Specify: WHITE

15. Decedent's Education (Specify only highest grade completed)

16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementery/Secondary (0-12) 10TH GRADE

College (1-4or 5+)

32

DRILLER

PSI PROFESSIONAL SER IND.

17. Fether's Neme (First, Middle, Last)

ROBERT L. TIEDEMANN

MARY LOU SICKEL

19e. Informent's Name/Reletionship (Type, Print)

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2404 MARBOURNE AVENUE -APT-3C-BALTIMORE, MD 21230

18. Mother's Name (First, Middle, Maiden Sumeme)

MARY LOU TIEDEMANN (MOTHER)

20b. Pleca of Disposition (Neme of cametery, cremetory or other place)

20c. Location - City or Town, Stete

20e. Method of Disposition 1 Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

CRESTLAWN MEMORIAL GARD 6/28/96 MARRIOTTSVILLE

21. Signeture of Funeral Servica Licansee

22. Name and Address of Facility HUBBARD FUNERAL HOME, INC.

4107 WILKENS AVENUE-BALTIMORE, MD eusa 23a. Pert1. Ent a the disease, or complications that caused the deetli shock, or heart feilure. List only one ceuse on each limit Do not enter the mode of dying, such as cardlec or respiretory errest,

Approximete Intervel Between

Onset end Deeth

Immediete Ceuse (Finel diseese or condition resulting In death)

. Contact Gunshot wound of the head Due to (or es e consequence of):

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that Initiated events resulting in deeth) Lest

Due to (or es e consequence of):

Due to (or es e consequença of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobecco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings aveilable prior to completion of ceuse

1XYes 2□No

1 Yes 2□ No

25. Wes case referred to medical XXYes 2 No

5 Pending Investigation

6 Could not be determined

Hospital: 1 ☐ Inpatient XXER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year)

28b. Time of

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28d. Describe how injury occurred

Self

-25-96 unk 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Street

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Baltimore,

29e. Certifier

27. Manner of Deeth

1 Neturel

2 Accident

3E Suicide

4 ☐ Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted. Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

296. Signature and title of certifier

29c. License number O.C.M.E. 29d. Date signed (Month, Dey, Year) JUNE 26, 1996

Inflicted

ess of person who completed cause of deeth (Item 23e) (Type, Print) 30. Name apr

111 Penn Street, Baltimore, Maryland 21201

26. Piece of Deeth (Check only one)

State Registrar

ed (Month, Dey, Year) 31. Date ( JUN 2819 32. Registrar's Signeture Aulia Davidson

Director

r 28a-f show the with "natural", or items 23s or filed within 72 hours efter death traumatic event, the Medical la! Hygiene. . Pages 1 end 2 should be fill iment of Heelth and Mental Hitant: If Item 27 Is marked oth ant of Heelth as not life item 27 is a vor other

21215-0020

Maryland

Baltimore. permit. Page Department of Important: If any Injury or **Physician** /Medical Examiner

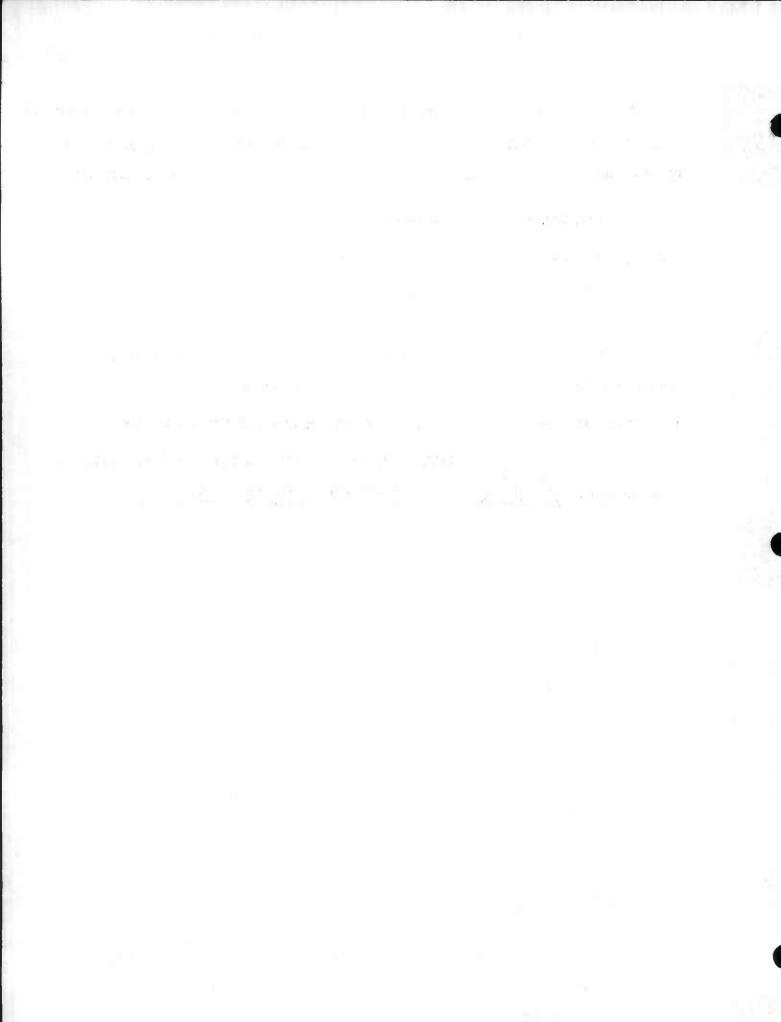
The law requires that the death certificete be executed Box 68760. P.O. Records,

Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certificately filled in by the funeral director, f

Ithin 24 hours a
To the Funeral D
completely filled

expression and the control of the co 4528 N. 124 D.D. - 1815 68g3 T 56 and the control of th a Pademi – en acti ette is eft kva fello lii 

				State of	Marylan		artment o			nd M		giene 9 6		923	30	
		-	1. Decedent'a Name (First, Middle	, Last)							2. Data of Dea		.ver	3. Time	of Death	
	Physic /Medi		EDWARD	Α.	TRE	VISAN,	JR				JUNE JUNE	26,	Year 1996	4:00	0 P.M.	
	Examir		4a. Facility Name (If not institution	, giva street and numi				4	b. City, Tow	n, or Lo	cation of Death					
			JOHNS HOPKINS						BALTIM				TIMORE CITY  9. Birthplace (Stata of Country)  NEW YORK			
н	Funeral		5. Social Security Number	6. Sax 7	. Age (In yrs.	last birthday) Yrs.	If Undar 1 Months	Yaar Days	If Under 24 Houra	Min.	8. Date of Birt (Month, Day	y, Year)			a or Foreign	
	Director		089-44-9365 Usual Residence of Decedent		44	110.					APRIL 2	9,1952	NEW	YORK		
	ylend How		10a. State 10b. County			y, Town or Lo					10d. Inside City Lin					
	Sa-fe	cto	MD MONTGO	MERY	E	BETHESD	PΑ					1 🗆 Ye	es 2 No			
	ith with the Maryler 23a or 28a-f show	Dire	10e. Street and Number				10f. Zip Co					10g. Citizen of		ntry?		
	a 23e	era	1 GOLDSBORO COU		20817  redant Evar in U.S.   13. Was Decedent of Hispanic Origin? (S If Yes, specify Cuban, Mexican, Puerl					-0.40	-i4. WN	U.S	. A . ce - Amaric	on Indian		
5-0020	72 hours efter death with the Maryland naturel', or items 23a or 28e-f show lices Examiner must be modified at	by Funeral Director	11. Marital Status  1 Never Married 2 Marri 3 Widowed 4 Divorced	Armed Ford	es? LigNo		Yes, specify		spanic Ongi n, Mexican, Specify:	Puerto	Rican, etc.)	Specify				
2-0	n 72 hours	Completed	15. Decedent (Specify only highes	's Education		16a. Deced	lent's Usual C	Occupa done d	ation	na	usinass/Ind	dustry				
2	within ene.	E S	Elamantary/Secondary (0-12)	Coilege (1-4	for 5+)		kind of work of OO NOT use		)	or works	,,,					
d 21	ges 1 and 2 should be filled t of Heelth and Mental Hygi If Item 27 is marked other or other traumatic event.		17. Fathar's Nama (First, Middla, I	4 YRS	5	STOC	CKBROKI	ER	18 Mother	e Nama	/First Middle	BROKER Maidan Suman		FIRM		
lan		To Be	EDWARD TREVISAN						EILEE			Walder Surrai	110)			
Maryland		F	19a. Informant's Name/Relationship (Type, Print)  SUSAN TREVISAN (WIFE)  19b. Mailing Address (Street and Number or 1 GOLDSBORO COURT —								-	or, City or Town,	State, Zip	Code)		
											THESDA,	MD 2	20817			
ore			20a. Mathod of Disposition	2 Demousi from St		Piaca of Dispo	sition (Name natory or othe	of er place	9)		Date	20c. Location	- City or To	wn, State		
Ë			11© Buriai 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)  Cemetery, crematory or other place)  GATE OF HEAVEN CEMETERY 6/29/96 SILVER SPRING, MD												D	
Baltimore,	permit. Pe Departmen Important: any injury strce.		21. Signature of Funeral Service I	D. Sh	mre	HU		FUI	NERAL	HOM	E, INC.	IORE, MI	21	229		
			23a. Parl Enter the disaasa, or shock or heart failure. List	complications that cau	used tha daat								, 21,	Approxim Interval B	iate Setween	
Ш	Physician /Medical Examiner		Immediata Cause (Final disease or condition resulting in death)	a. Resi	ineel	Aud or as a conseq	mono	ny	As	pe	195/105	303		Onaet sn	d Death	
Box 68760,	lew requires that the death certificate be executed as been signed by the attending physician and 2 should be detached for use as the buriel-transit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury that initiated awants resulting in death) Last	· Leuh	Unosi Due to (o		uence of):	/Co	nsoli Tho	das	tion / t	Allogen Bon Ma n≥	mantro	5 m	105 + 6mo Ds	
. B	death he atte	sicie	Part ii. Other significant conditio	ns contributing to dea	th but not res	ulting in the u	ndarlying caus	sa giva	an in Part I.		23b. Did t	obacco use co	entribute to	the caus	e of death?	
s, P.O.	ires that the signed by the d be detach	by Phy	High-Ontip	ut Cons	zes to	u lot	art 1	La	lun		10	/es 2☑No	3 Prol	bably 4	Unknow	
Records,	ystolan: The lew require is certificate has been si director, page 2 should I	Completed	/ /	/	,						24a. Was perfo	an autopsy med?	ava	era autops aliable pric mpletion o death?	or to	
=	The cate h	Co									1504	as 2 No	10	Yes 2	DINO	
Vital	Physician: The	me	25. Was case referred to medical examinar?	Hospitai:				Othe		of Deeth	(Check only o	ne)				
0	Physical distriction of the state of the sta	: To	1 Yes 27 No	1 UMnp		ER/Outpation 28b. Time of			4 U Nurs			lence 6 Ott		y)		
lon	nding th.: Also	Certification:	1 Naturai 5 Pending 2 Accident invastig	28a. Date of (Month, ation	Day Year)	injury	м	. Injury Work	(? Yes 2 □ Ne			,,				
Nis.	of the same	tffc	3 Suicide 6 Could n	ot be ned 28e. Place or	f Injury - At ho	oma, farm, str	et, factory, o	office		- 1	28f. Location (S City or Tox	Street and Numi	ber or Rura	I Route N	um <i>ber</i> ,	
面	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Cer		Dallaring	, etc. (Specif)	"					Ony or You	, otale)				
_	To the Hotel within 24 ho To the Funer completely to	Medical	29a. Certifier 1 Certifying (Check only one)	Phyaician: To the be xaminar: On the bas and manna	is of examinat	wledga, death tion and/or inv	occurred at trastigation, in	the tim	e, date and Inion, death	place, a occurre	and due to tha ded at the tima, d	cause(s) and made,	anner as st and dua to	tated. the cause	9(S)	
	Tot Tot	Σ	29b. Signature and title of certifiar	1.7.1					number			29d. Date signs		Day, Year	1	
	(.)		Tree Day 1	- Tulmer	MD		1	)46	1875		L	June	26,	199	6	
-	10		30. Nama and address of person v	vho completed causa	of daath (item	23a) (Type,	Print)	(, ) /	ار ہ	/5	01-		100:0	71.	, )	
	Sta	10	31. Date filed/(Month, Day, Year)	my Kmd	Strar's Signa	ture -	/ W	0/4	c 54	. (15)	actor	me,	MN	(17	1/	
	Sta Registr		JUN2	81996	ulia Navy	dson-Ran	phable									

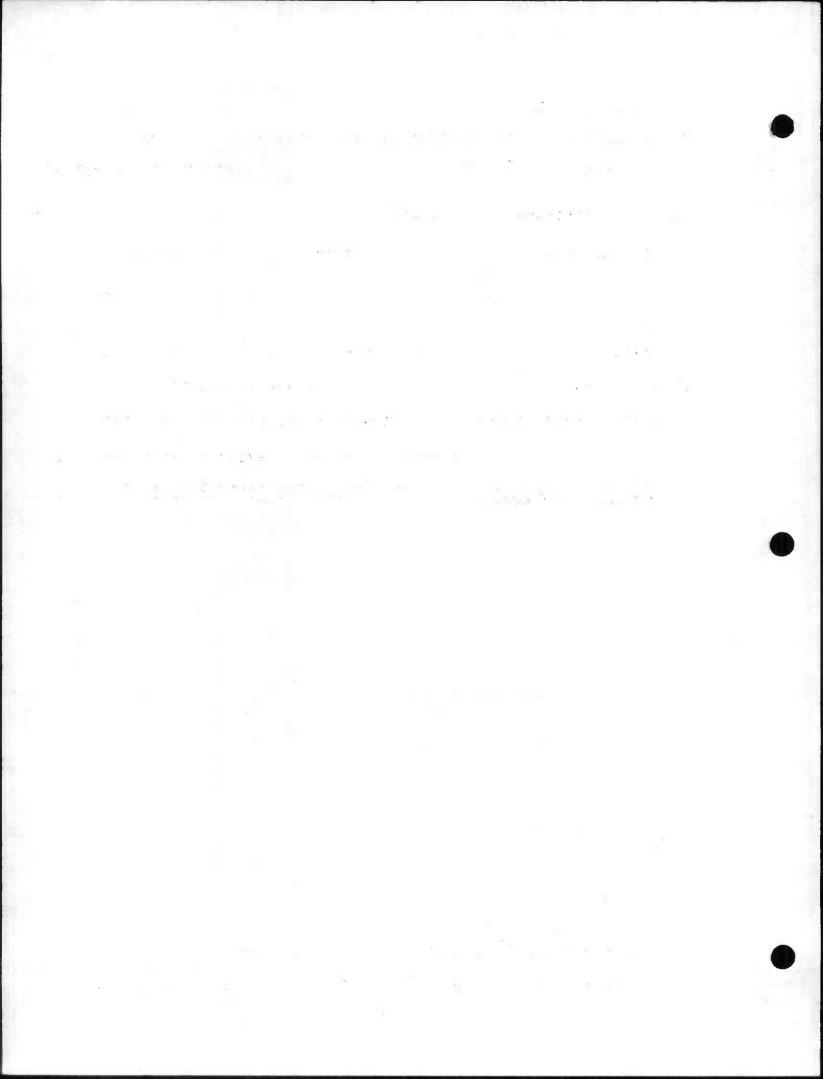


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6

Physician (Appellance of Control of Part of Part								tificate		Death		Reg. No.	1 .	7201	
Compared   Compared											Month	Dey		3. Time of Death	
South Hopkins Bayview Medical Center Baltimore  N/A  South Searth Months  10-11										4b. City, Town, or				a 13 proc	
Directors    Directors   Direc	1	Examin	iei				cal C	entei	r i	Baltimo	re				
10.5 State   10.5 County   1											8. Data of Bir	th 19/20	9. Birthple Countr Ma L	ca (Stata or Foreign y) yland	
The father Name (First, Models, Last)   The residence of the position (Name)   The residence o		pu *				10c City	v Town or Lo	cation					10	d Incide Other Limite	
The father Name (First, Models, Last)   The residence of the position (Name)   The residence o		e Menyla la-f sho urred at	ctor		more			outros,					100	1 ☐ Yas 2 🛣 No	
The father Name (First, Models, Last)   The residence of the position (Name)   The residence o		or 28	Oire											y?	
Terrange   Terrange		ath w	ral	32 Liberty Pkw											
The father Name (First, Models, Last)   The residence of the position (Name)   The residence o	020	ers after de el', or Itema	by	1 Never Merried 2 Married	Armed Forces?  1 Yes 22				V		Specify Yas or No to Rican, etc.)		ck, White, at	White, atc.	
The father Name (First, Models, Last)   The residence of the position (Name)   The residence o	5-0	72 ho	ted	15. Decedent's E	ducation		16a. Deced	lant's Usual	l Occup	ation	drina	16b. Kind of B	uslness/Indu	istry	
20. Magood of Disposition Samples (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  22. Name and Address of Sacility  22. Name and Address of Sacility  23. Species of Disposition (Species)  23. Species of Disposition (Species)  24. Donated and Disposition (Species)  25. Magood of Disposition (Species)  26. Species of Disposition (Species)  27. Name and Address of Sacility  28. Species of Disposition (Species)  28. Species of Disposition (Species)  29. Physician (Species)  29. Part II (Species)	2121	jene. r than "	omple	Elamantary/Secondery (0-12)		e (1-4or 5+)					ining	Own 1	n Home		
20. Magood of Disposition Samples (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  22. Name and Address of Sacility  22. Name and Address of Sacility  23. Species of Disposition (Species)  23. Species of Disposition (Species)  24. Donated and Disposition (Species)  25. Magood of Disposition (Species)  26. Species of Disposition (Species)  27. Name and Address of Sacility  28. Species of Disposition (Species)  28. Species of Disposition (Species)  29. Physician (Species)  29. Part II (Species)	D	office of Hyg			"					18. Mothar's Ne	ma (First, Middle	, Maidan Suman	na)		
20. Magood of Disposition Samples (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  22. Name and Address of Sacility  22. Name and Address of Sacility  23. Species of Disposition (Species)  23. Species of Disposition (Species)  24. Donated and Disposition (Species)  25. Magood of Disposition (Species)  26. Species of Disposition (Species)  27. Name and Address of Sacility  28. Species of Disposition (Species)  28. Species of Disposition (Species)  29. Physician (Species)  29. Part II (Species)	yla	Ment Ment prked atic e		Charles Toro						Theres	a Datt	oli			
20. Magood of Disposition Samples (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  20. Magood of Disposition (Species)  22. Name and Address of Sacility  22. Name and Address of Sacility  23. Species of Disposition (Species)  23. Species of Disposition (Species)  24. Donated and Disposition (Species)  25. Magood of Disposition (Species)  26. Species of Disposition (Species)  27. Name and Address of Sacility  28. Species of Disposition (Species)  28. Species of Disposition (Species)  29. Physician (Species)  29. Part II (Species)	Mar	0 2 2 5						_							
Committee   Comm		1 en 1 eeil 1 Eil 1 Eil 1 Eil			DISCEL	20b. P			_						
23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part had beause	JOH.	ages ant of t: If it y or o		1 Burial 2 □ Cramation 3											
23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part   Terr had beause   23.2 Part had beause	3altii	epartm epartm nportar ny Injur					22 Br:	Nama end	Addra	ss of Facility					
Physician Modifical Examiner  The physic		8 5 5 A													
Cause (Disease or injury trasulting in death) Last    Due to (or es a consequence of):    Cause (Disease or injury trasulting in death) Last		/Medical Examiner	ner	disease or condition	a. Intr				017	hoge			1	24 hours	
Description of the state of the cause of death of the cause of dea	oʻ	an and riel-trans		Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying	Dua to (or as a consequance of):										
24a. Was an autopsy performed?  24b. Were autopsy find available prior to completion of cause of death of the completion of cause of death		T 000		Cause (Disease or Injury that Initieted evants rasulting In death) Last											
24a. Was an autopsy performed?  24b. Were autopsy find available prior to completion of cause of death of the completion of cause of death	Bo	atten for u	cian												
24a. Was an autopsy performed?  24b. Were eutopsy findinal available prior to completion of cause of death?  25. Was case refarred to medical axaminer?  1	P.0	het tha d ad by the detached	Physi	4. / /	ontributing to death but not rasulting in tha underlying causa given in Part I.										
1   Yes   2   No   1   Yes   2	cords	been sign	pleted by										com	lable prior to plation of cause	
1   Natural   2   Accidant   3   Suicida   4   Homicide   5   Pending invastigation   5   Suicida	Ä	@ F %	mo:								130	Yes 2□No	10	Yes 25 No	
1   Natural     1   Natural	/Ita	artifica ctor,		25. Was case rafarred to medical axaminer?						26. Placa of De	ath (Check only	ona)	1		
1   Natural   2   Accidant   3   Suicida   4   Homicide   5   Pending invastigation   5   Suicida	5	hysic this co	2	1 ☐ Yas 2 No	1 El Inpatie				A	4 LI Nursing I					
29e. Certifier (Check only one) 29b. Signature end title of cartifier 29b. Signature end title of cartifier 30b. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print)  Etic. MPearlman MD Johns Hopkins Bay view Medical Conference of the death of the cause (S) and manner as stated.  29c. Licanse number 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year) 29d. Date signed (Month, Day, Year)	noi	ath. r: After t	ation:	1 Natural 5 ☐ Pending	(Month, Da	ry y Year)					28d. Describe	28d. Describe how injury occurred			
30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)  Eric. M. Pearlman MD Johns Hopkins Bry view Medical Conter	Divis	tal or Atters after de el Directo	Certific	dataminad	28a. Place of Inj	ury - At ho c. (Specify	oma, farm, stre	et, factory,	office		28f. Location ( City or To	Street and Numb wn, State)	per or Rurai	Routa Number,	
30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print)  Eric. M. Pearlman MD Johns Hopkins Bryview Medical Conter		e Hospi n 24 hou e Funer sletely fill	dical	(Check only 2 Medicat Exa	niner: On the basis of	axaminat	wiedge, death tion and/or inv	occurred a astigetion,	t the tir In my o	me, date and place pinlon, daath occu	a, and dua to tha urred at the tima,	causa(s) and mo data end plece,	annar as sta and due to t	ted. he cause(s)	
	-	To th To th comp		29b. Signature end titla of cartifier	7 0										
		1		Tree mi ge	ex _	1	3	AJ	-414	7357 - 9	16028	June	23,1	196	
		14		( )	/	eath (Itam	23a) (Type, I	Print)	1/2-1	1 . R.		ned:	1 0-	4-	
State		Sta	te	31. Data filed (Month, Day, Year)		er's Signal	tura	ח בחי	JOK	102 100	y view	/ rearce	/ 00	~! •	

DHMH 16 Rev 6/95



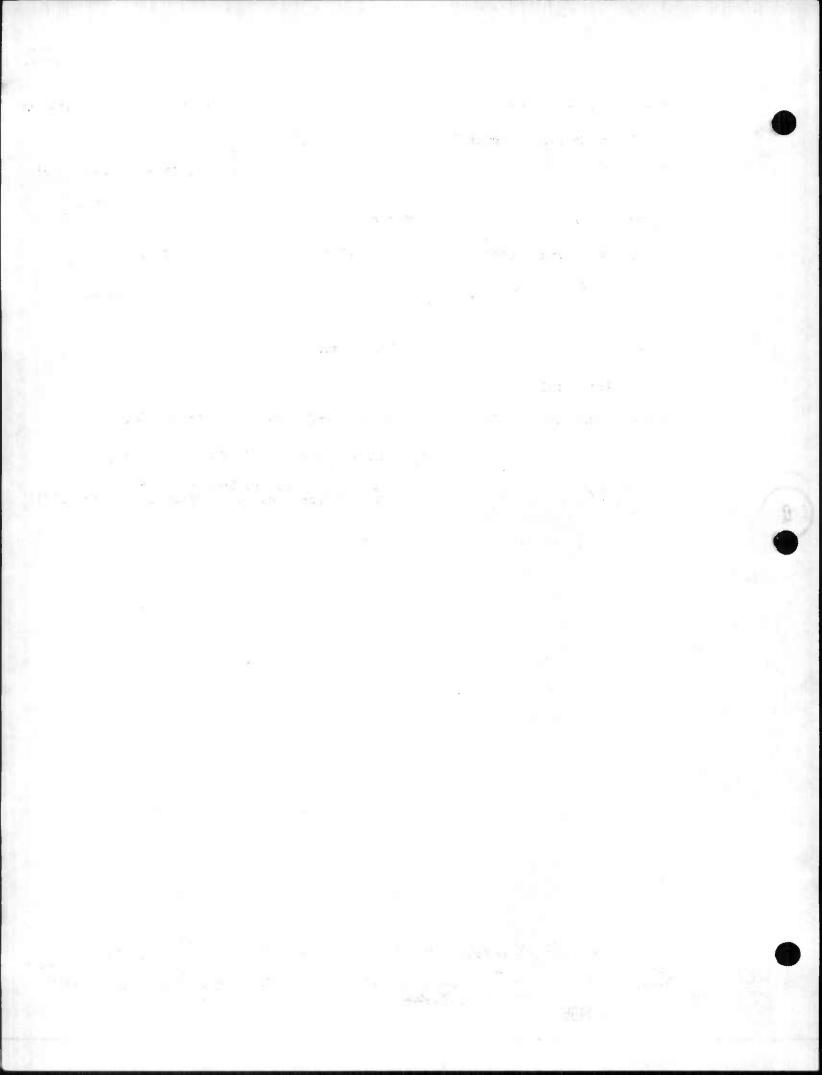
State of Maryland / Department of Health and Mental Hygiene 96 19232

							Certificate o			Reg. No.		
oleion		1. Decedent's Name (First, M	iddle, La	st)					2. Date of De Month		Year	3. Time of Death
/sician ledical	_	Ernest J.	Woo	lwine					June	25, 19	96	10:30 a
miner	_	4e. Facility Name (If not institu	-					4b. City, Town, o		th 4c. Count	of Death	
	١,	Union M			pital			Baltimo		N/		
eral tor		5. Social Security Number 236-32-1241	6. S	ex M 2DF	7. Age (In 69	yrs. lest bir	thday) if Under 1 Yes Yrs. Months Day		8. Date of Bi (Month, De Feb 13	rth ey, Year) 3, 1927	9. Birthpi Count We	ace (State or Foreign try) St Virgin
	-	Usuel Residence of Decaden				01						
		10a. Stete 10b. Cou			100		n or Location				10	Od. tnside City Limits
Director			/ A			Balt	imore					1 XXX 2 □ No
늄		10e. Street and Number					10f. Zip Code			10g. Citizen of		try?
la la	2	812 West	32n				2121			U.S.		
eted by Funeral Director	2	11. Marital Status  1 Never Merried 2000  3 Widowed 4 Divor		12. Was Dec Armed Fo LA Yes If Yes, Gi Year or D	orces?		13. Was Decedent of if Yes, specify Cu		Specify Yes or Norto Rican, etc.)		ce - America ck, White, e y: Whi	etc.
eted	3	15. Dece	dent's Ed	ucation		16a.	Decedent's Usual Occ	upation		16b. Kind of B	usiness/ind	ustry
Completed		(Specify only high Elementary/Secondary (0-1)		College (	1-4or 5+)		(Give kind of work don life. DO NOT use reti Bus Drive	red)	orking	MTA		
Be		17. Father's Name (First, Mide	de, Last)					18. Mother's Na	me (First, Middle	, Maiden Sumer	ne)	
To E		Walter	Woo!	lwine				u	nk			
		19a. Informant's Name/Releti	onship (7	Type, Print)			Mailing Address (Stre					
		Frances Woo	lwin	e (wif	e)		821 West 3	2nd Stree	t, Balti	more, M	d. 21	211
	2	20a. Method of Disposition XXBurial 2 Cremate	20 2 D	Domoval from		b. Place of cemeter	Disposition (Name of y, crematory or other p	lace)	Date	20c. Location	City or Tov	vn, State
į.					State	Druid	Ridge Ceme	etery	6/28/96	Pikesvi	lle,	Md
#		21. Signature of Funerel Serv	Ice Licen	4 Donetion 5 Other (Specify) Druid Ridge Cemetery 6/28/96 Pikesville, Md								
88		1 a ala	in,	Seits	caused the cach line.	death. Dor	A. Alan 3818 Ro	Seitz, J land Aven	ue, Balt	imore,		and 21211 Approximate
al er		23a. Part1. Enter the disease shock, or heart failure. I immediate Cause (Finel disease or condition resulting in death)	in,	Sections that cone cause on e	RDI	90	A. Alan 3818 Ro	Seitz, J land Aven ying, such es cardie	ue, Balt c or respiratory a	imore,		and 21211 Approximate Interval Between Onset and Death
in al er		23a. Part1. Enter the disease shock, or heart failure. I immediate Cause (Finel disease or condition resulting in death)	in,	Jests Dications that come cause on e	RDII Due	9C to (or as e o	A. Alan 3818 Ro	Seitz, J land Aven ying, such es cardia	ue, Balt	imore,	1	Approximate tnterval Between
er Examiner		23a. Part1. Enter the disease shock, or heart failure. I immediate Cause (Finel disease or condition resulting in death)	in,	Jests Dications that come cause on e	RDII Due	9C to (or as e o	A. Alan 3818 Ro. and enter the mode of disconsequence of):	Seitz, J land Aven ying, such es cardia	ue, Balt	imore,	1	Approximate Interval Between Onset and Death
a le la la la la la la la la la la la la la		23a. Part1. Enter the disease shock, or heart failure. I	in,	Jests Dications that come cause on e	Due 1	AC to (or as e o CA) to (or es a c	A. Alan 3818 Ro. and enter the mode of disconsequence of):	Seitz, J land Aven ying, such es cardia	ue, Balt	imore,	1	Approximate Interval Between Onset and Death
Medical Examiner		23a. Part1. Enter the disease shock, or heart failure. I immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	in,	Jests Dications that come cause on e	Due 1	AC to (or as e o CA) to (or es a c	A. Alan 3818 Ro. oot enter the mode of disconsequence of):	Seitz, J land Aven ying, such es cardia	ue, Balt	imore,	1	Approximate Interval Between Onset and Death
an calcal Examiner		23a. Part1. Enter the disease shock, or heart failure. I immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	in,	Jests Dications that come cause on e	Due 1	AC to (or as e o CA) to (or es a c	A. Alan 3818 Ro. oot enter the mode of disconsequence of):	Seitz, J land Aven ying, such es cardia	ue, Balt	imore,	1	Approximate Interval Between Onset and Death
a la la la la la la la la la la la la la		23a. Part1. Enter the disease shock, or heart failure. I immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	, or complist only of	Sectorial connections that connections that cause on each of the connection of the c	Due to	AC to (or as e o CA) to (or es a c	A. Alan 3818 Ro. and enter the mode of disconsequence of):	Seitz, J land Aven ying, such es cardie	ue, Balt	rimore,		Approximate Interval Between Onset and Death
νMedical	F	23a. Part1. Enter the disease shock, or heart failure. Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	, or complist only of	Sectorial descriptions that cause on early a	Due to Du	9 C C A to (or as a c to (or es a c	A. Alan 3818 Ro. and the mode of disconsequence of):  Consequence of):  Consequence of):  Consequence of):  Consequence of):	Seitz, J land Aven ying, such es cardie	ue, Baltic or respiratory a	tobacco use co		Approximate triterval Between Onset and Death
by Physician/Medical Examiner	F	23a. Part1. Enter the disease shock, or heart failure. I immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	, or complist only of	Sectorial descriptions that cause on early a	Due to Du	9 C C A to (or as a c to (or es a c	A. Alan 3818 Ro. and the mode of disconsequence of):  Consequence of):  Consequence of):  Consequence of):  Consequence of):	Seitz, J land Aven ying, such es cardie	ue, Balt c or respiratory a	tobacco use co	ntributa to 3 Prob	Approximate toterval Between Onset and Death Death Onset and D
by Physician/Medical Examiner	F	23a. Part1. Enter the disease shock, or heart failure. Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	, or complist only of	Sectorial descriptions that cause on early a	Due to Du	9 C C A to (or as a c to (or es a c	A. Alan 3818 Ro. and the mode of disconsequence of):  Consequence of):  Consequence of):  Consequence of):  Consequence of):	Seitz, J land Aven ying, such es cardie	ue, Balt c or respiratory a  /// /// /// 23b. Did 1  24a. Was perfe	tobacco use co Yes 2 No sen autopsy	ntribute to 3 □ Probe 24b. Wesava com of d	Approximate triterval Between Onset and Death
् व च डिं	F	23a. Part1. Enter the disease shock, or heart failure. Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	or complist only of	Sectorial descriptions that cause on early a	Due to Du	9 C C A to (or as a c to (or es a c	A. Alan 3818 Ro. and the mode of disconsequence of):  Consequence of):  Consequence of):  Consequence of):  Consequence of):	Seitz, J land Aven ying, such es cardie	ue, Balt c or respiratory a  /// /// /// 23b. Did 1  24a. Was perfe	tobacco use co	ntribute to 3 □ Probe 24b. Wesava com of d	Approximate toterval Between Onset and Death Onset and Death I Hall the cause of death ably 4 Dinknow to autopsy findings liable prior to spletion of cause
Completed by Physician/Medical Examiner		23a. Part1. Enter the disease shock, or heart failure. Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant conditions.	, or complist only of	Jethanications that come cause on ease of ease	Due to Du	AC to (or as e of CA) to (or es a co to (or as a co resulting in	A. Alan 3818 Ro. and enter the mode of disconsequence of):  Onsequence of):  Onsequence of):  Onsequence of):	Seitz, J land Aven ying, such es cardie  // ///// //// given in Part I.	23b. Did 24a. Was perfo	tobacco use co Yes 2 No sen autopsy ormed?  Yes 2 No one)	ntributa to 3 Probe 24b. Wei ava con of d	Approximate toterval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
ਜੂ ਦੂ ਹੈ ਤੋਂ ਹੈ	F	23a. Part1. Enter the disease shock, or heart failure. Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	, or complist only of	Jethanications that come cause on each of the cause of th	Due to Du	A C to (or as e of C A) to (or es a co o (or a))))))))))))))))))))))))))))))))))))	A. Alan 3818 Ro. and the state of the state	Seitz, J land Aven ying, such es cardie  // / /// // // given in Part I.	23b. Did 24a. Was performent of the control of the	tobacco use co Yes 2 No sen autopsy ormed?  Yes 2 No one)	ntribute to 3 Probe  24b. We ava com of d 1	Approximate toterval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
To Be Completed by Physician/Medical Examiner	F	23a. Part1. Enter the disease shock, or heart failure. Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant conditions of the cause (Disease or Injury that initiated events resulting in death) Last	or complish only of	Jethanications that come cause on each of the cause of th	Due to Du	A C to (or as e of C A) to (or es a co o (or a))))))))))))))))))))))))))))))))))))	A. Alan 3818 Ro. and an an an an an an an an an an an an an	Seitz, J land Aven ying, such es cardie  ///////////////////////////////////	23b. Did 24a. Was performent of the control of the	tobacco use co Yes 2 No sen autopsy ormed? Yes 2 No one) dence 6 Oth	ntribute to 3 Probe  24b. We ava com of d 1	Approximate toterval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
ilication: To Be Completed by Physician/Medical Examiner	F	23a. Part1. Enter the disease shock, or heart failure. Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant condexaminer?  1 Yes 25 No  27. Manner of Death  1 Natural 5 Per investigation of Coulder inv	or complist only of	Jet To Joine cause on e cause on	Due to Du	GC A to (or as a co or co or co as a co or co or co as a co or co	A. Alan 3818 Ro. and an an an an an an an an an an an an an	Seitz, J land Aven ying, such es cardie  // // // // // // // given in Part I.  26. Place of De wither: 4 \( \text{Nursing} \) ury at ork?  Yes 2 \( \text{No} \) No	23b. Did  23b. Did  24a. Was perfo	tobacco use co Yes 2 No sen autopsy primed? Yes 2 No one) dence 6 Oth how injury occur Street and Numb	ntributa to 3 Prob 24b. Wer ava com of d 1 Der (Specify, red	Approximate toterval Between Onset and Death Onset and Death I Have the cause of death?  The cause of death?  The cause of death?  The cause of death?  The cause of death?  The cause of death?  The cause of death?
ilication: To Be Completed by Physician/Medical Examiner	F 2	23a. Part1. Enter the disease shock, or heart failure. Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant condexaminer?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Per inverse of the property of the cause (Disease) Part II. Other significant condexaminer?  29. Certifier 1 Continued The Continue of the cause of t	or complist only of the control of t	Jet To Joine state of the cause	Due to Du	fo (or as a coor or continued o	A. Alan 3818 Ro. and an an an an an an an an an an an an an	Seitz, J land Aven land Av	23b. Did  23b. Did  24a. Was perfections  28d. Describe  28f. Location ( City or To	tobacco use co Yes 2 No ren autopsy ormed?  Yes 2 No one) dence 6 Oth how injury occur  Street and Number wn, State)	anner as sta	Approximate toterval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
ilication: To Be Completed by Physician/Medical Examiner	2	23a. Part1. Enter the disease shock, or heart failure. Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant condexaminer?  1 Yes 25 No  25. Was case referred to med examiner? 1 Yes 25 No  27. Manner of Death 2 Accident 3 Suicide 6 Coudett	or complist only of the control of t	Jet To Joine state of the cause	Due to Du	fo (or as a coor or continued o	A. Alan 3818 Ro. and the mode of disconsequence of):  Consequence	Seitz, J land Aven land Av	23b. Did  23b. Did  24a. Was perfections  28d. Describe  28f. Location ( City or To	tobacco use co Yes 2 No ren autopsy ormed?  Yes 2 No one) dence 6 Oth how injury occur  Street and Number wn, State)	ntributa to 3 Prob 24b. Wer ava com of d 1 D  er (Specify, red  anner as ste and due to	Approximate toterval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
edical Certification: To Be Completed by Physician/Medical Examiner	2	23a. Part1. Enter the disease shock, or heart failure. Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant condeximal cause. The condeximal cause (Disease or Injury that initiated events resulting in death) Last  25. Was case referred to med examiner?  1   Yes   2   No    27. Manner of Death   1   Natural   1   Other significant   1   Natural   1   Natural   1   Natural   2   Accident   1   Natural   2   Medicine   1   Natural   2   Medicine   1   Natural   2   Medicine   1   Medicine   1   Natural   2   Medicine   1   Medic	ical littons occurred bying Physal Exem	Jet To Joine cause on e cause on	Due to Du	o (or as a co o (or as a co o (or as a co o (or as a co o (or as a co o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o o (or as a co o (or a) (or as a co o (or a) (or a	A. Alan 3818 Ro. 101 and 102 and 103 a	Seitz, J land Aven land Av	23b. Did 23b. Did 1 24a. Was performent of the control of the cont	tobacco use co Yes 2 No en autopsy ormed?  Yes 2 No one) Idence 6 Oth how injury occur  Street and Numb wn, State)  cause(s) and me date end placa, 29d. Date signe	ntributa to 3 Prob 24b. Wer ava com of d 1 D  er (Specify, red  anner as ste and due to d (Month, D	Approximate toterval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons

State

Registrar

JUN 2 8 1996

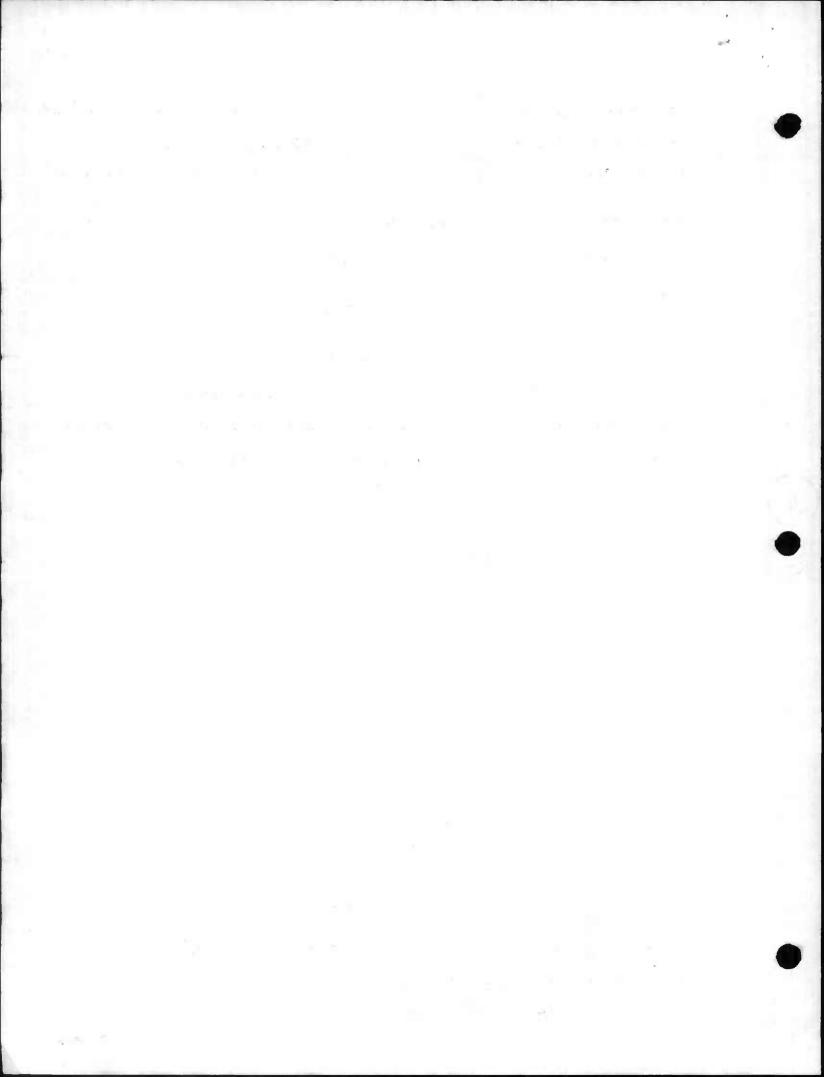


# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

State of Maryland / Department of Health and Mental Hygiene

Cortificate of Death

					001	111104	10 01 1	Jeath			Reg. No	0.			
District		1. Decedent's Nama (First, Middla, L	ast)							2. Dete of I	Deeth	21/	Yaar	3. Tima	of Death
Physici /Medic		reginald 4	) Miam	5						06	19.0	16	I dai	104	mag
Examir		4e. Facility Nema (If not institution, g	ive street end nun	ber)			4	b. City, Tov	vn, or Lo	cation of De	ath 4	c. County	of Daath		
		DETON HIM M	MAMOR				6	mall.	ma	_		NA			
Funeral				7. Aga (In yrs.	last birthday)		r 1 Yaer			8. Dete of I			9. Birth	olaca (Sta	ta or Fora
Director		217-90-9700	1 <b>∑</b> M 2□ F	23	Yrs.	Months	Days	Hours	Min.	07 25	o 7	)	Cou	ryla	nci
		Usual Rasidance of Decedant								0, 2,			114.	yıa	II u
M W		10a. State 10b. County		10c. City	y, Town or Loc	cation							1	Od. Inside	City Lim
- 9	ò	masryland N/A		7.4	Baltim	oro								1. 🗆 Y	es 2
2 2	8	10e. Street and Number			/GICIM		ip Coda				10a C	itizan of V	Vhat Cou	41	
0 8	ā		•								Tog. C	NIZOTI OI V	vilat oodi	itiy t	
23	Funeral Director	3425 Round Ro		f A (5) 1- 11	0 140.10		225					USA			
E 2	'n	1 t. Meritel Stetus	12. Wes Dece Armed For	ces?	.s. 13. W	Yas, sp	ecify Cube	n, Maxican,	Puarto	ecity Yes or i Rican, atc.)	40-		e - Americk, Whita,	can Indian atc.	,
8	by F	1 Navar Married 2 Married	If Yes, Give	1	1	☐ Yes	2 ₽ No	Specify:				Specify	0 20 7	•	
E M	9	3 ☐ Widowed 4 ☐ Divorced	Year or De	tes:			Λ						BIS	ack	
팔림	Completed	15. Decedant's I (Specify only highast g	Education rade completed)		16a. Deceda (Give k lifa. D	ant's Usi	al Occupa	ation during most	of worki	ing	16b. I	Kind of Bu	ısinass/In	dustry	
then the Me	gu	Elamentery/Secondary (0-12)	Collaga (1-	4or 5+)				)							
Hygier ther th	S	10			Une	mp1	oyed				i	ΪA			
Ne T	Be	17. Father's Nama (First, Middla, Las	it)					18. Mothai	's Nama	(First, Midd	la, Maide	n Sumam	a)		
ti de di	To I	daywood Willi	ams					rie 1	1en	Jack	son				
and Mental Is is marked of aumatic eve		19e. Informant's Name/Ralationship			19b. Mailin	g Addras	s (Street a			A Route Num		or Town,	State, Zip	Coda)	
27 ly		Helen William	1S		3425	В	haund	Roa	ď	Balti	nore	) In	á í	2122	5
il health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at		20a. Mathod of Disposition		20b. P	lace of Dispos ematery, cram					Data				own, State	
0 1		1 ☐ Burial 2 ☐ Cremetion 3	Removal from S	latel				e)		10510					
de la la la la la la la la la la la la la		4 □ Donation 5 □ Other (Spec		I	ount					/25/9	6 La	ansd	owne	9, 141	a
Depertment of Health a Important: If Item 27 is any injury or other traising once.		21. Signature of Funerel Sarvice Lice	ensaa	1	22.	Name e	nd Addras	NERA.	, L. 131	Outz					
7 = 9 O		south	P Wa	ller	6 1	03	W. W	ortn	ÀV	enue	Bal	lto.	rid.	2.1	201
		23a. Part . Enter the disaesa, or conshock, or haart failura. List on	mplications thet ca	used the death	n. Do not ente	r the mo								Approxir Interval I	
ysician		Don, or hard raildra. Elst ort	y ona causa on ac	MATERIAL.										Onset ar	nd Deeth
/ledical		Immediete Causa (Final	Cryp	beard	Mening	m 64	. 1.1.	٨,					1	2 44.	
aminer		disaasa or condition rasulting in death)	a. 0.913		U			נויו						77.	_
	<u>a</u>		. A10.		r as a consequ	Jence of	):						1	240	
ansit	Examiner		b										1	1.	-
n an	Exa	Sequantially list conditions, if eny, laading to immadiata causa. Entar Underlying Cause (Disaase or Injury		Dua to (o	r as a consequ	Jence of	1.						1		
ding physician and ise as the burial-transit		Cause (Disaase or Injury that initiated evants	C	0											
s th	//Medical	resulting In daath) Last		Due to (or	as a consequ	iance or)	:						- 1		
O 60	3		d										1		
S G	clar												1		
attendir for use	-														a of de
the attendir	No.	Pert II. Other significant conditions	contributing to dea	th but not rasi	ulting In the un	darlying	causa giva	an in Pert I.		23b. D	d tobacc	o use cor	ntribute to	the cau	
d by the attendir detached for use	Physician	Pert II. Other significant conditions Serves	contributing to dea	th but not rasi	ulting In the un	darlying	causa giva	an in Pert I.				0 <b>use co</b> i	3 Pro		Unkr
gned by the atter be detached for u	by		contributing to dea	ith but not rasi	ulting In the un	darlying	causa giva	an in Pert I.							Unkr
gned by the atter be detached for u	by		contributing to dea	ith but not rasi	ulting In the un	darlying	causa giva	an in Pert I.		1   24a. W	Yes	2 JU0	3☐ Pro	are autopo	sy findin
s been signed by the atter 2 should be detached for u	by		contributing to dea	ath but not rasu	ulting In the un	darlying	causa giva	an in Pert I.		1   24a. W	Yes	2 JU0	3☐ Pro	bably 4	sy findin
has been signed by the atter je 2 should be detached for u	by		contributing to dea	ath but not rasu	ulting In the un	darlying	causa giva	an in Pert I.		24a. W	Yes :	2 No	3☐ Pro 24b. W	are autopaliable pri	sy finding or to of cause
ate has been signed by the atter page 2 should be detached for u	Completed by	Seizures	contributing to dea	ith but not rasu	ulting In the un	darlying	causa give		of Dooth	24a. W. pe	Yes as an eutoformed?	2 JU0	3☐ Pro 24b. W	are autopaliable pri	sy finding
ate has been signed by the atter page 2 should be detached for u	Be Completed by	SEIZURS  25. Was casa rafarrad to medical examinar?	Hospital-				Othe	28. Placa		24a. Wipe	Yes as an eutoformed?  Yas 2  y ona)	2 No	3 Pro	are autop: allabla pri impletion death?	sy findin or to of cause
ate has been signed by the atter page 2 should be detached for u	To Be Completed by	25. Was casa rafarrad to medical examinar?	Hospital: 1 ☐ In	patlant 2□	ER/Outpatient	3 D	OA Othe	28. Placa	sing Ho	24a. W. pe 1[ 1 (Check on)	Yes as an euto formed?  Yas 2  y ona) sidance	ppsy  No  B Other	3 Pro  24b. W av cc of 1 [	are autop: allabla pri impletion death?	sy findin or to of cause
ate has been signed by the atter page 2 should be detached for u	To Be Completed by	25. Was casa rafarrad to medical examinar? 1   Yes 26 No 27. Mannar of Death 1   Salatural 5   Panding	Hospital: 1 ☐ In 28a. Date of (Month	patlant 2□		3 D	OA Othe 28c. Injury	28. Placa	sing Ho	24a. Wipe	Yes as an euto formed?  Yas 2  y ona) sidance	ppsy  No  B Other	3 Pro  24b. W av cc of 1 [	are autop: allabla pri impletion death?	sy finding or to of cause
ate has been signed by the atter page 2 should be detached for u	To Be Completed by	25. Was casa rafarrad to medical examinar? 1  Yes 2 No 27. Mannar of Death 11 Natural 5 Panding Invastigation	Hospital: 1 ☐ In 28a. Date of (Month	patiant 2□ Injury , Day Year)	ER/Outpatient 28b. Tima of Injury	3 D	OA Othe 28c. Injury Work	28. Placa	sing Ho	24a. W. pe  1[ 1 (Check online 5   Re 28d. Describ	Yes an eutoformed?  Yas 2  y ona)  sidance e how inju	20 No	3 Pro  24b. W av cc of 1[	are autopo allabla pri mpletion death?	sy finding or to of cause
ate has been signed by the atter page 2 should be detached for u	To Be Completed by	25. Was casa rafarrad to medical examinar? 1   Yes 26 No 27. Mannar of Death 1   Salatural 5   Panding	Hospital: 1  1  10  In	patlant 2□	ER/Outpatient 28b. Tima of Injury	3 D	OA Othe 28c. Injury Work	28. Placa	sing Ho	24a. W. pe  1[ 1. Check on/ me 5  Re 28d. Describ	Yes an eutoformed?  Yas 2  y ona)  sidance e how inju	ppsy  Dono  B Other	3 Pro  24b. W av cc of 1[	are autopo allabla pri mpletion death?	sy finding or to of cause
ine does Affer this cartificate has been signed by the atter In by the funeral director, page 2 should be detached for u	Certification: To Be Completed by	25. Was casa rafarrad to medical examinar?  1  Yes 20 No  27. Mannar of Death  1  Aurial 5  Panding Invastigatic 2  Accident Invastigatic 3  Suicida 6  Could not	Hospital: 1  1  10  In	patlant 2   Injury (Day Year)	ER/Outpatient 28b. Tima of Injury	3 D	OA Othe 28c. Injury Work	28. Placa	sing Ho	24a. W. pe  1[ 1. Check on/ me 5  Re 28d. Describ	Yes :: as an eutromed?  Yas 2 yona) sidance e how inju	ppsy  Dono  B Other	3 Pro  24b. W av cc of 1[	are autopo allabla pri mpletion death?	sy finding or to of cause
ine does Affer this cartificate has been signed by the atter In by the funeral director, page 2 should be detached for u	Certification: To Be Completed by	25. Was case referred to medical examinar?  1 Yes 20 No  27. Mannar of Death  15 Natural 5 Panding Invastigating Suicida 6 Could not datamined.  29e. Cartifiar Certifying P	Hospital: 1 In In 28a. Date of (Month) De 28a. Place of building	patiant 2 Injury, Day Year) of Injury - At hog, atc. (Specify	ER/Outpatient 28b. Tima of Injury ma, farm, stre ) wladge, deeth	3 D M at, facto	OA Othe 28c. Injury Work 1 1	28. Placa ∋r: Aff Nur 'at 'at 'at 'as 2 □ N	to Spiece, a	24a. W. pe  1[ 1 (Check online 5   Ra 28d. Describ 28f. Location City or 1	Yes : as an eutroformed? Yas 2 y ona) sidance e how injut (Street e own, State a causa(s	20 No	3 Pro  24b. W av cc of 1[ ar (Special red	are autoppallable primpletion of death?  Yas 2  y)	sy finding or to fi cause No No
ine constitution and the street of the stree	edical Certification: To Be Completed by	25. Was case referred to medical examinar?  1 Yes 20 No  27. Mannar of Death  15 Natural 5 Panding Invastigating Suicida 6 Could not datamined.  29e. Cartifiar Certifying P	Hospital: 1 In In In In In In In In In In In In In	patlant 2 Injury, Day Year)  Injury - At ho g, atc. (Specify lest of my know is of axaminat	ER/Outpatient 28b. Tima of Injury ma, farm, stre ) wladge, deeth	3 D M at, facto	OA Othe 28c. Injury Work 1 1	28. Placa ∋r: Aff Nur 'at 'at 'at 'as 2 □ N	to Spiece, a	24a. W. pe  1[ 1 (Check online 5   Ra 28d. Describ 28f. Location City or 1	Yes : as an eutroformed? Yas 2 y ona) sidance e how injut (Street e own, State a causa(s	20 No	3 Pro  24b. W av cc of 1[ ar (Special red	are autoppallable primpletion of death?  Yas 2  y)	sy finding or to f cause No No
Afer this cartificate has been signed by the atter funeral director, page 2 should be detached for u	Tedical Certification: To Be Completed by	25. Was casa rafarrad to medical examinar?  1   Yes 25 No  27. Mannar of Death 1 Salatural 5   Panding Invastigatic 3   Suicida 6   Could not datarmined  29e. Cartifliar (Check only 2 Nedical Examination)	Hospital: 1	patlant 2 Injury, Day Year)  Injury - At ho g, atc. (Specify lest of my know is of axaminat	ER/Outpatient 28b. Tima of Injury ma, farm, stre ) wladge, deeth	3 D M lat, facto	OA Othe 28c. Injury Work 1 1	28. Placa эт: Affi Nur at c? Yas 2 □ N a, data and inion, daati	to Spiece, a	24a. W. pe  1[ 1 (Check online 5   Ra 28d. Describ 28f. Location City or 1	Yes  as an eutoformed?  Yas 2  y ona)  sidance e how inju  (Street e  own, State a causa(sa, data an	20 No  B Other  B Oth	3 Pro  24b. W av cc of 1[ er (Specificed)  are or Rura and dua to	are autoppallable primpletion of death?  Yas 2  y)	sy finding or to or to of cause No No
ine does Affer this cartificate has been signed by the atter In by the funeral director, page 2 should be detached for u	Tedical Certification: To Be Completed by	25. Was casa rafarrad to medical examinar?  1  Yes 2  No  27. Mannar of Death 1  Salutural   S   Panding Invastigating Accident   S   Could not datarmine   Certifying P   Certifying P   Check only one)	Hospital: 1 In In In In In In In In In In In In In	patlant 2 Injury, Day Year) of Injury - At hog, atc. (Specify know is of axaminatar steted.	ER/Outpatient 28b. Tima of Injury ma, farm, stre ) wladge, deeth	3 D D M at, facto	OA Other 28c. Injury Work 1 1 7  Ty, office  Lat tha time, in my op	28. Placa 9f: All Nur 1 at (?) 1 fas 2 \[ \] N 1 na, data and 1 number	to Spiece, a	24a. W. pe  1[ 1 (Check online 5   Ra 28d. Describ 28f. Location City or 1	Yes ::  as an eutoformed?  Yas 2  y ona)  sidance e how inju  (Street e own, State a causa(sa, data an	20 No  Dopsy  8 Other  Brown occurr  and Numb  a)  s) and ma  d place, a  ata signed	3 Pro  24b. W av cc of 1[ er (Specified  er or Rura  nner as s and dua to d (Month,	are autopy allabla primpletion of death?  Yas 2  y)  tated. by the cause	of to of cause of No
Mector: After this certificate has been signed by the atter In by the funeral director, page 2 should be detached for u	Medical Certification: To Be Completed by	25. Was case referred to medical examinar?  1   Yes 20   No  27. Mannar of Deeth 1   Salatural   5   Panding Invastigation   1   1   1   1   1   1   1   1   1	Hospital: 1 In In 28a. Date of (Month)  28a. Place of building  hysician: To the beind manner  Calla	patlant 2 Injury, Day Year)  Injury - At ho g, atc. (Specify rest of my know is of axaminatar steted.	ER/Outpatient 28b. Tima of Injury ma, farm, stre ) wladge, deeth lon end/or inve	3 D  M  at, factor  occurrecestigation	OA Other 28c. Injury Work 1 1 7, office	28. Placa 9f: All Nur 1 at (?) 1 fas 2 \[ \] N 1 na, data and 1 number	to Spiece, a	24a. W. pe  1[ 1 (Check online 5   Ra 28d. Describ 28f. Location City or 1	Yes ::  as an eutoformed?  Yas 2  y ona)  sidance e how inju  (Street e own, State a causa(sa, data an	20 No  B Other  B Oth	3 Pro  24b. W av cc of 1[ er (Specified  er or Rura  nner as s and dua to d (Month,	are autopy allabla primpletion of death?  Yas 2  y)  tated. by the cause	sy finding or to of cause No No
ine constitution and the street of the stree	Medical Certification: To Be Completed by	25. Was casa rafarrad to medical examinar?  1  Yes 2  No  27. Mannar of Death 1  Salutural   S   Panding Invastigating Accident   S   Could not datarmine   Certifying P   Certifying P   Check only one)	Hospital: 1 In In 28a. Date of (Month)  28a. Place of building  hysician: To the beind manner  Calla	patiant 2 Injury, Day Year)  of Injury - At hog, atc. (Specify known is of axaminatar steted.	ER/Outpatient 28b. Tima of Injury ma, farm, stre ) wladge, deeth lon end/or inve	3 D D  M  at, facto  occurrecestigation  28	OA Other 28c. Injury Work 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28. Placa 9f: All Nur 1 at (?) 1 fas 2 \[ \] N 1 na, data and 1 number	lo lo la plece, a noccurro	24a. W. pe  1[ 1 (Check on/ me 5   Re 28d. Describ 28f. Location City or 1	Yes ::  as an eutoformed?  Yas 2  y ona)  sidance e how inju  (Street e own, State a causa(sa, data an	20 No  B Other  B Other  And Numb  and place, a  ata signed  5/96	3 Pro  24b. Way expected  1 [ er (Specificated)  anner as s and dua to	are autopy allabla primpletion of death?  Yas 2  y)  tated. by the cause	sy findin or to of cause No No winder,



BALTIMORE, MARYLAND 21215-0020	
Į	
BOX 68760	
P.O.	
RECORDS, P.(	
OF VITAL	
DIVISION	the company of the contract of

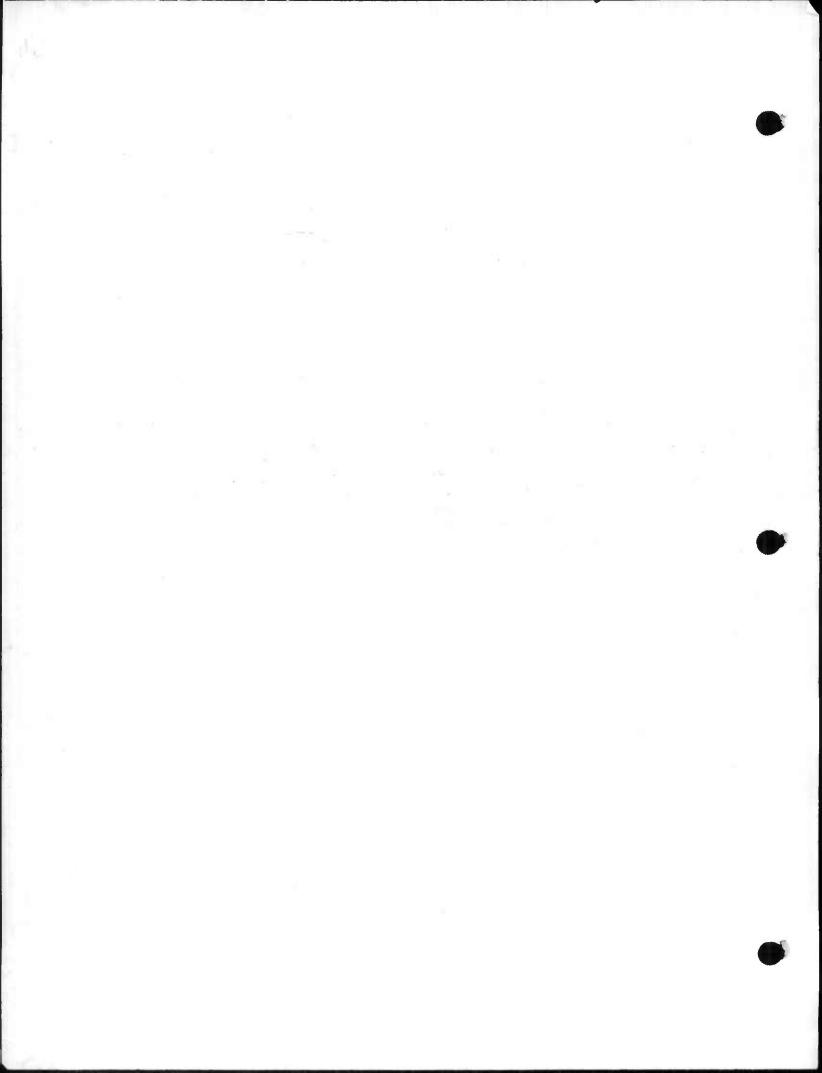
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requirements are completed by the annual physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the annual physician, and completed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Deut. or Hearth and Mercal Hypers price to be the common or remove.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	ATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND MEI CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2.	DATE OF OEATH	YEAR 3. TIME OF OEATH
	SACIEL WISO SOCIAL SECURITY NUMBER 5. SE		IF UNDER 1 YEAR IF UNDER 24 HRS. 7. I	ine 24	96 11:00 PM
	0.0 11 11000	( )		Month, Day, Year)	6. BIRTHPLACE (State or Ffreign Country)
j	9e. FACILITY NAME (If not institution, give street end	1 number)	9b. CITY, TOWN OR LOCATION OF DEATH	9c. COL	INTY OF DEATH
DIRECTOR	3403 /HE HIA	MENA	BALTIMORE	BA	LTIMORE CITY
ZEC.	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY
		ore CITY BA	LIMORE		LIMITS?
RA	100. STREET AND NUMBER 5403 THE	Hameila	101. ZIP COOE	10g. CIT	IZEN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EYER IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC O	RIGIN? (Specify Yes or No—	14. RACE — American Indian,
BY F		ORCES? 1 YES 2 NO YES GIVE WAR OR DATES	If yes, specify Cubsn, Mexican, Pu	erto Ricen, etc.)	Black, White, etc.
	15. DECEDENT'S EDUCATION	180. DECEDENT'S U	SUAL OCCUPATION	16b, KIND OF BUSINESS/IN	DUSTRY
COMPLETED	(Specify only highest grade complete Elementary/Secondary (0-12)  Colle	(Give kind of wo life.) Do NOT use	rk done during most of working		
MP	THER'S NAME (First, Middle, Last)	STEEL	Worker	JERRY K	ostein
	Bitha Will Sor	7	18. MOTHER'S NAME (I	First, Middle, Melded Surname)	n
TO BE	190/INFORMANT'S NAME (Type/Print)	19b. MAILING A	DORESS (Street and Number or Rural Route	Number, City or Town, State, Zi	p Code)
F	WILLIAM H. WI	Ison 6835	Sturbridge Dr	IVE. BALTO	· MD.21234
3	20e, METHOD OF DISPOSITION  1	Of resident of the Office		OATE 20c. LOCATION -	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- IGATT BON	22. RAME AND ADDRESS OF FACILIT	8/100 00011	45 MILETTICE
	Joseph R. W	Cheters de.	UNITY TUNETAL	tome Rai Ti	n. m 2/2/1
	23. PART . Enter the diseasea, or compile ahock, or heart fellure. List on	cations that coused the death. Do no	t enter the mode of dying, auch as	cardiec or reapiratory ar	reat, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Onset and Death
	resulting in death) a	DUE TO (OR AS A CONSEQUENCE OF):			
N	Sequentially list conditions,	Karelsonester	ic cardiavas	cular de	seaso
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):			
EHI	resulting in death) LAST				*
CALC	PART II. Other aignificant conditions control	ributing to deeth but not reaulting in	the underlying ceuse given in Part	i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
				1 Tes 2 No	COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTRIBUT	T TO CALICE OF DEATH VEC	NO UNCERTAIN		1 TYES 2 NO
ME		26. PLACE OF DEATH		J	
IAN: ME	25. WAS CASE REFERRED TO MEDICAL				
YSICIAN: ME	EXAMINER?  1 YES 2 NO 1 In		OTHER:    Nursing Home   5   Residence   8	Other (Specify)	
PHYSICIAN: MED	EXAMINER?  1 YES 2 NO 1 In		OF 28c, INJURY AT 28d WORK?	Other (Specify) DESCRIBE HOW INJURY OC	CURED
ВУ	EXAMINER?  1 YES 2 NO  1 In Inc.  27. MANNER OF DEATH  1 Setural 5 Pending Investigation	apetient 2 ER/Outpetient 3 DOA 4 8e. DATE OF INJURY (Month, Day, Year)  8e. PLACE OF INJURY — At home, farm, str	OF 28c, INJURY AT WORK?  M 1 YES 2 NO	DESCRIBE HOW INJURY OF	
ВУ	EXAMINER?  1	Se. DATE OF INJURY (Month, Day, Year)  28b. TIME INJURY	OF 28c, INJURY AT WORK?  M 1 YES 2 NO	DESCRIBE HOW INJURY OC	
ВУ	EXAMINER?  1 YES 2 NO 1 In Inc.  27. MANNER OF DEATH  1 Setural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	apatient 2 ER/Outpatient 3 DOA 4 8e. DATE OF INJURY (Month, Day, Year)  8e. PLACE OF INJURY — At home, farm, stribuliding, etc. (Specify)  the best of my knowledge, death occurred	OF Nursing Home 5 Residence 8 OF 28c. INJURY AT WORK? 1 OF YES 2 NO Set, tactory, office 28f.	DESCRIBE HOW INJURY OC LOCATION (Street and Number City or Town, State)	r or Rural Route Number.
ВУ	EXAMINER?  1 YES 2 NO 1 In Inc.  27. MANNER OF DEATH  1 Setural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	apatient 2 ER/Outpetient 3 DOA 4 8e. DATE OF INJURY (Month, Day, Year)  8e. PLACE OF INJURY — At home, farm, stribuilding, etc. (Specify)	OF Nursing Home 5 Residence 8 OF 28c. INJURY AT WORK? 1 OF YES 2 NO Set, tactory, office 28f.	DESCRIBE HOW INJURY OC LOCATION (Street and Number City or Town, State)	r or Rural Route Number.
BE COMPLETED BY	EXAMINER?  1 YES 2 NO 1 In Inc.  27. MANNER OF DEATH  1 Setural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	apatient 2 ER/Outpatient 3 DOA 4 8e. DATE OF INJURY (Month, Day, Year)  8e. PLACE OF INJURY — At home, farm, stribuliding, etc. (Specify)  the best of my knowledge, death occurred	OF Nursing Home 5 Residence 8 OF 28c. INJURY AT WORK? 1 OF YES 2 NO Set, tactory, office 28f.	DESCRIBE HOW INJURY OC LOCATION (Street and Number City or Town, State)  cause(s) end manner ee stated to to to to to to to to to to to to to	r or Rural Route Number,
COMPLETED BY	EXAMINER?  1 YES 2 100  1 In In In Investigation  2. Manner OF DEATH  1 Lestural 5 Pending Investigation  3 Suicide 8 Could not be determined  2. CERTIFIER (Check only One)  2. MEDICAL EXAMINER: On the	apetient 2 ER/Outpetient 3 DOA 4 8e. DATE OF INJURY (Month, Day, Year)  8e. PLACE OF INJURY — At home, farm, stribuliding, etc. (Specify)  the best of my knowledge, death occurred the basis of examination end/or investigation.	OF 28c. HAJURY AT 28d WORK? 1 YES 2 NO set, tactory, office 28f.  at the time, date end place, and due to the in my opinion, death occured at the time, 29c. LICENSE NUMBER	DESCRIBE HOW INJURY OC LOCATION (Street and Number City or Town, State)  be cause(s) end manner ee ata date end place, and due to the company of the company	ted.  To recuse(s) end menner as stated.  E SIGNED (Month, Day, 16er)
BE COMPLETED BY	EXAMINER?  1 YES 2 100  27. MANNER OF DEATH  1 Stursi 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMP	apetient 2 ER/Outpetient 3 DOA 4 8e. DATE OF INJURY (Month, Day, Year)  8e. PLACE OF INJURY — At home, farm, stribuliding, etc. (Specify)  the best of my knowledge, death occurred the basis of examination end/or investigation.	OF 28c. HAJURY AT 28d WORK? 1 YES 2 NO set, tactory, office 28f.  at the time, date end place, and due to the in my opinion, death occured at the time, 29c. LICENSE NUMBER	DESCRIBE HOW INJURY OC LOCATION (Street and Number City or Town, State)  cause(s) end manner ee stated to to to to to to to to to to to to to	ted.  To recuse(s) end menner as stated.  E SIGNED (Month, Day, 16er)
BE COMPLETED BY	EXAMINER?  1 YES 2 100  1 In In In In In In In In In In In In In	Be. DATE OF INJURY (Month, Day, Year)  8e. PLACE OF INJURY — At home, farm, stribuliding, etc. (Specify)  be the best of my knowledge, death occurred the basis of examination end/or investigation,  LETED CAUSE OF DEATH (ITEM 27) (Type, P.	OF 28c. HAJURY AT 28d WORK? 1 YES 2 NO set, tactory, office 28f.  at the time, date end place, and due to the in my opinion, death occured at the time, 29c. LICENSE NUMBER	DESCRIBE HOW INJURY OC LOCATION (Street and Number City or Town, State)  be cause(s) end manner ee ata date end place, and due to the company of the company	ted.  To receive(s) end menner as stated.  E SIGNED (Month, Day, Year)



Please Typ

pe or Print in Black Indelible ink. Assure All Copies Are Legibie.	10005	
State of Maryland / Department of Health and Mental Hygiene 96	19235	
Certificate of Death		

		ite	m #1, filmg 736, 6/28/	96,cyw, per fh'	Certificate of	Death	R	eg. No.		
			Decedent's Neme (First Middle, La MATILDA)	MARCARET WIRTH			2. Dete of Dee Month	th	Vana	3. Time of Death
	Physic /Medi		MATICIA P	to the total			JUNE	Dey	Yeer 1996	4:25 Am
3	Exami		4e. Facility Neme (If not Institution, give	e street and number)		4b. City, Town, or Lo		4c. County		
			Johns Hopkins	Bayview Medical	e ctr.	Baltimo	-	N/A		
	Funeral Director		217-16-0000	ex 7. Age (In yrs. les 91	t birthdey) If Under 1 Yesr Months Deys	if Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day Dec. 28	,1904	9. Birthp Coun Mar	olece (Stete or Foreign otry) YLand
	and and		Usuei Residence of Decedent  10e. Stete 10b. County	10c. City, 1	Town or Location				1	0d. Inside City Limits
	he Mary 28a-f sho curied a	ector	Maryland Bal	Etimore		emere				1 □ Yes 2 No
	ath with t	Funeral Director	1 Turtle Court Ax		10f. Zip Code	21219	и	og. Citizen of V nited S	tate	5
21215-0020	permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or itema 23e or 28e4 show my injury or other traumatic event, the Modical Exertines must be notified at 2006.	by	11. Meritel Stetus  1 Never Merried 2 Merried  3 CWidowed 4 Divorced	12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Yeer or Detes:	13. Wes Decedent of It if Yes, specify Cub  1 Yes 2 2XNo		ecify Yes or No- Rican, etc.)		k, White,	ean Indian, etc. White
5-0	72 h	Completed	15. Decedent's Ed (Specify only highest gra	lucation de completed)	16a. Decedent's Usuel Occup (Give kind of work done life. DO NOT use retire	petion during most of work	ing	16b. Kind of Bu	siness/ind	Justry
121	filed within Hygiene.	mp	Elementary/Secondery (0-12)	College (1-4or 5+)		d)		Our	Home	
d 2	Hygie thert mt, m		6 Years 17. Fether's Neme (First, Middle, Last)		Homemaker	18. Mother's Nem	a /First Middle			
an	tould be filed within a Mental Hygiene.  Tarked other than matic event, the Mental Men	Be	Unknown Lah					Unknown	9)	
Maryland	2 should I and Meni is marked	70	19e. Informent's Neme/Reletionship (		19b. Meiling Address (Street				State Zin	Code)
	oith ar 27 is r trau		Linda C. Kalendel	e(granddaughter)	2419 Hanson					21040
Baltimore,	ages 1 end int of Heeith t: If item 27 y or other tr		20e. Method of Disposition  1 Disposition  2 Cremetion 3 Capacitation	nemover from State	e of Disposition (Name of letery, cremetory or other ple Lawn Cemeter	ice)	Dete	20c. Location -	City or To	own, State Maryland
=	Department of important: If it in in injury or one		4 ☐ Donetion 5 ☐ Other (Specify 21. Signeture of Junerel Service Licen	·	22 Name and Addre	ess of Facility				
B	permit. Departri		23a. Part 1. Enter the disease, or dome shock, or heart failure. List only	$\sim 1 \cdot 1 \cdot 1 \cdot 1$	D. 1 - D L	Tungen	Home of	Dundall vruland	2, In	
			23s. Part1. Enter the disease, or comp shock, or heart failure. List only	olicetions thet caused the deeth.	Do not enter the mode of dyin	ng, such as cardiec	or respiretory err	est,		Approximate Interval Between
	Physician								į	Onset and Deeth
7	/Medical Examiner		finmediete Ceuse (Finel diseese or condition resulting In deeth)	e Lu	ng Cancer					1 year
		7	The state of the s	Due to (or es	s e consequenca of):				1	
	rificete be executed og physician and as the burial-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b. — Due to (or ea	s a consequence of):					
68760,	sician buria		Cause. Enter Underlying Cause (Disease or Injury thet initiated events	C					İ	
Box 68	The lew requires that the death certificate be executed the has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Physician/Medical	resulting in deeth) Last	d.	s a consequence of):					
	death cer attendir d for use	Cla	Pert II. Other significant conditions co	ontributing to death but not resulting	ng in the underlying course al	ven in Pert I	23h Did to	hacco use cor	delburta te	the cause of death?
P.0	res that the de signed by the a be detached i	Phys	COPP	orthodolog to death but not resulti	ig in the underlying cause giv	ven ar Perti.	1)X(Y			bably 4 Unknow
	signer bed b	by	(01)				2000 mas 200			100 m
Records,	v requir been s should	Completed					24e. Wes a perform	n autopsy ned?	av	ere autopsy findings allable prior to mpletion of cause
360	has b	mpi						1.2	of	death?
8							1 🗆 Y	/ \	10	Yes 2 No
of Vital		o Be	25. Wes case referred to medical exeminer?  1 ☐ Yes ②☐ No	Hospitel:	Oth	26. Place of Deet				
of	五 年 屋	7: To	1 ☐ Yes ②⊠No  27. Menner of Death		VOutpatient 3 DOA  Bb. Time of linjury 28c. fnjur	4 U Nursing no	me 5 Reside			0
e e	Du Co	tion	1 Neturel 5 ☐ Pending 2 ☐ Accident investigation			rk?  Yes 2□No				
Division	affection Director	Certification:	3 Suicide 6 Could not be determined	28e. Pieca of Injury - At home building, etc. (Specify)	e, ferm, street, fectory, office		28f. Location (Si City or Town		er or Rura	I Route Number,
	Hospia 24 hours Funanti posty fills	edical C	29e. Certifier (Check only one) 1 Certifying Ph	/stotan: To the best of my knowle ilner: On the basis of examinetion end menner steted.	edge, deeth occurred at the til n end/or Investigetion, in my o	me, dete end plece, opinion, deeth occurr	and due to the cred et the time, d	euse(s) end me ete end plece, a	nner as si	sted. the ceuse(s)
	within 24 To the Fu	Me	29b. Signature end title of certifier		29c. Licens	se number	2	9d. Date signed	(Month,	Dey, Year)
	6 4 € 4		David P Sto	well no	D	48193		_	5/96	
	0)		30. Name and address of person who of	completed cause of deeth (Item 23	3a) (Type, Print)  4940 Eas	ten Aue	Balli	-ore	440	217 24
	Sta	ite	31. Dete filed (Month, Dey, Year)	32. Registrer's Signeture	6	7,000	,		200	21224
	Registi		JUN 2 8 19	196 Julia Davidso	m-Mandelle					

DHMH 16 Rev 6/95

CONTRACTOR OF THE CONTRACTOR O

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day 1996 **Physician** Yaar JUNE 25, 7:45 P.M. LILLIAN ELIZABETH YUNGMANN /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) NORTH ARUNDEL 4c. County of Death Examiner NURSING & REHABILITATION CENTER GLEN BURNIE ANNE ARUNDEL If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) If Undar 1 Yaar 5 Social Security Number 7. Aga (In yrs. last birthday) 9. Birthpiace (Stata or Foraign **Funeral** 1□M 2\ F Days MARYLAND 91 Yrs. Director 217-05-9831 12-25-1904 Usual Residence of Decedant death with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic avent, the Medical Examinar must be notified at 1 ☐ Yas 24 No Director GLEN BURNIE MARYLAND ANNE ARUNDEL 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 8941 TWIN RIDGE DRIVE Funeral 21061 U.S.A. 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Biack, Whita, atc. Pages 1 and 2 should be filed within 72 hours after or and of Health and Mentel Hygiene. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 □ Navar Married 2 □ Married 1 ☐ Yas 2 🔀 No Specify: Specify: WHITE þ ₩idowed 4 Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Coilega (1-4or 5+) OWN HOME 5 N/A HOMEMAKER 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be FREDERICK KAUFMAN ELIZABETH 2 19a. Informant's Neme/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) CARL HENRY YUNGMANN, JR. 8941 TWIN RIDGE DRIVE, GLEN BURNIE, MD. 21061 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 0 = 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 8 6/28/96 GLEN BURNIE, MARYLAND GLEN HAVEN MEMORIAL PARK 22. Nama and Addrass of Facility 21. Signature of Funaral Sarvice Licanses SINGLETON FUNERAL HOME, 23a. Part 1. Enter the disease, or complication that project the death. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heart failure. List only one cause on other line. 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 Physician /Medical Immedieta Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of) Examiner the death certificate be executed physician and s the buriel-trans Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Disaasa or injury that initiated events rasuiting in daath) Last Dua to (or as a consequence of) Box 68760 Physician/Medical Dua to (or as a consequence of): USB BS for use as ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.0. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yss 2 No 3 Probably 4 Unknown sauce Division of Vital Records, p 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed has 1 Yas 2 No 1 Yas 2 No 25. Wes casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 1 ☐ Yas 2 ☐ No To After this funerai 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Panding Invastigation 1 Natural death. 1 Yas 2 No or Attendiafter death.

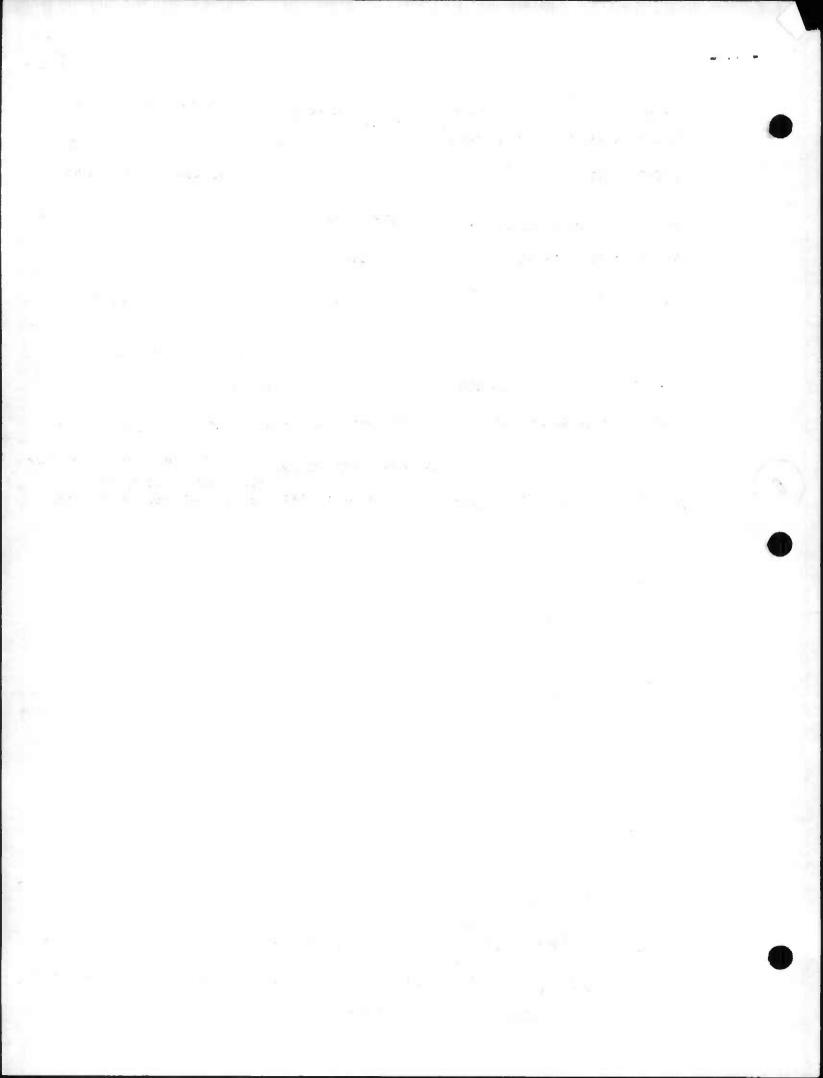
Director: A 2 Accident 6 Could not be datermined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicide 28a. Piace of Injury - At homa, farm, streat, factory, office building, atc. (Specify) filled in by 4 Homicida 24 hours a Funeral D 29a. Certifiar Medical 1 🗆 🗪 Cartifying Physician: To tha best of my knowledge, daeth occurred at tha tima, data and piece, and dua to the causa(s) and mannar as stated. To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signatura and titla of certifiar 29c. Licansa number 30. Nama and address of person who completed causa of death (Item 23a) (Type, Print) N Howwords

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Day, Year)

32. Registrar's Signatura

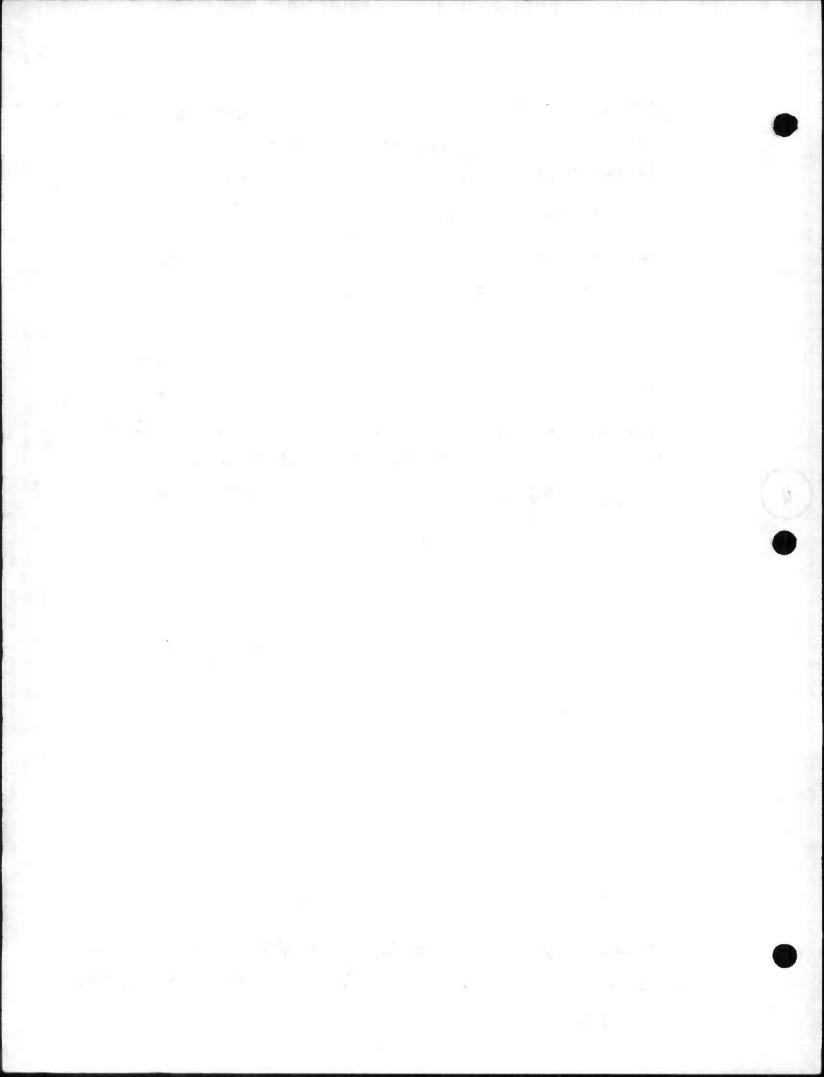
5 Julia Davidson



State of Maryland / Department of Health and Mental Hygiene

19237

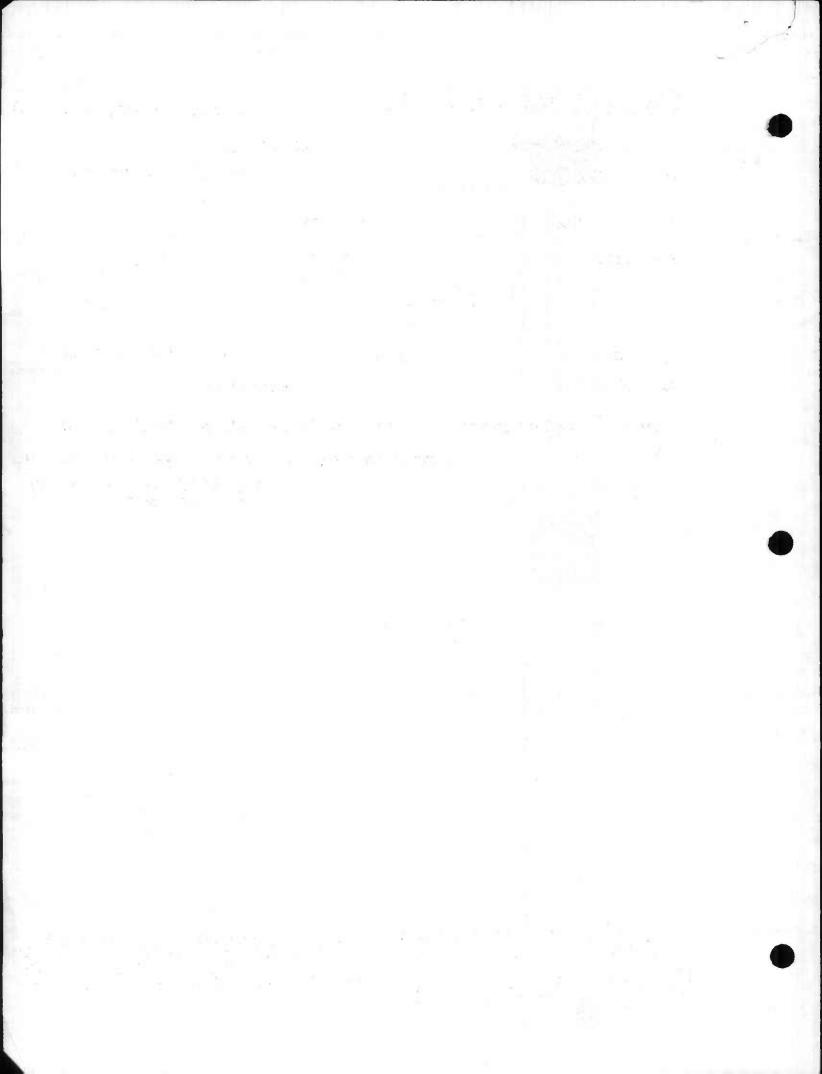
					Cer	tificate of	Death		Reg. No.	5 0	12201
			1. Decedant's Nama (First, Middla, La-	st)				2. Data of Dea		Year	3. Tima of Death
	Physic /Medi		Charles G. Zepp	o, Sr.					•	996	6:45 p
	Exami		4a. Facility Nama (If not institution, give	a streat and number)			4b. City, Town, or L	ocation of Death	4c. County	of Death	
-	Funeral Director		Montgomery Co 5. Social Security Number 6. S 215-42-5731		lospita : last birthday) Yrs.	If Undar 1 Yea Months Days		8. Data of Birt (Month, Day	h y, Year)		olaca (Stata or Foreign otry)
Н	D.		Usual Rasidance of Decedant					TNOV TO	1945		ryland
	Ba-f show	Director	MD Howard		lty, Town or Loc Slenelo					1	0d. Insida City Limits 1 □ Yas 2 1 No
	ath with the 23a or 2 wast be no		15085 Roxbury			10f. Zip Coda 2173			U.S.	Α.	
<b>2</b> 4215-0020	72 hours after death with the Meryland "natural", or items 23a or 28a-f show idical Examiner must be notified at	by Funeral	11. Marital Status  1 □ Nevar Married 2 ☒ Married  3 □ Widowed 4 □ Divorced	12. Was Decedant Evar In Armed Forcas?  1 ☐ Yas 27 No If Yas, Giva Yaar or Datas:	lf If	Vas Decedant of Yas, specify Cu ☐ Yas	Hispanic Origin? (Span, Maxican, Puarter Specify:	pecify Yas or No- o Rican, atc.)		ce - Amaric ck, Whita, by: Wh	
5-0	n 72 ho	Completed	15. Dacedant's Ed (Specify only highast gra	lucation da com <i>platad)</i>	18a. Deced (Giva I	ant's Usual Occi	upation a during most of work ed)	king	16b. Kind of B	usinass/In	dustry
321		mpi	Elamantary/Secondary (0-12)	Collega (1-4or 5+)	lifa. D	O NOT usa retir	ed)				
Maryland 2	be filed tal Hygi d other	Be	12 17. Father's Nama (First, Middle, Last)	4	Dairy	Farme	18. Mothar's Nan	na (First, Middla,	Agrici Maiden Sumar	ultu:	re
Z	d 2 should be f h end Mental i 7 is marked of traumatic eve	1º	John W. Zepp  19a. Informant's Name/Raiationship (	Tyne Print)	19h Mailin	n Arldrass (Stra	Rac et and Number or Ru	chel Vi	ctori	a Ma	riner
more, Ma	to the the short of the short of the state o		Linda Zepp ( 20a. Mathod of Disposition 1 \$\mathbb{Q}\text{Burial} 2 \$\mathbb{C}\text{ramation} 3 \$\mathbb{D}				oury Rd.				
퉄	ortant Injury		4 ☐ Donation 5 ☐ Other (Specify 21. Signature of Funeral Service Licen			Nama and Add		e1g6/29	Glei	nelg	
Ba	Deput and State		Brian of	Jay (1			,	aight 1	Funera	l HO	me 4
	Physician /Medical Examiner	200	23a. Part1. Entar tha diseasa, or com shock, or heart failura. List only Immadiata Cause (Final diseasa or condition rasuiting in death)	e. Nan Small				or respiratory ar	rrast,	i	Onset and Death
		P.	radicing in oddiny		(or as a consequ	uance on:					
	cete be executed physician end s the burlei-transit	Examiner	Sequantially list conditions,		or as a consequ					5	Twonths days
68760,	e be es			c. Pulmonary	Elem or as a consequ	ance of):				2	weeks
Box 68	the death certificete be executed y the attending physician end sched for use as the buriel-transit	n/Medical	rasulting in daath) Last	d	or as a consequ	ianca ory.					
	death	sicia	Part II. Other significant conditions of	ontributing to death but not ra	sulting in tha un	darlying causa g	iven in Part I.	23b. Dld t	lobacco use co	entribute to	the cause of death?
P.0	uires that the des signed by the a id be deteched f	Physician/						101	Yes 2 No	3 ☐ Prol	bably 4]⊠(Unknow
of Vital Records,	s been s shou	Completed by							an autopsy med?	av co	ara autopsy findings ailable prior to mplation of causa daath?
Œ.	0 - 0	E O						101	as 28 No	1[	☐Yas 2☐ No
/ita	ilcian: The certificate rector, pag	Be	25. Was casa rafarred to medical axaminar?				28. Pieca of Des	th (Check only o	na)	1	
of	5 00	ဥ	1 ☐ Yas 2 X No		ER/Outpatient	3 DOA		oma 5 🗆 Rasio			(V)
Division	After fune	Certification:	27. Mannar of Death  1 Natural 5 Panding 2 Accidant Invastigation 3 Sulcida 6 Could not be		28b. Tima of Injury	28c. Jnj W M 1[	ury at ork? □ Yas 2 □ No	28d. Dascribe h			
Divi	tal or Attendes selector:  al Director: ed in by the	Certifi	4 Homicida datarmined	28a. Place of Injury - At building, atc. (Spec		et, factory, office		28f. Location (5 City or Tow		ber or Rura	al Routa Number,
	To the Hospital or Attentwithin 24 hours efter deat To the Funeral Director: completely filled in by the	edicai	29a, Certifiar (Check only one) 1 Certifying Physics 2 Medical Example 1	yalcian: To the best of my kn iner: On the basis of axamin and mannar stated.	owiadge, daath atl <i>on</i> and/or inv	occurred at that astigetion, in my	tima, data and piace opinion, daath occu	, and dua to tha orred at tha tima, o	causa(s) and m data and place,	annar as s and dua to	tated. o tha causa(s)
	To the vithin 2 To the comple	Σ	29b. Signatura and titla of certifiar	,			nsa number		29d. Data signe		
	(		Bennett ;	Morrison 1	W		47682	3	June	6,	1996
_	0		30. Nema and addrass of person who described Morvisor	completed causa of death (Its	т 23a) (Турь, F ey - San	onne Spr	47682 ing Kd	Olney,	md,	208	32
	Sta Registi	_	31. Deta filed (Month, Day, Year)	32. Ragistrar's Sign	atura						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** 1940 JONE /Medical 4a. Fecility Neme (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE ar If Undar 24 Hrs. a Hours Min. SINAI HOSPITAL CITY If Undar 1 Year 8. Date of Birth (Month, Day, Mar. 23 6. Sax 5. Sociel Security Number 7. Aga (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** Montha Deya 1 M 2 □ F VIRGINIA 86 Yrs. Director 1910 218-01-6468 Usuei Residance of Decedant with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. inaide City Limita 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at MYea 2□ No Director MARYLAND N/A BALTIMORE CITY 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 4832 CLIFTON AVENUE 2 should be filed within 72 hours after death nand Mental Hygiene.
Is marked other than "natural", or itema 23. Funeral 21207 U.S.A. 12. Was Decedant Ever in U,S. Armed Forcas? 14. Race - Amarican Indian, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 X Yes 2 No If Yes, Giva Yeer or Datas 1943/1943 1 ☐ Naver Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 💢 No P Specify: BLACK 3 □X Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) WHITTING & TURNER 4th grade Construction 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) James Allen Sr. Louise Allen 19e. Informent'a Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If item 27 is m any injury or other traum once. Annette R. Franklin/Daughter 4832 Clifton Avenue, Baltimore Maryland 21207 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Ø Buriai 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) GARRISON FOREST VETERANS 7-3-96 OWINGS MILLS, MARYLAND 21. Signeture of Funarai Service Licensee 22. Nema and Addrass of Facility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE 23a. Pent1/Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiec or respiratory errest, shock, or heart fellure. List only one cause on each lina. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final disaese or condition resulting In deeth) Examiner Sequentielly list conditiona, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in daath) Last Due to 뎚 physician s s the burial Box 68760 Physician/Medical attending ed by the a detached i Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed þ 24b. Were eutopsy findinga availabla prior to complation of cause of death? 24a. Wes an autopsy Completed 100 certificate 1 Yas 2 No 7 25. Wea case referred to medical examiner? Be 28. Place of Deeth (Check only one) 1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 불 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Certification: 28c. injury et Work? 28d. Describe how Injury occurred Attoc Attending 1 Natural 2 Accident 5 Pending To the Hospital or Attendin within 24 hours after death. To the Funeral Director: At 1 Yea 2 No investigation 8 8 Could not be determined 3 Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) B 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, date and plece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basia of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) and manner stated. 29a. Certifie Medical 29d. Data signed (Month, Dey, Year) 29b. Signin 29c. License number EDICING ted cause of deeth (Item 23e) (Type, Print) NAI

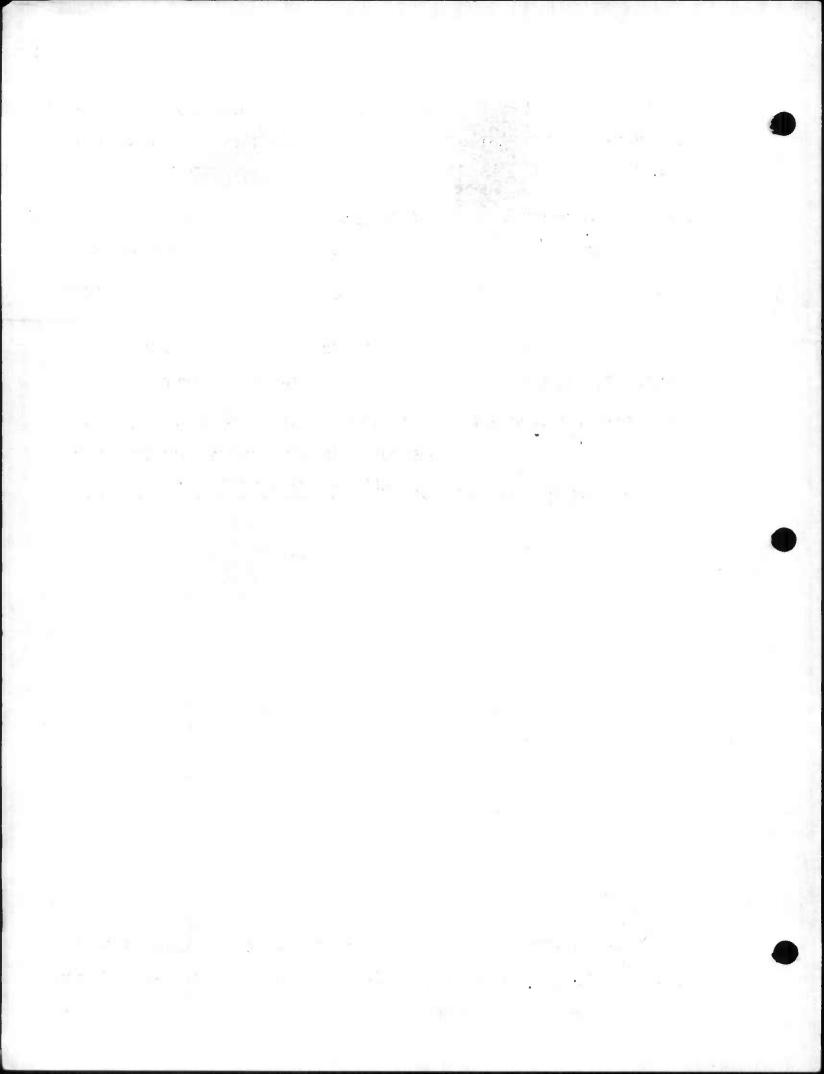
State Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			State of Maryland		nt of Health and Marie of Death		giene 9 Reg. No.	6 19239			
		1. Decedent's Nama (First, Middla, Las	ot)			2. Data of Dea	-	3. Tima of Deeth			
Physici		James	E.	Allnutt		Month	Dey 23	Year 996 0625 9			
/Medic Examir		4a. Facility Nama (If not institution, give	a street and number)	/1111141	4b. City, Town, or Loc	ation of Death					
Exami	101	SHADY GROVE AD	VENTIST HOSP	ITAL	ROCKVIL	LE	момп	GOMERY			
Funeral		5. Social Security Number 6. S	ax 7. Aga (In yrs. Ia	ast birthday) If Under				9. Birthplace (Stata or Foraig			
Director		213 24-3231	XM 2□F 69	Yrs. Months	Days Hours Min.	8. Data of Birth (Month, Day SEPT . 2	0,1926	MARY L'AND			
pu »		Usual Rasidance of Decedant  10a. Stata 10b. County	100 City	. Town or Location							
short and an	5	MARYLAND MONTGOM			IDC			10d. Insida City Limit			
within 72 hours efter death with the Meryland ene. than "natural", or items 23a or 28a-f show fra Medical Examiner must be notified at	ect	10e. Street and Number	LIVI	GAITHERSBU 10f. Zip			10g. Citizen of V				
is 1 and 2 should be filed within 72 hours efter death with the Merylar of Hebellh and Mentel Hygiens and them 23 a or 28e-f show them 21 is marked other than "natural", or items 23a or 28e-f show other traumatic avant, the Medical Examiner must be notified at	Funeral Director	6920 DAMASCUS RO	AD	101. Zip	20882		UNITED :				
me 22	era	11. Marital Status	12. Was Decedant Evar in U.S	S. 13. Was Daced				e - American Indian,			
and and	F	1 Nevar Married 2 Married	Armed Forces? 1 ☐ Yas 2 ◯ No	if Yas, spec	dant of Hispanic Origin? (Specify Cuban, Maxican, Puarto F	lican, atc.)	Biad	ck, Whita, atc.			
0.4	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:	1 ☐ Yas	2 No Specify:		Specify	. WHITE			
Ical	Completed	15. Decedant's Ed	ucation	16a. Decedant's Usua	al Occupation	_	16b. Kind of Bu	usinass/Industry			
Med	ple	(Specify only highast gra Eiamantary/Secondary (0-12)	Collega (1-4or 5+)		rk dona during most of workingse retired)	9					
Hygiene. other than	9	12	0	GRAVE DIG	GGER		CEME	TERY			
d oth	Be	17. Fathar's Nama (First, Middla, Last)	ITT		18. Mothar's Nama			(a)			
nd Mentel marked o	10	WALTER T. ALLN	311		IDA MAE	. M(	OORE				
la ma		19a. Informant's Name/Raiationship (1			s (Street and Number or Rural						
Heelth am 27 other tr		ROBERT LEE ALLNU		6920 DAMA ace of Disposition (Nam matary, cramatory or o	ASCUS ROAD, GAI	THERSBI		· · · · · · · · · · · · · · · · · · ·			
		20a. Mathod of Disposition 1 ☑ Buriai 2 ☐ Cramation 3 ☐		ocation - City or Town, Stata							
		4 Donation 5 Other (Specify) LAYTONSVILLE CEMETERY 6/26/96 LAYTONSVIL									
Departmen Important: any injury once.		21. Signature of Funarai Sarvice Licen	saa Q	22. Nama an MIIR TEI	nd Addrass of Facility  H. BARBER FU	NERAL I	HOME				
		marin H	Darbe		BOX 5038, LAY			. 20882			
		23a. Part1. Entar tha disaasa, or comp shock, or haart failura. List only	lications that caused tha daath. ona causa on each lina.	Do not antar tha mod	da of dying, such as cardiac or	raspiratory arr	rast,	Approximata Intarval Between			
hysician								Onset and Death			
Medical kaminer		Immediata Causa (Final disaasa or condition	Non Hod.	k.~> 1	~ molona			Month			
	_	rasulting in death)		es a consequance of):							
sit	Examiner										
and I-trar	xan	Sequentially list conditions, if any, leading to immediate									
ician	calE	Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disaasa or injury	C								
phys tha	edic	that initiated avants rasulting in daath) Last	Dua to (or	as a consaquance of):							
ed by the attending physician and deteched for usa as tha burial-transit	Me		d								
for	Physician/M	B									
y the	lys	Part II. Other significant conditions co	ntributing to death but not rasul	ting in the underlying c	ausa givan in Part I.		/	ntribute to the cause of death			
signed b	by PI					1 T	es 25 No	3 Probably 4 Unknow			
een signed by the attending physician and hould be deteched for usa as tha burial-transit	8 0					24a. Was e	en eutopsy	24b. Wara autopsy findings			
,C) (A)	Completed					perfor	med?	available prior to completion of cause of death?			
ate has page 2	E					10Y	as No	1 □ Yas 2€No			
netificate h	Be C	25. Was casa rafarred to medical			28. Place of Death		7	10100 2010			
a cell	ToB	axaminar?	Hospitel: 15 (npatian) 2 E	R/Outpatient 3□ DC	Other		*	er (Snecify)			
E		27. Mennar of Death	28a. Data of Injury				ow injury occur				
2	atio	Netural 5 Panding invastigation	(Month, Day Year)	Injury M	Work/ 1 ☐ Yas 2 ☐ No						
after del Director I in by th	HIC	3 ☐ Suicide 6 ☐ Could not be datamined	28a. Placa of injury - At non	na, farm, streat, factory	y, offica 2	8f. Location (S	treet and Numb	er or Rural Routa Number,			
a affer If Dire ed in tr	Certification:	4   Notificios	building, atc. (Specify)			City or Tow	n, Stata)				
within 24 hours To the Funeral Completely filled		29a. Cartifiar Certifying Phy	sician: To the best of my know	ledga, deeth occurred	at tha tima, date and place, e	nd due to the c	ause(s) end ma	inner es steted.			
within 24 hours To the Funeral I completely filled	edical	(Check only 2 Medical Exam	fner: On the basis of axamination and manner stated.	on and/or invastigation,	, in my opinion, daeth occurre	d at tha tima, d	ata and place,	and dua to the causa(s)			
within 2 To the comple	×	29b. Signatura and tale of certifier			c. Licansa number			d (Month, Day, Year)			
		19-00			D 35635		JUNE	23.1996			
1)_		30. Nama and addrass of person who d		23a) (Type, Print)		_	_	> > - 0			
1"		JOSEPH KAPUAL	. 18111 6-	:- ~ Ph:	lip Dr	OUN	ey, ms	25802			
Sta	te	31. Data filed (Month, Day, Year)	Auta Aurason-Act	Ira	- <b>-</b>						
Registr	ar	JUL 01 1996	June Hurdson-Adr	JOSEPH .							

DHMH 16 Rev 6/95

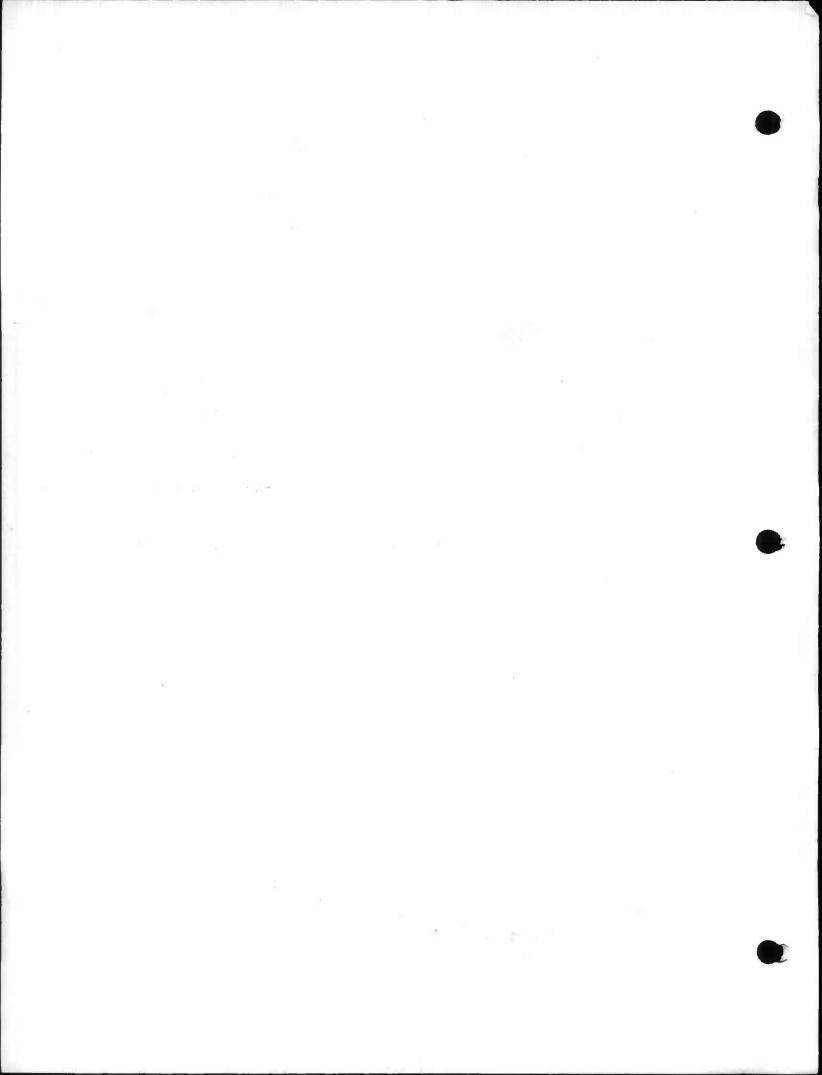


	4
	1
-	d
	Ì
_	1
ō	1
>	200
200	
_	1
BOX 68/60	2
Ž.	4
_	200
ri.	Ť
5	0
-	400
ñ	4
KECOKEN	4
r	2
0	4
)	400
Ц	
Y	00
AL	In a consistent that the death configurate he accounted
⋖	1
_	F
>	DUVCICIANI
L	Š
5	25
_	č
-	Ola.
2	9
0	2
>	AT
CIVISION	ON ATTENDIAL
-3	_

Sprid or attending physician.	hed for use as the burial-transit permit. Pages 1, 2, 3 should		
DIE III	detac		0000
20 00	od be		and and
Clam	5 shor		Spiles
ay 55	page		he out
	ector,		muse
-	ral dir		inne
00000	fune		a v a m
	by the	smoval	le sugar the madical
-	ui pa	0.70	mad
	by fill	lation.	the
-	mplete	Crem	Seam?
20000	00 pu	burial,	affe a
3	ian a	or to	Same
Care	physic	ne pri	the de
200	Duju	Hygie	to at
2000	e atte	ental	701
2477 12	5	Health and Me	V Int
20 00	paudi	ealth	200
200	een s	Of H	ahon
C lan	has b	Dept	23
77.	ficate	State	28 is marked or item 23 shows any injury or other transmitted
200	s certi	th the	la bu
2	er this	after death with	a arriva
TI ANDIE	TOR: After th	er de	le o
-	2	aft	9

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A DOCAL SECURITY NUMBER  15 SOCIAL SECURITY NUMBER  125 - O.3 - 39 78  15		HEGISTRAR		CERTIF	CATE	F DEATH	REG. NO.							
215-03-3978    AM 2   P   86    YTB.   SOUTH   DOTE		ERNEST	Ν.	BAKER			JUNE 26	6, 1996 3. TIME OF DEATH						
CROMMELL NURSING CTR.  TOWSON  BALTIMORE  SECURITY  No. STATE  SECURITY  SEC		4. SOCIAL SECURITY NUMBER 215-03-3978					7. DATE OF BIRTH FEB. 10,	1910						
SETERAT MAIN NAMED  1. S. STREET AMO NAMED  1. S. STRE	OR	CROMWELL N					АТН	4						
SETERAT MAIN NAMED  1. S. STREET AMO NAMED  1. S. STRE	5													
**SECREPTION BOUCHOIS STANDARD THE STANDARD AND SOUTH THE STANDARD SOUTH TO SOUTH THE STANDARD SOUTH TO SOUTH THE STANDARD SOUTH TO SOUTH THE STANDARD SOUTH TO SOUTH THE STANDARD SOUTH		MD		10c. CITY					10d. INSIDE CITY LIMITS? 1 YES 2 NO					
**SECREPTION BOUCHOIS STANDARD THE STANDARD AND SOUTH THE STANDARD SOUTH TO SOUTH THE STANDARD SOUTH TO SOUTH THE STANDARD SOUTH TO SOUTH THE STANDARD SOUTH TO SOUTH THE STANDARD SOUTH	IERAL		PRING LANE											
THE PART II. Other significant conditions are constituting to deeth but not resulting in the underlying cause given in Part I.    Sequentially list conditions are constitutions of cause of part in the standard of the stand	BY	1 Never Married V 2, Married	FORCES? 1 YES	13. WAS I	DECENDENT OF HISPAN specify Cuban, Maxica (ES X NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14	Black, White, etc.						
THE PART II. Other significant conditions are constituting to deeth but not resulting in the underlying cause given in Part I.    Sequentially list conditions are constitutions of cause of part in the standard of the stand		15. DECEDENT'S EDU	CATION	16e. DECEDENT'S	USUAL OCCUP	ATION	16b, KIND OF BUS	SINESS/INDUS	TRY					
THE PART II. Other significant conditions are constituting to deeth but not resulting in the underlying cause given in Part I.    Sequentially list conditions are constitutions of cause of part in the standard of the stand	PLET	Elementary/Secondary (0-12)		life. Do NOT us	e retired.)				TRUCKING CO.					
DELORES V. BURLEY    Making Address of Server and Amorter of Public Minimore of your Minimore of your Server. Steep, 20 Cooking of Public (Second)			IAN BAKER											
ACCESSIONAL CONTROLLY   SIGNATURE OF PURPLAL SERVICE UCENSIST	TO B		BURLEY	196. MAILING 7212										
21. SIGNATURE OF FUNERAL SERVICE LICENISM    22. NAME AND ADDRESS OF PACILITY   WM. C. MARCH FH1101 E. NORTH AVENUE														
23. PART I. Enter the diseases, or completistions that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heart fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Fine)  But to (OR AS A CONSEQUENCE OF):  But to (OR AS A	21. SIGNATURE OF FUNERAL SERVICE LICENSIES 22. NAME AND ADDRESS OF FACILITY													
INMEDIATE CAUSE (Fine)   Interval Betw Onset and D.   Interval Betw Onse		(7001())2000 (0)100												
PART II. Other algnificent conditione contributing to death but not reculting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PRIOR DEPENDENCY OF PERFORMED?   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Month, Dey, Veer)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Month, Dey, Veer)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Month, Dey, Veer)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO CHARGE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO CHARGE OF DEATH (IT		shock, or heart fallure. Liet only one ceuse on each line.												
PART II. Other algnificent conditione contributing to death but not reculting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PRIOR DEPENDENCY OF PERFORMED?   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Month, Dey, Veer)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Month, Dey, Veer)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Month, Dey, Veer)   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO CHARGE OF DEATH (ITEM 27) (Type, Print)   24b. WERE AUTOPSY PRIOR TO CHARGE OF DEATH (IT	CATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
PART II. Other alignificent conditione contributing to death but not reculting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PRIOR DEPENDENCY OF PERFORMED?   24b. WERE AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)	ERTIFI	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	ŋ:									
ARABABLE PRIOR TO COMPLETED CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1		PART II. Other algorificent condition	ne contributing to deeth b	ut not regulting i	n the underly	Ing cause given in	Part 1 24a WAS AN	ALITOREY	245 WEDE AUTOROV ENIDINOS					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Neutral 5 Pending Investigation Investigation Investigation Investigation Suicide 8 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, of	DICA						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  A. Kurausian  M. 1 YES 2 NO  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	Σ						_		1 TYES 2 NO					
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  A. Kurausiation  M. 1 YES 2 NO  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	₹ I				26	PLACE OF DEATH (Chi	ck only one)							
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  A. Kurausiation  M. 1 YES 2 NO  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	Sic			patient 3 DOA		Iome 5 - Residence	6 Other (Specify)							
3   Sulcide 4   Homicide 8   Could not be detarmined 288. PLACE OF INJURY — At home, farm, street, factory, office 298. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  A. Kuraumin Signature and Number or Rural Route Number, City or Town, State)  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)  4   DATE SIGNED (Month, Day, Year)  4   DATE SIGNED (Month, Day, Year)  5   CAUSE OF DEATH (ITEM 27) (Type, Print)  4   DATE SIGNED (Month, Day, Year)		1 Netural 5 Pending			URY	WORK?	28d. DESCRIBE HOW II	NJURY OCCUP	RED					
296. SIGNATURE AND TITLE OF CERTIFIER  MANY OF HOUSE SIGNATURE AND TITLE OF CERTIFIER  DESCRIPTION OF SIGNATURE AND LOCAL SIGNATURE AND THE SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  M. KENALTUSIU & 604 HARRON OF SALTO MD 21234		3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, s	treet, tactory, o	ffica		and Number or	Rural Route Number,					
296. SIGNATURE AND TITLE OF CERTIFIER  MANY OF HOUSE SIGNATURE AND TITLE OF CERTIFIER  DESCRIPTION OF SIGNATURE AND LOCAL SIGNATURE AND THE SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  M. KENALTUSIU & 604 HARRON OF SALTO MD 21234	OMPLE	(Check only												
M. Ken ALEWS (4 8604 HANGUM VEL BALTUM ND 21234				<u>-</u>		29c. LICENSE NUN	IBER	29d. DATE S	IGNED (Month, Day, Year)					
31. DATE FILED (Morth, Day, Year)  1111 01 1996	5	A 1/	IO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)									
1111 01 1996			eusiu 06	4 HAM	UM M	DAU	J-MDS	1234						
		111 01 1996	be showed king	a P										



			State of I	Marylar		artment of rtificate o	Health and f Death	Mental Hy	/giene 9	6	19241			
		1. Decedent's Neme (First, Middle,	Last)					2. Deta of D	eath		3. Tima of Death			
Physic		Frank P. Bolew	ski					June 2	7, 1996	Year	4:55 A.M			
/Med Exami		4a. Fscility Nema (If not institution,	give street and number	er)	<u> </u>		4b. City, Town, or			y of Deeth	11.55			
Exam	1101	VA Maryland He	alth Care	Syste	m		BALTIMOR	RE						
Funera Director					last birthdey) Yrs.	If Under 1 Ye Months Day	ar If Undar 24 Hrs		irth ay, Year) 1924	9. Birthp Coun Mary	lace (State or Foreign try) Land			
9 .		Usual Rasidanca of Dacedent								4				
Maria Med at	tor	Maryland Balt:	imore	10c. Cit	ty, Town or Lo N/A					10	0d. inside City Limits 1 ☐ Yas 20 No			
H 4 / 2 9	ire	10e. Street end Number				10f. Zip Code	•		10g. Citizan of	What Coun	try?			
1	a la	3401 Loganview I	Drive			2122	2		U.S.A.					
urs after deal af, or items :	by Funeral Director	11. Meritel Status  1 ☑ Never Merried 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	12. Was Decede Armed Forca d 1 🗓 Yes 2[ If Yas, Giva Yaar or Data	.s? □ No	1	Vas Decedant of f Yas, specify Ci I ☐ Yas 2X N	f Hispenic Origin? (Suban, Maxican, Puer to Specify:	Specify Yas or N to Rican, atc.)		ce - Americ ck, Whita, by: Whit	etc.			
12 To	le E	15. Decedent's (Specify only highast	Education		16a. Deced	lent's Usual Occ	cupation	adult a	16b. Kind of B	usiness/inc	lustry			
oemit. Pages 1 and 2 ahoud be filed within 72 hours at begartment of Health and Mental Hygene. mportant: if item 27 is marked other than "natural", or ny injury or other traumatic event, the Medical Examination.	Completed	Elamantary/Secondery (0-12)	Collage (1-4c	or 5+)	lifa. L	Worked		rking	N/A					
of the state of th	Be (	17. Fathar's Nama (First, Middla, Le					18. Mothar's Na	ma (First, Middle	a, <i>Maid</i> en Sumar	ne)				
hould bid Menta	2	Francis Bolews	i				Til	lie Kowa						
and and		19a. informent's Name/Ralationshi	ural Route Numi	ber, City or Town	, Stata, Zip	Code)								
and m 27		Patricia Currier Niece 3401 Loganview Drive Baltimore, Md 21222												
Corott		20e. Mathod of Disposition	□ Bamoual from Sta	20b. F	Place of Dispo- cematary, cren	sition (Name of natory or other p	place)	Deta	20c. Location	- City or To	City or Town, Stete			
Pag ment ant: 1		4 Donation 5 Other (Spe	Burial 2 Crametion 3 Ramoval from State 4 Donation 5 Other (Specify)  Holy Rosary Cemetery  6/29/96 Baltimore, Maryland											
permit. Departs Imports any inj price.		Holy Rosary Cemetery 6/29/96 Baltimore, Maryland  21. Signature of Funeral Service License  22. Neme end Address of Facility David J. Weber Funeral Home  401 S. Chester St. Baltimore, Md 21231												
Physician /Medical Examiner	ner	23a. Part 1. Enter tha diseasa, or shock, or haert failura. List of limited the shock of the sho	Sepsis	S Due to (d	or as e consaq	uanca of):	yng, soon es cardia	o or respiratory v			Approximete Intarvsi Batween Onset and Death  Weeks  6 months			
auth certificeta be executed attending physician end for use as the buriel-transit	edicai Examiner	Sequantially list conditions, if sny, laading to immediate cause. Enter Undarlying Causa (Disease or Injury that intileted events rasulting in death) Last	C		or as a consequence or as e consequence									
death certifi e attending ed for use as	clan/Me		d											
d by th	by Physician/M	Part II. Other significant condition	s contributing to deatr	DUT NOT FAS	uning in tha ur	ndariying causa	givan in Part I.				the cause of death? bebly 4 Unknow			
he law requires that s hes been signed to tge 2 should be det	Completed b					-			s sn sutopsy ormed?	avs	ere autopsy findings sliable prior to apletion of cause daath?			
	PO.							10	Yes 2 XNo	10	Yas 2 No			
Physician: The this certificate	Be	25. Was casa refarred to medical		_			28. Piace of De	eth (Check only	ona)					
Physician: this certific ral director,	2	axaminar? 1 ☐ Yas 2Ñ No	Hospital:	itiant 2	ER/Outpetien	3 DOA	Other: 4 Nursing I	loma 5 ☐ Ras	Idance 8 Ott	nar (Specify	()			
E PE	Certification: 1	27. Mannar of Deeth  1 Neturel 5 Panding 2 Accidant Invastiga	28a. Data of in (Month, I		28b. Tima of Injury	28c. In		1	how injury occur					
To the Hospital or Attending within 24 hours after deeth. To the Funeral Director: After completely filled in by the fune		3 ☐ Sulcida 6 ☐ Could no detarmin	ad 289. Piece of	Injury - At he atc. <i>(Specif</i>	oma, farm, stre	eet, fectory, offic	28		(Street and Num. own, Stata)	ber or Rura	l Route Number,			
Hosp 24 hou Funer	edical	29a. Cartifier (Check only one) 1 Certifying 2 Medical Ex	Physician: To the besis	of exemine	wledga, daeth tion and/or Inv	occurred at tha astigation, in my	tima, dete end plece y opinion, deeth occu	e, and due to the urred et the time	cause(s) and m , dete and plece,	enner ss st snd dua to	eted. tha causa(s)			
ithin in the	Mec	29b. Signature and title of certifier	and mennar	5(8( <b>9</b> (),		29c 1 ice	insa number		29d. Date signe	ad (Month)	Day Year)			
F.3 F.8		A 1.A	997.5			PA	8672		/ / _	1	Jay, I bail			
2		larly W	KHD.				001		6/27	176				
7.1	1	30. Nams and address of person with	in completed causa o	f daath (Itan	n 23a) (Type, I	Print)			/ /					

State Registrar Charles Weng, M.D., 10 North Greene Street, Baltimore, MD 21201

31. Data filed (Month, Dey, Year)

JUL 01 1996

July Saidson Research

5-1

				State of Ma	arylan		artment <i>rtificate</i>				giene y	6	9242	
	Physici	ian	1. Decedent's Name (First, Middle, Last)	)	0					2. Dete of De Month		Yeer	3. Tima of Death	
	/Medi		HELEN M		130	RNS				6	30	96	142	
	Examir	ner	4e. Facility Name (If not institution, give					1	4b. City, Town, or Lo			y of Death		
_			Bayview Medical Ce 5. Social Security Number 6. Sec		(In con-	In ma to India al	If Under 1	Voor	Baltimon			/A		
	Funeral Director			м 2/7 F	77	last birthdey) Yrs.		Days	Hours Min.	8. Dete of Bird (Month, Da 12/13/	y, Year)	9. Birthple Count Maryl	ece (State or Foreign ny) .and	
	Bu .		10a. State 10b. County		10c. Cit	y, Town or Lo	ocation					10	d. Inside City Limits	
4	1	ctor	Maryland N/A			Balti	more					Yes 2□No		
4	Jan od I	al Directo	10e. Street end Number 3603 E. Fayette St	treet			10f. Zip C	ode 2122	24		10g. Citizen of U.S.		ny?	
Maryland 21215-0020	raf, or items Examiner my	by Funeral	11. Marital Status  1 ☐ Never Married 2 ☐ Merried  3 ☐ Widowed 4 ☒ Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2000 If Yes, Give Yeer or Detes:			Was Deceder if Yes, specifing 1 Yes 2		lispenic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		ce - America eck, White, e fy: Whit	tc.	
7 8	after dige	etec	15. Decedent's Edu (Specify only highest grade	cation completed)		16a. Dece	dent's Usuel	Occup done	eation during most of work d)	ina	16b. Kind of E	Business/Inde	ustry	
7	P F S	Completed	Elementery/Secondary (0-12)	College (1-4or 5-	+)			retired	d)					
7 1	n par		17. Father's Neme (First, Middle, Last)			House	wire		18. Mother's Name		Domestic			
E 5	in be	Be C	Paul Kempa						Clara Gi			ilie)		
2	M M M	2	19a. informant's Neme/Relationship (Ty	pe. Print)		19b. Meili	ng Address (	Street	and Number or Run			State Zin	Code)	
	427年		Edward P. Dubick						Millersv					
ere,	T He de de de de de de de de de de de de de		20a. Method of Disposition				sition (Neme		20)	Date	20c. Location	- City or Tov	m, State	
DE S	nt: H		1 ☑ Burlel 2 ☐ Cremation 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	7/3/96	3/96 Baltimore, Maryland									
Daitimore,	Departra Importa any inju		Holy Rosary Cemetery 7/3/96 Baltimore, Maryland  1. Signature of Funeral Service Licensee 22. Name and Address of Facility David J. Weber Funeral Home 401 S. Chester St. Baltimore, Md 21231											
	o hysician		23a. Part1. Enter the disease, a complishock, or heart failure. List only or	cations that caused ne ceuse on each line	the death						·		Approximate Interval Between Onset and Death	
	/Medical xaminer		Immediate Ceuse (Finat disease or condition resulting in death)			STOLIC ras a consec	_ An/	165	T				30 second	
7	- 4	ne.			FEUE	RE 1	167230	ادار	Acidosis :	- ANTRAI	AL INSUE	freezen	17 - 20 hom	
ou, be assecuted	ician and bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate		Due to (or as e consequence of):			_			117	1		
		cai	cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	Due to (or es a consequenca of):									20 hours	
N Street	Jing r	Me		56	War	PEI	LIPMER	AL	UASCULAN	DISA	tse		10 years	
Geath certificate	attending ph	clan										1	,	
r tat		/ Physician/Medi	Part It. Other eignificant conditions con	tributing to death bu	t not resu	ilting In the u	nderlying cau	use giv	en in Part t.		Yes 2 No		the cause of death? ably 4 Unknow	
he law requires that the	been sign should be	Completed by								24a. Was perfo	an eutopsy med?	corr	re autopsy findings lable prior to ipletion of cause eath?	
T g	4 8	mo								10	es 2 No		Yas 20 No	
	certificate rector, pag	Bec	25. Was case referred to medical						28. Placa of Deat		8		100 22 110	
Physician:	ils certifica director,	ToE	examiner?	ospital:	nt 2 🗆	ER/Outpetler	nt 3 DOA	Oth				her (Specify)		
	fter th		27. Manner of Deeth  1 Naturel 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day	Year)	28b. Time o Injury	M 280	c. Injun Worl	yat k? Yes 2 □ No	28d. Describe i	now Injury occu	rred		
_ b	9 5 6	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injurbuilding, etc.	ry - At ho (Specif)	me, farm, str	reet, factory, o	offica		28f. Location (S City or Tox	Street end Num vn, State)	ber or Rural	Route Number,	
he Hospital or	within 24 hours af To the Funeral Di complately filled in	edical	29e. Certifier (Check only one) 1 Certifying Phya 2 Medicat Examin	Ician: To the best of er: On the basis of and menner stat	examinet	vledge, deat lon end/or in	n occurred et vestigation, Ir	the tin	ne, date end place, pinton, death occurr	and due to the red at the time,	cause(s) and m dete and piece,	anner as sta , and due to	ited. the cause(s)	
Tot	To the com	Σ	29b. Signature end title of certifier	2.			29c. l	Licens	e number		29d. Date signe	ed (Month, D	lay, Year)	
			1/2	h	po	eft		N	15190		6/30	196		
	5		30. Name and address of person who &	mpleted cause of de			-	kin	> 1-costip	AZ DEPAR	THENT O	f Surce	nz	
	04-	te	31. Date filed (Month, Dey, Year)	Heoistra	Signa	wee -								

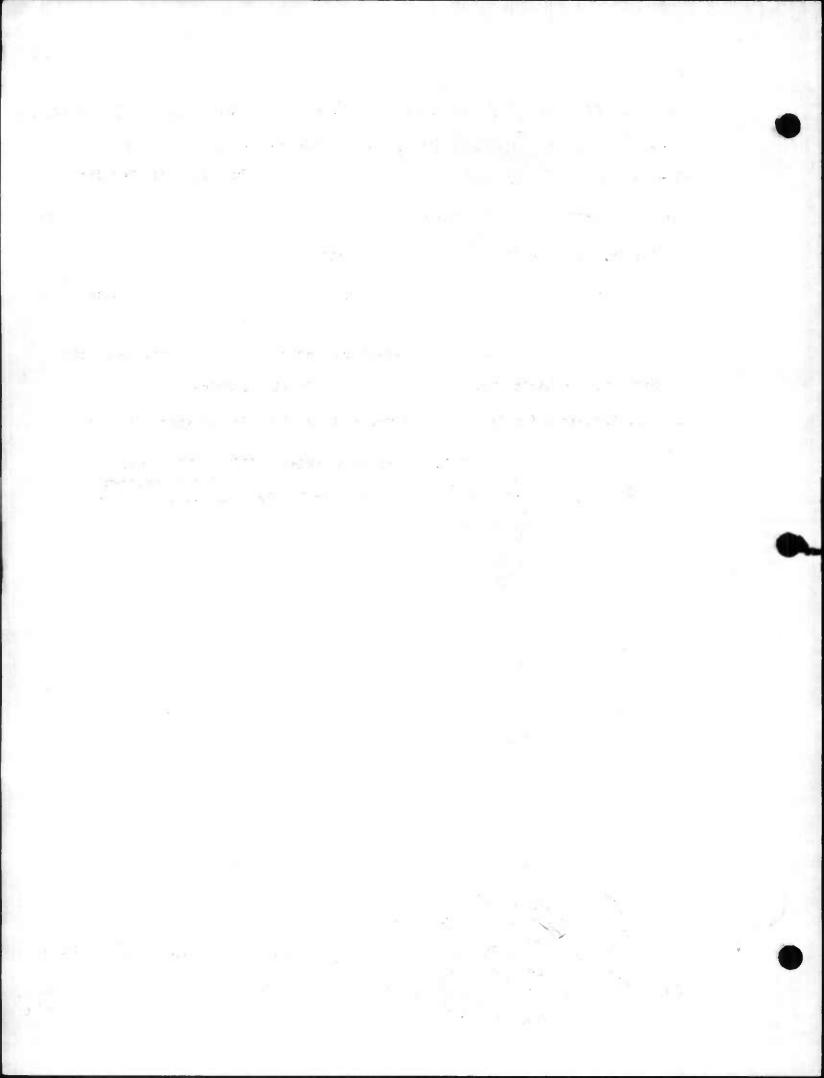
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

96 1924

						Certifica	ate of	Death		Reg. No.			
			1. Decedent's Neme (First, Middle,	Last)		N 1			2. Dete of De	eeth	V	3. Time of Death	
	Physic /Medi		Harry Mor	reague	Bur	ak her	vel	t. Jr.	Month	e 28Al	Year	7110pm	
3	Exami		4e. Fecility Neme (If not institution,		)			4b. City, Town, or			y of Death		
			Carroll Cour	te Grene	tel has	osnit	ed	Westn	stemm	Mr. Ca	ww	U	
	Funeral		5. Sociel Security Number	Sex 7. Ac	ge (In yrs. lest bi	irthday) If Unc	der 1 Yeer	If Under 24 Hrs Hours Min.	8. Dete of Bi	rth		plece (State or Foreign ntry) York	
	Director		216-07-2063	1 <b>½7M</b> 2□ F		Yrs.	. Doyo	110010	June 9	, 1908	New	York	
	and *		Usual Residence of Decedent  10a, Stete 10b, County		10c. City, Tow	vn or Location						10d. Inside City Limits	
	/enyl	5	MD Carro	11	Westmi							1 ☐ Yes 2030No	
	the h	ect	10e, Street end Number			106	Zip Code			10g. Citizen of	What Cour	ntar2	
	With With	Ö	201 St. Mark	Way #204		101.	2115	7		USA	WHE COU	diy i	
	eath	era	11. Meritel Stetus	12. Wes Decedent	Ever in U.S.	13. Wes Dec			Specify Yes or N		ce - Americ	can Indian	
21215-0020	72 hours after death with the Meryland "natural", or flerns 23a or 28a-f show redical Evarriner must be notified at	by Funeral Director	1 □ Never Merried 2 Married 3 □ Widowed 4 □ Divorced	Armed Forces?	?		7.5	dispenic Origin? (S an, Mexican, Puer Specify:	to Rican, etc.)		Bleck, White, etc.  Specify: White		
5-0	72 ho	Completed	15. Decedent's	Education	16a	. Decedent's Us	suel Occup	pation	delas	16b. Kind of E	Business/Inc	dustry	
21	C	pie	(Specify only highest ( Elementary/Secondery (0-12)	College (1-4or	5+1			pation during most of wo d)	rking				
		5	-83	-0-	F	Railroad	d con	ductor		tra	nspor	tation	
pu	and Mental Hygiene. Is marked other than eumatic event, the Mental	Be	17. Fether's Neme (First, Middle, La					18. Mother's Ne			me)		
yla	should ind Meni	2	Harry M. Bur	knardt, Sr	•			Jessie	W. Smit	h			
, Maryland			19e. Informent's Neme/Reletionship Edna E. Burkhar					end Number or R Way #20					
Baltimore,			20e. Method of Disposition			of Disposition (A	Verne of or other plea	ce)	Dete	20c. Location	- City or To	own, Stete	
Ĕ	Peg int: H		12 Burial 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spe			y Valle	ev Mei	morial	7/2/96	Timoni	um. M	m	
alti	permit. Pege Department of Important: If any injury or once.		21. Signeture of Funerel Service Lic	ensee C		-		ss of Fecility		Reister			
m	88558		PR	C	01	Eline	e Fune	eral Home					
	_		23e. Pert1. Enter the diseese, or co shock, or heert failure. List on	mplications that cause	d the deeth. Do	not enter the m	ode of dylr	ng, such es cardia	c or respiretory	errest,	110 2	Approximete	
3	Physician		snock, or neer failure. List on	ly one cause on eech it	ine.						i	Interval Between Onset and Deeth	
	/Medical		Immediate Ceuse (Finel disease or condition	Do. 1	re Mu		1.0.	1 Tue	enates		1	6 24 h.m	
	Examiner		resulting in death)	e		consequence of				//\		- army	
	D Æ	Examiner	_	. Acut	TO 12.	I m em	YEARA.	Eder	M /I			28hre	
	acute and trans	cam	Sequentially list conditions,	0. 11		consequence o	of): ( )		,				
30,	death certificate be executed attending physician and of for use es the buriel-transit	_	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	. Seve	ene A	Ne to uc	E	reenh	elone	uth	1	< 8hm	
68760,	Sete by Shysic	Medical	thet initieted events resulting in deeth) Last	U.	Due to (or es e	consequence of	d):	0	0				
	ing pl			Mere	uboh	a voc	inte	NEU		0		L8hrs	
Box	eath ce attendii I for use	lan		0.			J. U -	<u> </u>			1		
0	e de the s	Physician/	Pert II. Other significant conditions	contributing to deeth b	out not resulting I	in the underlying	g cause giv	en in Pert I	23b. Dld	tobacco use co	ontribute to	o the cause of death?	
σ.	res that the de signed by the a be detached to			1					1□	Yes SK No	3 Prof	bably 4 Unknown	
JS,	requires that the seen signed by th hould be detach	þ		b					22/04/20	- AND STATE OF THE	1		
Records,	v require been si should	Completed		8						an autopsy ormed?	av	ere eutopsy findings relieble prior to empletion of cause	
3ec	2 8 8	фu		1								deeth?	
E	The k	S		•					10	Yes 2010	10	□Yes 2 No	
Vital	ician: Th certificate rector, pa	a	<ol> <li>Was case referred to medical examiner?</li> </ol>	Hospital:			100		ath (Check only	one)			
o	this aldi	P.	1 Yes 2000 27. Manner of Death	PS Inpatie		-		4LI Nursing F	fome 5 ☐ Res			99	
	After After funer	lo	193 Matural 5 ☐ Pending	28a. Date of Inju (Month, Da		Time of Injury M	28c. Injur Wor	yan k7 Yes 2⊡No	280. Describe	how injury occu	med		
Sic	beat he	Certification:	2 Accident investigat 3 Suicide 6 Could not	be now those of the	lone - At home - fo		-	168 ST140	28f Location	Ofenet and Num	har or Dun	al Route Number,	
Division		Ē	4 ☐ Homicide determine	28e. Place of Inj	c (Specify)	STILL BUSINESS	ory, omosy		City or To	wn, State)	Deli Gi Pitaro	o ricole ricinosi,	
7	A TE		29a. Certifier Certifying I	hysician: To he best	es mu knowskio	a disable commen	Luman	no data and place	and due to the	causeds) and m	******	totad	
	P. P. H. H. H. H. H. H. H. H. H. H. H. H. H.	edicai		arpines Our the basis of	t examination as	or investigation	on, in my o	pinion, death occu	arred at the time,	date and place,	and due to	o the cause(s)	
-	Milton To Somple	Me	29b. Signature and title of certifier	//	1	/ 2	29c. Licens	e number	T	29d. Date sign	ed (Month,	Day, Year)	
	- 5 - 0		1	TX			Da	70110		T	28	th lage	
	10		30. Name and address to berson wh	10	N	Tome Division	100	1444		ource	,	1	
	10		Alexander Pro	o completed called of o	( )	(Type, Print)	120	hart Y	2.10	La Wager	e- 17	eh, 1996 Eldershun	
	Sta	10	31. Date filed (Month, Day, Year)	Jeles John e	rar's Signatura	W. 140	No U	inered	-CA ISUN	TE al	1	INAN AUTO	
	- 518		1111 04		0. W.	30						LAND OF IS	

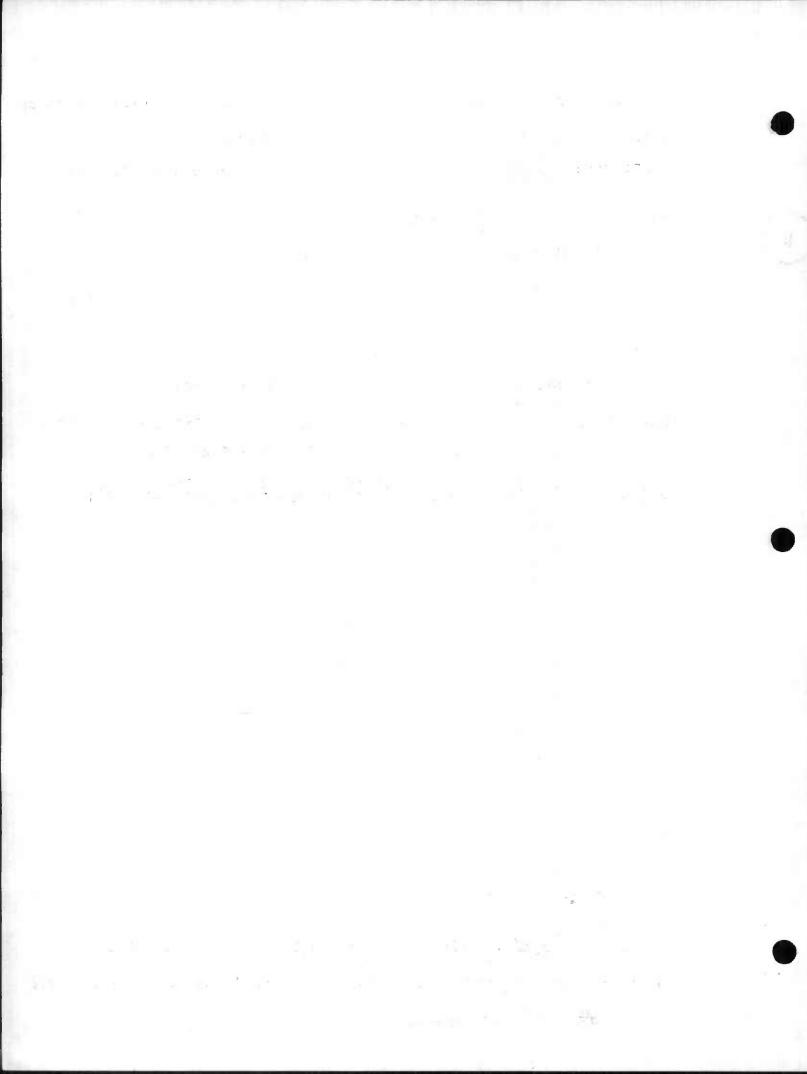


### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

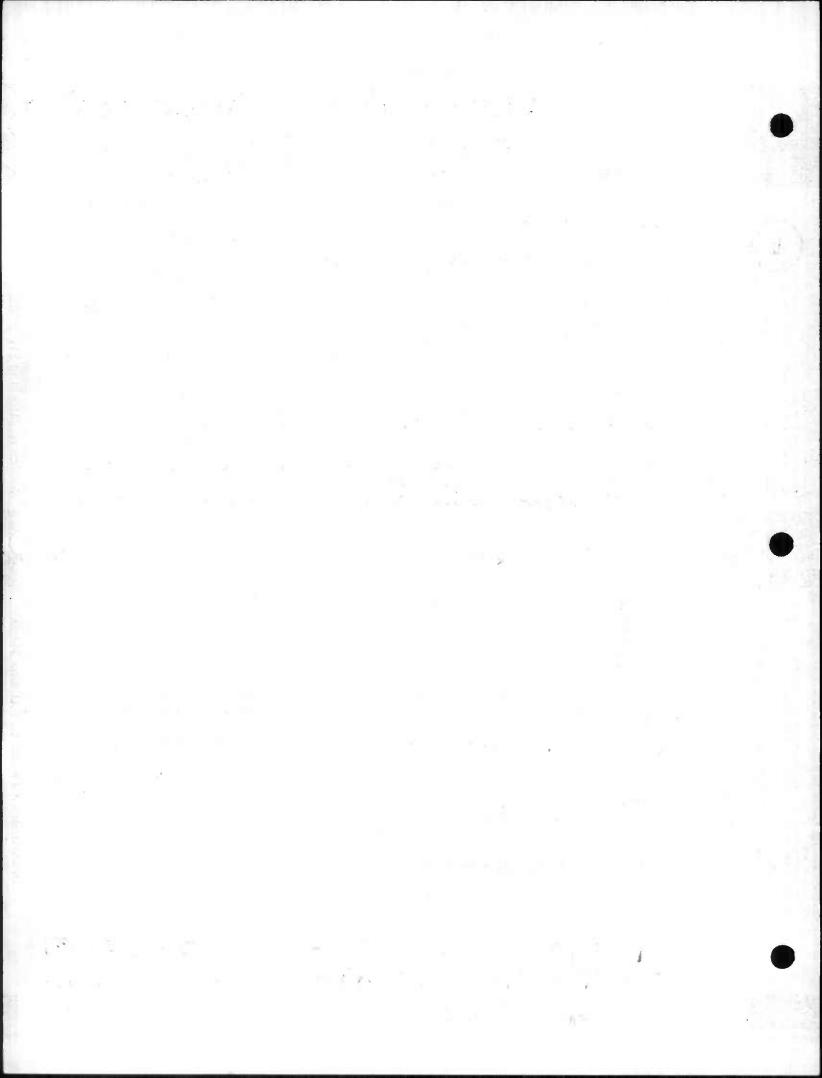
19244

					Certificate		Reg. No.	J 0	17644					
	Physici	an	1. Decedent's Nama (First, Middle, La Helen A.	Buza			2. Dete of Death Month Day	Year	3. Time of Deeth					
9	/Medic Examir		4a. Facility Neme (If not institution, giv 1735 Bank Str	a streat and number)		4b. City, Town, or Lo Balti		1996 county of Death	5:00 AM					
1	Funeral Director		217 74 2007	ex 7. Age (In yrs. 8.		Year If Undar 24 Hrs. Days Hours Min.	8. Date of Birth (Month, Pay, Year) 8 15 19	9. Birth Cou 12 Pen	place (Stata or Foreign intry) NSylvania					
	and		Usual Rasidance of Dacedant  10a. Stata 10b. County	10c. Cit	y, Town or Location				10d. Inside City Limite					
1	Se-f sho	Director	MD		ltimore				1 X Yas 2 No					
	th with the	al Dire	1735 Bank Str	eet	10f. Zip 0	21231		n of Whet Cou	0.5					
020	permit. Peges 1 and 2 should be filled within 72 hours efter death with the Maryland Depertment of Heelth and Mental Hyglene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any Injury or other traumatic event, the Maritea Examiner must be partitled at page.	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Wes Dacedant Ever In U, Armed Forces? 1 ☐ Yas 2 10 No If Yas, Giva Year or Detes:	,S. 13. Wes Daceda If Yes, specif	nt of Hispanic Origin? (Spe y Cuban, Maxican, Puarto i ▼ No <i>Specify:</i>		Race - Amari Black, Whita,						
5-0	72 ho	Be Completed	15. Decedent's Ed (Specify only highest gra	lucation da complated)	16a. Decedent's Usuel (Giva kind of work	dona during most of working	16b. Kind	of Bueiness/In	idustry					
121	within shen shen	idu	Elementary/Secondary (0-12)	College (1-4or 5+)	lifa. DO NOT usa	retired)		HOME	710					
<b>d</b>	Hygie Hygie	သိ	17. Fether's Neme (First, Middle, Last)		Housew		(First, Middle, Melden S		·					
lan	fental feed c	To B	Charles Obn	iski		Mar								
ary	shou a mar		19a. Informant's Name/Reletionship (	Type, Print)	19b. Mailing Address (	Street and Number or Rura	, ,		p Code)					
Z,	and and a selfh		Joann Buza		2502 Cid	er Mill Ro	ad Baltimo	re, M	D 21234					
Baitimore, Maryland 21215-0020	Peges 1 ment of H ant: If itst lury or oth		20e. Mathod of Disposition  1 □ Burial 2 □ Cramation 3 □  4 □ Donation 5 □ Other (Spacify	Ramoval from Stete St	Stanisla	us Cemeter	y 6/26/96	Balto	.City					
Bai	Depending any In		21. Signature of Funaral Sarvice Licensea  22. Neme end Address of Facility Lilly & Zeiler, Inc. Funeral Home 1901 Eastern Ave., Balto.MD 21231											
	Physician		23a. Pert1. Enter tha disease, or com shock, or haart failura. List only	plications that aused the death one ceuse protect line.	h. Do not antar tha moda	of dylng, such as cardiac o	r raspiratory arrest,	D-2	Approximate Interval Batween Onset and Death					
	/Medical		Immediata Causa (Final disaase or condition	a. Auem	ia			}	Weeks					
3	Examiner	Ļ	rasulting in daeth)		r as a consequence of):			1	Months					
-	bed nsit	nine		b. Gastr				Months						
68760,	icate be executed physician and s the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediata causa. Entar Undarlying Cause (Disaase or Injury that initiated avante	Due to (o	r as a consequance of):			i						
	certificate iding physise as the	-	rasulting in death) Last	Due to (or	r as a consequance of):			1						
D. Box	that the death certined by the attending detached for use a	Physician/	Pert II. Other significant conditions or	ontributing to death but not rase	ulting in the underlying cau	sa givan in Part I.	23b. Did tobacco u	se contributa t	to the cause of death?					
, P.O.	es that the						1 □ Yee 2 ☑	No 3□Pro	obably 4 Unknown					
Division of Vitai Records,	v requires been sign should by	Completed by					24a. Wes an autops periormed?	av	Vere autopsy findings vallable prior to opposite on of cause I death?					
E.	The la	EOC					1 □ Yas 2 🖼	No 11	☐Yes 2☐No					
/ita	ystcian: The lav s certificate hes director, page 2	Be	25. Wae casa ratarred to medical axaminar?			26. Place of Deeth	(Check only ona)							
10	Physic this c	2	1 Yes 2 No		ER/Outpatient 3□ DOA		ma 5 1 Hesidance 6		(hy)					
sion	ending Peth. or: After the funer	Certification:	27. Mannar of Death  1. Natural 5 Pending 2 Accident Invastigation 3 Suicide 6 Could not be		М	Work? 1 □ Yas 2 □ No	28d. Describe how injury	occurred						
Divi	tal or Att rs after d al Direct led in by	Certifi	4 Homicide detarmined	28a. Place of Injury - At ho building, atc. (Specify	oma, farm, street, factory, ( /)	offica 2	28f. Location (Street and City or Town, Stata)	Number or Run	al Route Number,					
	To the Hospital or Attending within 24 hours after deeth.  To the Funeral Director: After completely filled in by the fun	Medical	29a. Certifiar (Check only one) 1 ☐ Certifying Phyone) 2 ☐ Medical Example 1	reician: To the best of my know inar: On the basis of axaminat end mennar stated.	wledge, death occurred at tion and/or invastigation, in	tha tima, date and place, a n my opinion, daath occurre	and dua to tha causa(s) a ad at the tima, data and p	nd mannar as s iace, and dua t	itated. to the cause(s)					
	withi To th	Σ	29b. Signature end title of certifier	Ilto MD		License number	,	signed (Month, 2 4/96						
	5		30. Nama and eddrass of person who	complated cause of daeth (Itam	23a) (Type, Print)	university			D 2 1218					
	Sta		31. Data filed (Month, Day, Year)	32. Registrar's Signal		a versity	Thuy Da	110, 17	Dalale					
	Registr	ai	OOF OT 1889	Laurason- Jan	ane.									

DHMH 16 Rev 6/95



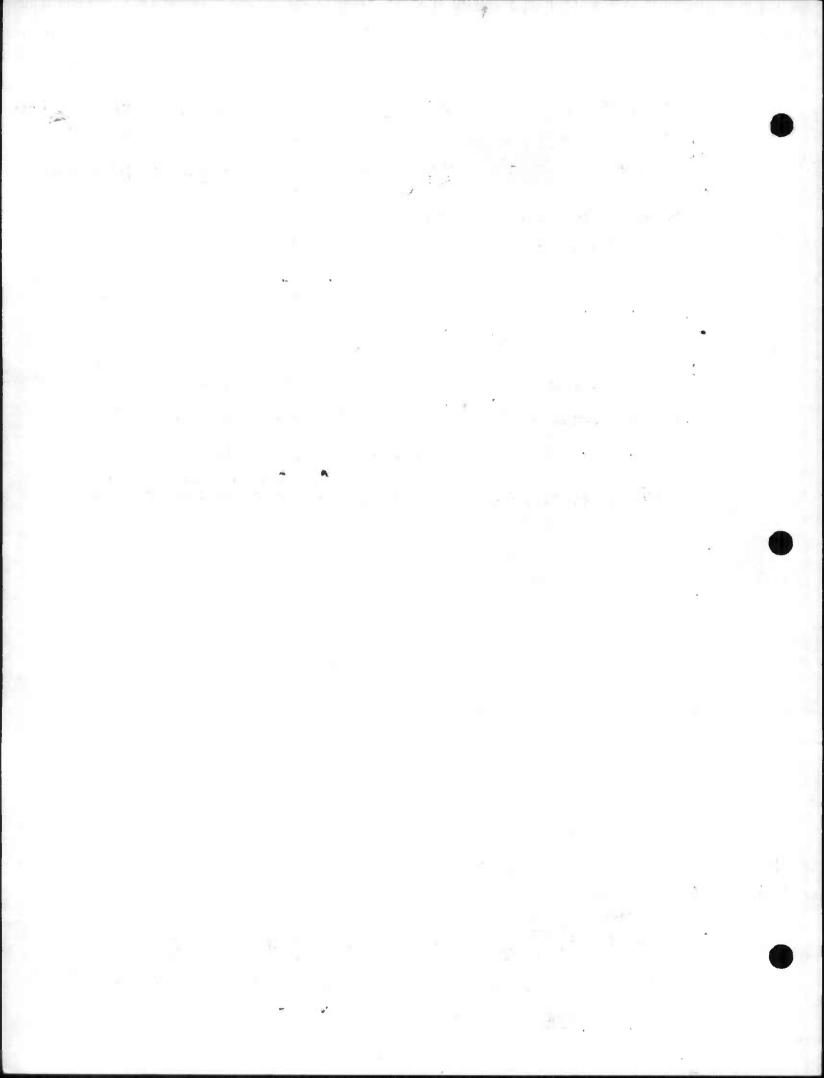
						Cei	rtificate c	of Death	h		Reg. No	١.		
	Physici /Medic	_	1. Decedent's Nama (First, Middle, La	Will	ian	<b>1</b>	Ba 11			2 Data of D		17.1	1996	a Dene of Death
	Examir		4a. Facility Nama (If not institution, giv	AND THE REAL PROPERTY.						ocation of Dea	ith 4c.	. County o	Death	
					ENTER		If Under 1 Ye		TIMO				IMOR	
	Funeral Director		5. Social Security Number 6. S 101-05-8140	M 2□ F	ga (In yrs. le 96	Yrs.	Months Da			8. Data of B (Month, D 04/07	litth /29, Year) /1900	)	Country	ce (Steta or Foreign y) York
Maryland	-f show fied at	tor	10a. State 10b. County  Md. Balti	more	10c. City,	Town or Lo	cation			-			100	d. Inside City Limits 1 ☐ Yes 2 → No
0 1	or 28a-f	Director	10e. Street and Number				10f. Zip Cod	8			10g. Cit	izen of W	hat Country	y?
4	23 m	rai	1823 Rambling	Ridge La	ane A	p <del>2</del> 01	2	1209			U	.S.A		
Maryland 21215-0020	af, or items 23s or 28s-f st Examiner must be notified	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Armed Forces? 1 Yes 24 If Yas, Giva Year or Datas:	Evar in U,S.	13.	Was Decedent If Yes, specify C 1 ☐ Yes 2 ☐ X			ecify Yas or N Ricen, etc.)	lo-	Black	- Americer , White, etc Whit	c.
2 20	Seal B	ted	15. Decedent's Ec	ducation		16a. Dece	dent's Usuai Oc kind of work do	cupation	of of work	ha.	16b. K		sinass/Indu	
121	the Med	Completed	Elementary/Secondary (0-12)	College (1-4or	5+)	life.	DO NOT use re	tired)	ST OF WORK	тід				
12		ပိ	10 17. Father's Name (First, Middla, Last)			Cab	Driver	1	hada Nasa	Mine & Adiobal			Cab	Co.
yland 2	n e	Be c	and the second second second	_						e (First, Middle			9)	
laryl 2 should	is marked aumatic or	2	Walter Bal  19a. Informant's Name/Relationship (			19b, Mailir	ng Address (Str			t Mi			Steta. Zip C	iode)
	tem 27 is marks other traumatic		Howard Weinste				Cardin							•
ore,			20a. Mathod of Disposition		20b. Pia	ce of Dispo	sition (Neme of natory or other			Date	4		City or Town	
im Page	. = 0		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify				Buria		rk 6	/30	Pen	ınsaı	uken	N.J.
Baltimore,	Important any injury pocs.		21. Signature of Funeral Service Land	50H	2	111	Nama and Ad			nc 1		212	3.1	
Phy	/sician		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that ceuse one cause on each li	d the death. Ine.	Do not ant	er tha moda of	dylng, such a	s cerdiac	or respiratory	arrest,	EdS	- A	Approximate interval Between Donset and Death
/N	ledical		tmmediate Cause (Final disaasa or condition	Se	resis	-							6	= 3 march
S Exa	aminer		resulting in death)	a. ~	Due to (or	as a consec	quence of):							7.00
8	sit	nine		b. Mu	ltip	as a consequence of):  ple pressure Joses-							1	
) macut	al-tran	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury c.												
68760,	siciar e buri	edical	ceusa. Enter Underlying Causa (Disease or Injury that initiated events	C	Due to les									
× 2	nding physician and use as the bunal-transit	3	d											
Bo.	d for use	Iclar	Part II. Other significant conditions o	ontributing to death h	ut not recuit	ing in the u	ndorfulna cause	chien in Par	. 1	23h Di	d tobacco	ties con	tribute to t	he cause of death?
P.O.	igned by the attendin be detached for use	y Phys		_		-		-			Yes 2			bly 4 Unknown
Vital Records, P.O. Box	been s should	Completed by Physician	Allizandy o	he he	ret	dis	ease	•		24a. Wa	s an auto formed?	psy	com	e autopsy findings able prior to pletion of cause eath?
A E	te has	EO								1□	Yes 2	No	10	Yes 2000
/ita	s certificate ha director, page	Bec	25. Was case referred to medical examiner?					26. Pla	ce of Deat	h (Check only	one)			
of V	this ce al dire	2	1 ☐ Yes 2 No	Hospital: Inpatie		R/Outpatler	IL SEL DON		Nursing Ho	me 5□Rea	sidence	6 □Othe	r (Specify)	
Division of Vita or Attending Physician:			27. Mannar of Death  Natural 5 ☐ Pending	28a. Date of Inju (Month, De	y Yaer) 2	8b. Time of injury		njury at Work?		28d. Describe	how Inju	ry occurre	ed	
isio frendi	octor: After by the funer	cat	2 Accidant investigation 3 Suicida 6 Could not be					Yes 2		29f Location	(Ctract or	nd Alumba	e or Purol I	Routa Number,
Or A	Director:	Certification:	4 ☐ Homicide determined	28a. Place of in building, et	c. (Specify)	ie, iami, str	eat, factory, offi	CB		City or To	own, Stete	3)	i oi nurai i	Todia Number,
DIV To the Hospital or A	To the Funeral Dir		29a. Certifier Certifying Ph	ysician: To the best	of my knowl	edge, death	occurred at the	e time, date a	ind place.	and due to the	e cause(s	) and mar	ner as stat	ted.
HOH P	To the Funeral	Medical	(Check only 2 Medical Examone)	ninar: On the basis o and manner st	f examinatio	n and/or in	vestigation, in m	y opinion, de	ath occur	ed at the time	, date and	d place, si	nd due to t	he ceuse(s)
To th	Toth	M	29b. Signature and title of certifiar					ense number			29d. Da	ita signed	(Month, Da	ay, Year)
	1		Meja	mi t	40-	-	240	(81.	7-		JU	3NI	. 27	- 1996 -
	0		30. Name and address of person who	completed cause of c	death (Item 2	(Type,	Print) B	elve	lere	ai	re 1	184	Utin	1.1996 - ·
	Sta Registr		31. Date filed (Month, Dey, Year)  JUL 01 1996	Julia Davido	or-Agn	LE								



State of Maryland / Department of Health and Mental Hygiene 9 6

19246

					Certificate	of Death	7	1	Reg. No.			
Physic /Medi		1. Decedant's Nama (First, Middla, Las	गाम	BURN	S			2. Data of De Month	13	Year 96	3. Tima of Death	
Exami	ner	4a. Facility Nama (If not institution, give 21501 W. Liberty		Park	ton	ation of Death	Bal	of Death timor	:e			
Funeral Director		5. Social Security Number 171-46-4390  Usual Rasidance of Dacedant	ax □M &F 7. A	Aga (In yrs. last birthe	Months D	ays Hours	Min.	3. Dala of Bird (Month, Da 3-26	th y, Year)	9. Birthp Cour Penr	place (Stata or Foreign http:) nsylvania	
Maryland In show	tor	10a. Stata 10b. County Maryland Baltin	ore	10c. City, Town of Parkto						1	10d. Inside City Limits 1 ☐ Yas 2 🕍No	
h with the	al Director	10e. Street and Number 21501 W. Liberty Road 21120							10g. Citizan of t	What Cour	ntry?	
020 burs after dea set, or flems Examine in	by Funeral	11. Marital Status  1 Navar Married  2 Married  3 Widowed 4 Divorced	12. Was Deceder Armed Forcas 1 Yas 2 H Yas, Giva Yaar or Datas	No	lo					lace - Amarican Indian, Black, Whita, atc. City: White		
Baitimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinar must be notitled at sone.	Completed	15. Decedant's Education (Specify only highast grada complated)  Elemantary/Secondary (0-12)  Collega (1-4or 5+)  16a. Decedant's Usual Occupation (Giva kind of work dona during m lifta. DO NOT usa retired)  Homemaker						Own Hame				
yland buid be file Mentai Hy arked oth	To Be	17. Fathar's Nema (First, Middla, Last) Thomas L. Redding				Vi	ra A.	Ziegle				
eard 2 shall be and 2 shall be and 2 shall be and m 27 is m her traum		19a. Informant's Neme/Ralationship (1 Rodney W. Burns,			Helling Addrass (S715 W. I		Road,					
Limore Pages 1 Iment of H Lant: If Ne		20a. Mathod of Disposition  1 □ Burial 2 □ Cramation 3 □  4 □ Donation 5 □ Other (Specify		cematary,	isposition (Nama cramatory or otha STOWN CE	metery		Data 18/96	Stewar	•	wn, Stata	
Ball permit Depart import any in		21. Signature of Funaral Service Licen	anhit		22. Nama and A		0.				rtuary,Inc. 63	
Physician /Medical Examiner	ner	23a. Parí1. Enter tha disaasa, or comp shock, or haart fallura. List only of Immediata Causa (Final disaasa or condition rasulting in daath)	OTO	Dua to (or es e co	nsaquance of):				rrest,		Approximata Interval Batween Onset and Death  5 DA	
ox 68760, n certificate be executed anding physician and use as the burial-transit	in/Medical Examiner	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	0.		TKI MUDU,	7 Ton	TCT.	PUF	Jeller			
Records, P.O. Bo	Physician	Part II. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Part I.							23b. Did tobacco use contribute to the cause of death?  1 Yes 2 3 Probably 4 Unknown			
ecords, aw requires the second	Completed by							24a. Was perfo	an autopsy rmed?	av co	ere eutopsy findings allabla prior to mplation of cause death?	
f Vital Recysician: The law	Be	25. Was casa rafarred to medical examinar?	Un a-rival				ce of Death (	1 🗆 Y		10	Yas 2□ No	
To the Hospital or Atending Physician: The law requires the within 24 hours effected ath.  To the Functal Director: After this certificate has been signed completely filled in by the functal director, page 2 should be	Certification: To	27. Mennar of Death 1 Natural 2 Accident 3 Suicida 4 Homicide	288. Place of It		na of 28c.	injury at Work? 1 ☐ Yas 2 ☐	]No	d. Dascribe I	how Injury occur		iy) al Routa Number,	
A Funeral	edical Co	29a. Cartifier (Check only one) Certifying Phy	reician: To the bes iner: On the basis and mannar s	t of my knowledga, d of axamination and/o stated.	aath occurred at the invastigation, in	ha tima, data a my opinion, da	nd plece, an ath occurred	d dua to tha	cause(s) and made and place,	annar as s and due to	teted. o the cause(s)	
To the within To the comple	W	29b. Signature and tale of certifie	completed cales of	M D	D	368	46		29d. Data signe	d (Month,	Day, Year)	
C+	•	31. Data filed (Month, Day, Year)	CORD	JOR R	UAD	WHIT	F H	ALL	MD	2'	116	
Sta Registi		JUL 01 1996	July D	avidson-Aland	المالك	*4	***					



0

	FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMENT CERTIFICATE	0	MENTAL HYGIEN REG. NO	E						
	1. DECEDENT'S NAME (First, Middle, Last)  LIVE MA  4. SOCIAL SECURITY NUMBER  170 20 3269	5. SEX 6. AGE (in yrs	s. last birthday) IF UNDER  YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	2. DATE OF DEATH MONTH D. 2.  7. DATE OF BIRTH (Month, Day, Year)  AUC. 27,	a. Bif	3. TIME OF DEATH  OSS M  (THPLACE (State or Foreign Intry) SETT SSUR					
TOR	BATON SPECIALTY HOSPITAL BALTIMORE BANTIA											
DIRECTOR	PA 106. COUNTY	ORK	10c. CITY, TOWN O	E. KING	ST.	TORK	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL		100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WH.  17403  108. CITIZEN OF WH.										
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO II	YAS DECENDENT OF HISPAN I yes, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	8	ACE — American Indian, eck, White, etc.					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.)	luring most of working	SHOE	SINESS/INDUSTRY						
BE COM		IAMS										
0	19a. INFORMANT'S NAME (Type/Print)	PENN	7	Street and Number or Rural	0 0	n, State, Zip Code)	WN. PA 1810					
	20a. METHOD OF DISPOSITION  1	20b. PL/	ACE AND DATE OF DISPOSI y, cremetory or other plecar			CATION - City of	Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  FD-012 22. NAME AND ADDRESS OF FACILITY FUNERAL HOME INC.  FD-012 70hm W. Kefter Funeral Home Inc.  833-L 902 Mt. Rose Ave. York PA 17403											
,	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	OBSTRUCT	the mode of dying, suc	·		Approximate interval Between Onset and Death					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b		je								
MEDICAL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  CON GESTIVE HEALT FALLURE  24a. WAS AN AUTOPSY PRIDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?											
PHYSICIAN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN S  25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
YSIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatie		sing Home 5 - Residence	T							
ву рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK?  1 YES 2 NO	26d. DESCRIBE HOW							
	3 Suicide 6 Could not be 4 Homicide detarmined	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, larm, atreet, factory, office building, etc. (Specify) 28f. LC										
COMPLETED	Check only	ICIAN: To the best of my knowledger. On the bests of examination an					and manner as stated					
TO BE CO	298. STORATURE AND TITLE OF CERTIFIE		)	29c. LICENSE NU	MBER	29d. DATE SIGI	NED (Month, Day, Year)					
	36-NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)									

BRIAN
31. DATE FILED (Month, Day,
JUL 01

State of Maryland / Department of Health and Mental Hygiene 96 19248

			Certificate of Death	Reg. No.	
1000		Decedent's Name (First, Middle, Last)		2. Date of Death	3. Time of Death
Physician /Medical		MAGGIE C. COOPER			996 00:41 AM
Exam		4e. Fecility Neme (If not institution, give street and number)	4b. City, Town, or I		
Funera Directo	_	5. Social Security Number  6. Sex  1 M 2 F  Usuel Residence of Decedent	oirthday) If Under 1 Yeer If Under 24 Hrs.  Months Days Hours Min.		Birthplace (State or Foreign
death with the Maryland ms 23a or 28a-f show	tor		wn or Location ALT VNOR5		10d. inside City Limits 1 ☑ Yes 2 ☐ No
h with the 23a or 28	Funeral Director	10e. Street and Number 148 N. FDGFILLIM ST	10f. Zip Code 21229	10g. Citizen of Wh.	at Country?
020 ours after set, or its	þ	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was Decedent Ever in U,S. Armed Forces?  1 Yes 2 ENo It Yas, Give Yeer or Dates:	13. Was Decedent of Hispenic Origin? (S it Yes, specify Cuban, Mexican, Puert 1 ☐ Yes 2 ② No Specify:		American Indian, White, etc.
15-C	Completed	15. Decedent's Education (Specify only highest grede completed)  Elementary/Secondary (0-12)  College (1-4or 5+)	a. Decedent's Usuei Occupetion (Give kind of work done during most of worlife. DO NOT use retired)	king 16b. Kind of Bush	ness/Industry BlnCe
Maryland 212.  42 should be filed within th and Mantal Hygiene. 7 Is merked other than traumatic event, that	To Be C	17. Father's Name (First, Middle, Last)	18. Mother's Nar	ne (First, Middle, Melden Sumame)  PEEMAN	
Magnith artifly artifl		WILLIAM B. COOPER	Pb. Melling Address (Street and Number or Ru 146 N, EDGEUM	D57, BAJ, M	10,21229
Paga nent o		20e. Method of Disposition  1 Burlal 2 Cremetion 3 Removal from State 4 Donation 3 Other (Specify)  21. Signature of Burlaral Service Licensee	of Disposition (Name of ery, crematory or other place)	7/2491 Ourys	MILLS MD,
Balt permit. Departu Importu any Inji	OUC	Joseph Worl	270 FrEDAUTO	V BASS BALT	mp, 2009
Physicia /Medica	_	23s. Party Enter the disease, of compilications that caused the death. Do			Approximate interval Between Onset and Death
Examine	r	immediate Ceuse (Final disease or condition resulting in death)  Acute // u  Due to (or as a	lmonary Edlina a consequenca of: levofic Carded vanc	2).	Years
ed Fransit	Examiner		a consequence of):	ular Hillane	Gears
Box (8760) eath certifiers to see od ettending physician and ifor use as the burial-transit	Medicai	Sequentially list conditions, if each series are series and series and series are series. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last  Due to (or as a decided of the series are series and series are series are series and series are series.	consequence of):		
cords, P.O. Box requires that the death cereen signed by the ettendinhould be detached for use	Physician	Part il. Other significant conditions contributing to death but not resulting	In the underlying cause given in Part i.	23b. Did tobecco use contri	ibute to the cause of death?
dS, P.	by Ph	Cancer of Cheast		1 Yes 2 No 3	Probably Unknown
0 7 70	Completed			24a. Was an eutopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?
Vital Red licten: The lew certificate has rector, page 2:	00			1 ☐ Yes 2 No	1 ☐ Yes 2 ☐ No
of Vital Physician: Tithis certificate ral director, pe	Be	25. Was case reterred to medical examiner?		th (Check only one)	
Of Physic this caral dire	2	1 ☐ Yes 2 No Hospitai: 1 ☐ Inpatient 2 ☐ ER/C		ome 5 Residence 6 Other	(Specify)
Jing After fune	Certification:	1 Ø Netural 5 ☐ Pending (Month, Day Year) 2 ☐ Accident investigation	Time of injury at Work?  M 28c. injury at Work?  1 Yes 2 No	28d. Describe how injury occurred	
Divisio To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completaly filled in by the fi	Certifi	3 Suicide 6 Could not be determined 28e. Placa of injury - At home, building, etc. (Specify)	28t. Location (Street and Number City or Town, State)	or Rural Route Number,	
To the Hospital within 24 hours a To the Funeral completaly filled	edicai	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge and manner: On the basis of examination earn manner stated.	ge, death occurred at the time, date and piaca and/or investigetion, in my opinion, deeth occu	and due to the cause(s) and mann red et the time, date end piece, and	er as stated. d due to the ceuse(s)
To the Com	2	29b. Signature and title of certifier	29c. License number	29d. Date signed (	
7-		Markenson GRAD	D 40356	JUNE	27,1996
			D 40356 (Type, Print) ATON AVE. BACTINE	nt, MARY CANI	21229
S Regis	tate trar	JUL 01 1996  JUL 01 1996  JUL 01 1996			



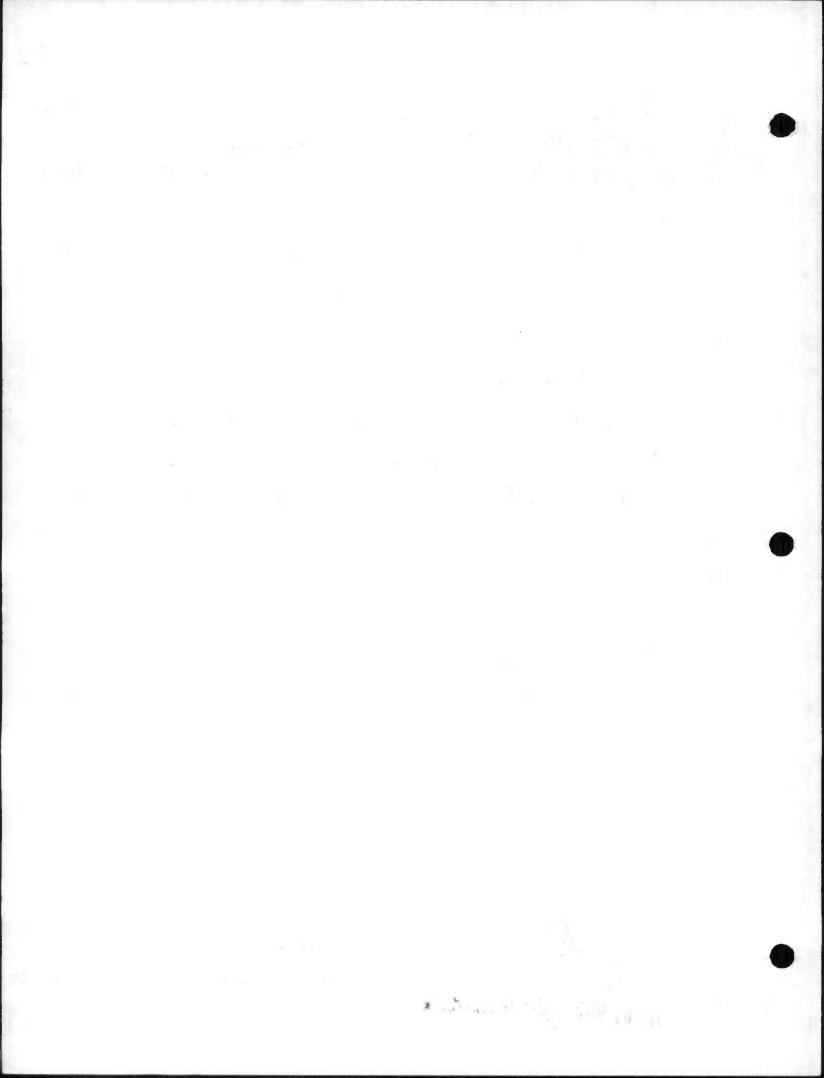
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene $9\,6$

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

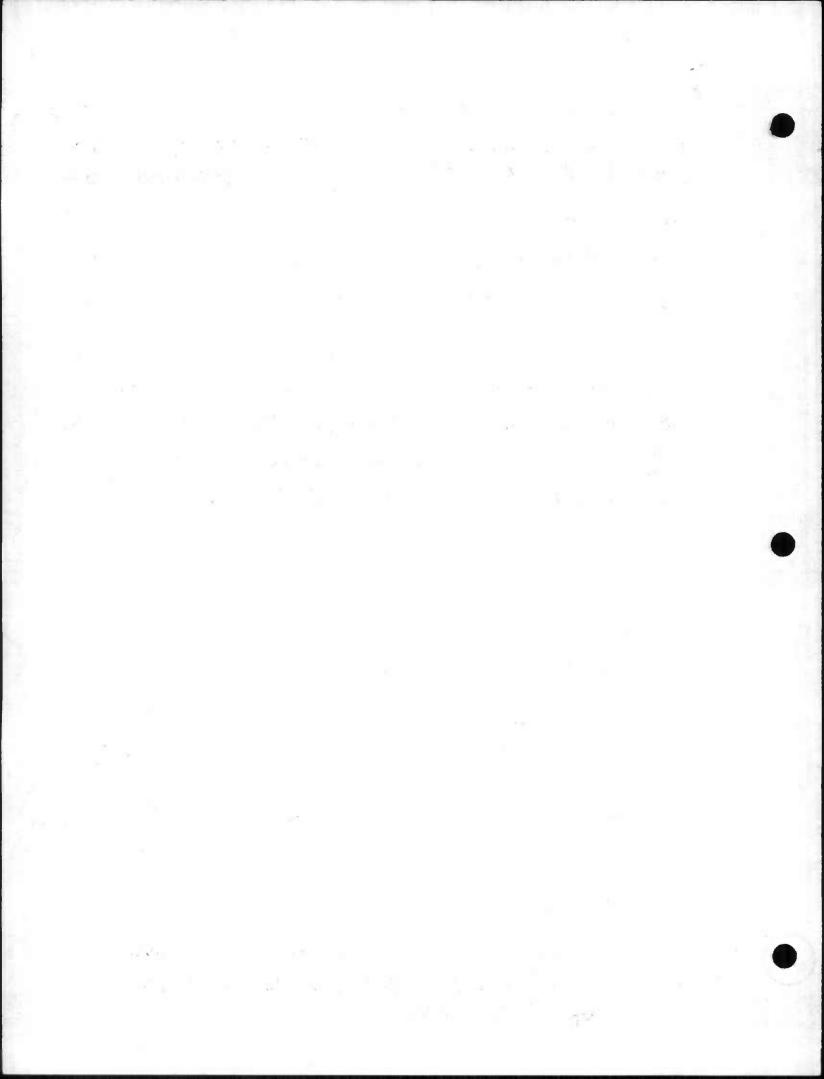
19249

					Ce	nificate o	t Death			Reg. No.		
Dhysisian		1. Decedant's Nama (First, Middle	a, Last)						2. Data of De Month	eath Day	Year	3. Tima of Daath
Physician /Medical		Charles F	ranklin		Jr.				June		996	1236 Du
Examiner	4	la. Facility Nama (if not institution	n, giva street and nu	imber)			4b. City, To	own, or Loc	ation of Deat	h 4c. County	of Death	
		North ARUND	2r 1402 6	1145			Glen	Burn	ie	Anne	Aru	indel
Funeral	8	5. Social Security Number	6. Sax 1√√M 2□ F	7. Aga (In yrs.		If Undar 1 Ya Months Day	ar   If Undar	24 Hrs. Min.	8. Data of Bi	rth	9. Birth	placa (Stata or Foreign PMORE, MD
Director	-	212-46-2432	XXW ZU I	49	Yrs.				SEP 1.0	7,1946	RALI	IMURE, MU
ž	-	Usual Rasidance of Decedant  10a. Stata 10b. County		10c, Cit	y, Town or Lo	ocation					1	IOd. Inside City Limits
forms 23a or 28a-f show from most be notified at Funeral Director		MD n/a BALTIMORE									1 Yas 2 No	
The second	10e. Street and Number CDV CTDFFT 10f. Zip Coda 10g.								10g. Citizan of N	What Cour	otov?	
4	109. Street and Number SBY STREET 21218								UNITED		TATES	
Funeral Director	-	11. Marital Status  12. Was Decedant Evar in U,S. Armed Forcas?  13. Was Dacadant of Hispanic Origin? (Specify Cuban, Maxican, Puarlo										can Indian,
F		1 □ Nevar Married 2 🕅 Man	Armed F	orcas?				n, Puarto F	lican, atc.)	Bia	ck, Whita,	atc.
þ		3 ☐ Widowad 4 ☐ Divorced	If Yas G	2 X No iva Datas:		1□Yas 2XX	o Specify:	;		Specify	v: BL	_ACK
8		15. Decedan	t'a Education		16a. Dece	dant's Usual Occ	upation	Sec. 210050005		16b. Kind of B	usiness/In	dustry
and mental rygiena. is marked other than "naturel", raumetic event, the Medical Ex- TO Be Completed by	-	15. Decedant's Education (Specify only highast grada complated)  Eiemantapy/Secondary, (0-12)  Coilege (1-4or 5+)  16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. Do NOT use retired)							g		-0.,40.01	
	L	17. Father's Nama (First, Middle, Lest)  18. Mother's Nama (i								SECUR	ITY	GUARD
	1								(First, Middle		na)	
	L	CHARLES FR	ANKLIN SF					HATTI		TRAWDER		
To		19a. informant's Name/Ralations	,							er, Clty or Town,		
		HATTIE FRA	NKLIN		3010		Y STR	EET,	BALTIM	10RE, MD	212	18
	2	20a. Mathod of Disposition  1 DXB/urial 2 Cremation	3 □Romoval from		lace of Dispo ematary, crai	sition (Nama of matory or other p	piace)	į	Data	20c. Location	City or To	own, Stata
Important: If I any injury or once.		4 Doration 5 Other (S			ALTIMO	RE CEM	ETERY		7-2	BALTI	MORE,	MD
는 d		21. Signature of Funaral Sarvica	Licensaa	//	22	2. Nama and Add	drass of Facili	ity				
a 8	WM. C. MARCHFH 1101 E. NORTH									H A	/ENUE	
		23a. Part1. Enter the disease, or shock, or heart failure. List	complications that	ceveed the deat	n. Do not an	ar tha moda of c	lying, such as	cerdiac or	raspiratory a	ırrast,		Approximata intarvai Batween
ian	1	eriosit, er riger, ranara. Elot	only one oddsg on	adon ima.								Onsef and Death
cal		immediata Causa (Final disaasa or condition	(	SEPTIC	SHO	OCK						
ner	Г	rasulting in death)	a		r as a consec							
in e				CHRONI	CK	ZEWAL	FAI	MR	$\epsilon$		į	
Examiner		D								İ		
		Sequantially list conditions, if any, laading to immadiate cause. Enter Undartying Causa (Disaasa or injury that initiated evants rasulting in death) Last  Dua fo (or as a consequence of):  Dua fo (or as a consequence of):  Dua fo (or as a consequence of):										
//Wedicai		that initiated evants rasulting in death) Last		Dua fo (or as a consequance of):								
JSB BS		DIAGETES MELLITUS.									i	
- 1 =											1	
be datached for u	F	Part ii. Other significant condition	ns contributing to d	eath but not rasi	ulting In tha u	ndarlying cause	given in Part	l.				the causs of death?
Ph Ph									1 🗆	Yss 2□ No	3 Pro	bably 4 Onknown
									24a Was	an autopsy	24b. W	ara autopsy findings
should	1.								perf	ormad?	av	allable prior to implation of causa
rector, paga 2 should Be Completed	-									*		death?
g. O									10	Yas 2 100	1[	☐ Yas 2☐ No
To Be	12	25. Was cesa refarrad to medica axaminar?	Hospital:	enne i s			Wher:		(Check only			
	1	1 ☐ Yas (325 No	28a. Data		ER/Outpatier 28b. Tima o	II 3LI DOA	4 LI NI			how injury occur		(y)
Certification:		1 Matural 5 □ Pandir	g (Mor	th, Day Year)	injury	V	ork? □Yas 2□		oo. Dasonos	now injury occur	160	
y tha		3 ☐ Sulcida 6 ☐ Could	nof be	a of Injury - At ho	oma farm str				8f. Location	(Street and Numl	ber or Rura	al Routa Number,
Te		4 Homicida	build	ing, atc. (Specify	1)	aut, ractory, one				wn, Stata)		
= =		29a. Cartifier Certifyin	g Phyaician: To the	best of my know	wiedge, death	occurred at the	tima, data ar	nd place, a	nd dua to tha	causa(s) and ma	annar as s	tated.
plataly fil		(Check only 2 Medical one)	minar: On tha b	asis of axamination at the stated.	tion and/or in	vestigation, in m	y opinion, dea	ath occurre	d at tha time,	date and place,	and dua to	o tha cause(s)
complataly		29b. Signatura and titla of continu	/	,		29c. Lice	nsa number			29d. Data signe	d (Month,	Day, Year)
		- Sta	- 1 M			1	1821	67		6/2	8/96	
	3	0. Name and addrass of person	who complated cau	sa of daath (item	23a) (Type	Print) C O					1	1 -
5		KAMAL RA	ALLST	10	1600	CRAT	N H	19th	AY C	CLENBUR	SHIE	NO 21061
State	3	1. Data filed (Month, Day, Year)	11. 132.	legistrar Signa								
Registrar		JUL 01 1956	your way	MAIN AND A	4							
			2.5									



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

ysician	I. Decedent's Nam	a (First, Middla, La	ist)		00.000	cate of	Douth	2. Date of De	Reg. No.	3.	Tima of Death
	1.1.11	10	,	FI	IVES			Month	Day	Yaar	40
Medical	a. Facility Name (	f not Institution, als	re street end numbe	1	413		4b. City, Town, or	Location of Deat		996 (	- bu
aminer	Mach o		Health C		Canlor		Pro Itin	~45 (	1	nla	2
	Social Security N	umber 6.5	Bax 7. A	ge (In vrs.	lest birthdey) If U	nder 1 Year	If Undar 24 Hrs	8. Date of Bir	th th	9 Rirthniace	(Steta or Foraig
eral tor	338-3 Jsual Rasidance of	2-411	1□ M 2 F	.8	Yrs. Mor		Hours Min.	8. Date of Bid (Month, Da DEC	25, 1911	Country)	C
	Oa. Stete	10b. County		10c. Cit	y, Town or Location					10d. Ir	nsida City Limits
cto	ma na Baltimore										BYas 2□No
ral Director	0e. Street and Nur	mber	II.	1	10	. Zip Coda			10g. Citizan of	Whet Country?	
ia.	3000	PAESS	stmarc	5+	-	212	216		U	SA	
Funeral	1. Merital Stetus		12. Wes Deceder Armed Forces	t Ever in U	,S. 13. Wes D	ecedent of h	Hispanic Orlgin? (S an, Mexican, Puer	pecify Yas or No	)- 14. Rec	ce - American In	dien,
by	1 ☐ Nevar Marri 3 Widowed	ed 2 Married 4 Divorced	1 ☐ Yas 20 If Yas, Give Yaar or Datas	No		is 2000		,	Specif	-	cK
Completed	(0	15. Decedant'a E	ducation		16a. Decedant's	Usual Occup	pation	4.1	16b. Kind of B	usinass/Industry	,
pie	Elamantary/Seco	ndary (0-12)	Collaga (1-40	5+)	lifa. DO NO	T usa <i>retire</i>	pation during most of wo id)	rking			
Š	5	2			Dome	3tic			Home	e MA	Ker
Ве Сощ	7. Fathar's Nama	(First, Middle, Last					18. Mothar's Na			1	
To.	Char	les	Gast	00			Sara	-h m	cclur	Kin	
	19e. Informant's Na	ame/Ralationship (	Type, Print)		19b. Mailing Add	irass (Street	and Numbar or Re	- mar			B)
To	Denis	e Go	ovan		3638	Pas	Kin Pla	ce Ba	Ito. MI	5 212	44
	Oa. Mathod of Disg		Removal from State		Place of Disposition cematary, cramatory	(Nama of or other pla		Deta	20c. Location	- City or Town, S	Stata
		5 ☐ Othar (Specif		Ar	butus M.	MOGE	1 Park	7-2-96	Bal	timore	ain
63	21 Signature of Fu	naral Service Licer	rsaa		22. Nem	e end Addra	A Mort		-	tuneral	Home
SOUCE	( La	NIN (	· M	+	Jan	nes	A Morra	DU S	Balto		71615
	23a. Part I Intar ti	ha disaase, or com	plications that cause ona causa on aach	d tha daat				c or raspiratory a	rrest,	App	roximata rval Between
edical Examiner	disaasa or conditio rasulting in daath)		b		or as a consequence						
Examiner	Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Cause. Enter Underlying Cause (Disease or injury c.										
Medical	hat initiated evants asulting in death) I		C	Due to (o	r es a consequanca	of):					
lan			d								
by Physic	art II. Other signif	cant conditions	ontributing to death	but not ras	ulting In the underly	ing causa gh	van in Part I.	23b. Dld	tobacco use co	ontribute to the	cause of death
by Physician/A	Hyperk	nsier : ]	Diabetes:	Aner	mei			1 🗆	Yes 2□ No	3 Probably	4 Unknow
								24a. Was	an autopsy ormed?	available	utopsy findinga a prior to ion of causa ?
ig.								10	Yes 2 No	1 □ Yas	2 □ No
omple							26. Placa of De	ath (Check only	ona)		
3e Completed	5. Was case rafari	red to medical				DOA Oth	har: A Nursing H	lome 5□ Rasi	idance 6 Oth	nar (Specify)	
ro Be Comp	25. Was case rafari exeminar? 1 □ Yas 254		Hospital: 1 ☐ Inpai	iant 2 🗆	ER/Outpatient 3E	I DOU					
To Be	exeminar? 1  Yas 25. 7. Mannar of Death	No	1 Linpai		28b. Tima of				how injury occur	rred	
To Be	exeminar?	No	28a. Data of In (Month, D			28c. Inju				rred	
To Be Comp	exeminar? 1  Yas 25. 7. Mannar of Death	No 1 5 ☐ Panding	28a. Data of In (Month, D	ury a <i>y Year)</i>	28b. Tima of Injury M	28c. Injui Woi 1 [	ry at rk?	28d. Dascribe			ité Number,
To Be Comp	exeminar?  1	5 Panding Invastigation 8 Could not b datarmined	28a. Data of In (Month, D) 28a. Place of In building, a	njury - At htc. (Specif	28b. Tima of Injury M oma, farm, street, fa y) wledga, daath occu	28c. Inju Wor 1  ctory, office	ry at rk?   Yas 2 □ No ma, data and place	28f. Location ( City or To	Street and Numi wn, Stata)	ber or Rural Rou	
To Be	exeminar? 1   Yas 252 7. Mannar of Deat 1   Matural 2   Accident 3   Sulcide 4   Homicida 29a. Certifier (Check only)	No 5 Panding Invastigation 8 Could not b datarmined  DEC Certifying Ph	28a. Data of In (Month, D)  28a. Place of In building, a	njury - At htc. (Specif	28b. Tima of Injury M oma, farm, street, fa y) wledga, daath occu	28c. Inju Wor 1  ctory, office	ry at rk?   Yas 2 □ No ma, data and place ppinion, daath occu	28f. Location ( City or To	how injury occur  Street and Numi wn, Stata)  causa(s) and m data and place,	ber or Rural Rou	causa(s)
To Be	exeminar? 1	No 5 Panding Invastigation 8 Could not b datarmined  DEC Certifying Ph	28a. Data of In (Month, D) 28a. Place of In building, a	ury ay Year)  njury - At hetc. (Specific of my knoot axamina tatad.	28b. Tima of Injury M oma, farm, street, fa y) wledga, daath occu	28c. Injur Wo 1 Coory, office	ry at rk?  Yas 2 □ No  ma, data and place opinion, death occurs a number	28f. Location ( City or To	how injury occur  Street and Numi wn, Stata)  causa(s) and m data and place,	ber or Rural Rou annar as stated, and dua to tha	causa(s)
To Be Comp	exeminar?  1 Yas  25  7. Mannar of Deat  1 Sulcide  4 Homicida  29a. Certifier (Check only one)  9b. Signatura and	Panding Invastigation  5 Panding Invastigation  8 Could not be datarmined  Could not be datarmined  Madical Examititia of certifiar	28a. Data of In (Month, D) 28a. Place of In building, a pysician: To the best and manner a	njury - At hote. (Specific of my kno of axamina tatad.	28b. Tima of Injury M  oma, farm, street, fa  wledga, daath occution and/or Invastigi	28c. Injur Wo 1 Coory, office	ry at rk?   Yas 2 □ No ma, data and place ppinion, daath occu	28f. Location ( City or To	how injury occur  Street and Numi wn, Stata)  causa(s) and m data and place,	ber or Rural Rou annar as stated, and dua to tha	causa(s)
To Be	exeminar?  1 Yas  25  7. Mannar of Deat  1 Sulcide  4 Homicida  29a. Certifier (Check only one)  9b. Signatura and	Panding Invastigation  5 Panding Invastigation  8 Could not be datarmined  Could not be datarmined  Madical Examititia of certifiar	28a. Data of In (Month, D) 28a. Place of In building, a	njury - At hote. (Specific of my kno of axamina tatad.	28b. Tima of Injury M oma, farm, street, fa y) wledga, daath occution and/or Invastige	28c. Injur Wo 1 Coory, office	ry at rk? Yas 2 No ma, data and place opinion, daath occurs a number	28f. Location ( City or To	how injury occur  Street and Numi wn, Stata)  causa(s) and m data and place,	ber or Rural Rou annar as stated, and dua to tha	causa(s)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95 ITEM#10c film g737 7/1/96ag Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death RUTH **Physician** -REEMAN 96 11:20 P.M. 06 28 /Medical 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** WOODS CENTER BALTIMORE BALTIMORE -RANKLIN 7. Aga (In yrs. lest birthday) If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth | Months | Davs | Hours | Min. | (Month, Dey, 5. Social Sacurify Number 6. Sax Birthplaca (Stata or Foreign Country) **Funeral** 1□M 200 F Days 72 Yrs. 216-12-7381 Director 08/19/23 Maryland Usuai Residence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. fnside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 No ROSSVILLE Mary land Baltimore Parkville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3506 Northwind Road 21234 United States Funeral 72 hours after death 12. Was Decedent Evar In U,S. Armed Forcas? Race - American Indian, Biack, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 💢 No Specify: by 3 ₩ Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: if item 27 is marked other than "n any injury or other traumatic event, the Mad police. Elementary/Secondary (0-12) College (1-4or 5+) Artist Christmas Ball Factory 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Meiden Surname) Albert Louis Schaum Emma T. Wolff 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code) Mrs. Dawn Fuhrman / Daughter 9540 Hickory Falls Way Baltimore, Md. 20b. Piaca of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 X Burial 2 ☐ Cramation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) Parkwood Cemetery 7/1/96 Baltimore, Maryland 21. Signature of Funaral Sarvice Licensee Mark T. Zavoyna 22. Nama and Address of Facility Leonard J. Ruck, Inc. Mark 5305 Harford Road Baltimore, Md. 21214 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Betw Onset and Death **Physician** /Medical Immediata Causa (Final ENO STAGE RENAL DISEASE disaase or condition resulting in death) Examiner Due to (or as a consequence of): Physician/Medical Examiner HYPERTENSION physician and the burial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. that the death certificate be Dua to (or as a consequence of): 88 esn signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown AFTERY DUEASE Records, þ Attending Physician: The law requires 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed FIBRILLATION FAILURE CONGESTIVE 1 Yes 2 No 1 Yes 2 No Division of Vital 25. Was case referred to medical axaminar? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: Surrsing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No this 28c. fnjury at Work? 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of After 5 Pending Investigation Natural attending attending to the total of the total of the total of the fundamental of the total of th 1 Yes 2 No 2 Accident 6 ☐ Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) in by 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifier within 24 ho To the Fune completely f (Check only one) 29b. Signature and this of certifier 29c. License number 29d, Data signed (Month, Dey, Year) D40008 ashell 30. Name and nadress of person who completed cause of deeth (Item 23a) (Type, Print) 10 9000 FRANKLIN SQUARE DR. BALTIMORE PARSHALL 5 HQ 31. Date flied (Month, Day, Year) 32. Registrar's Signature Juli Davideor Randall 0 1 1996 Registrar

DHMH 16 Rev 6/95

SM BOX DATE 

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Month 10:45Am FLODEK NUNE 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** HOSPITIAL BALTIMORE MO NOR If Under 24 Hrs. Hours Min. If Under 1 Months 5. Social Security Number 6. Sex 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. last birthday) Birthpiece (Stete or Foreign Country) 12 M 2□ F Yrs 212-05-7558 6/9/1912 Maryland Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1√2 Yes 2 No Maryland Director N/A Baltimore 10a. Street end Number 10f. Zip Code 10g. Citizen of What Country? 315 S. Ellwood Ave 21224 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Specify: White 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 4 Unknown N/A 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Walter Glodek Stanislawa Grabowski 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Stella Savalina 315 S. Ellwood Ave Baltimore, Md 21224 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from Stete 7/2/96 Holy Rosary Cemetery Baltimore, Maryland 22. Name and Address of Facility David J. Weber Funeral Home 401 S. Chester St. Baltimore, Md 21231 23a. Pert1. Enter the disease, o compilcations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Lift only one cause on each line. Immediate Cause (Final disease or condition resulting in death) RESPIRATORY FAILURE 5-6 HOURS END STAGE CHRONIC OBSTRUCTIVE PULLYONARY 710 YEAR Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 1 ☐ Yes 2 No 25. Wes case reterred to medical examiner? 26. Piace of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 1 Neturel 2 Accident 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 8 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pieca, end due to the cause(s) and menner es stated.
2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) JUNE 29, 1996 m.D.

Registrar

**Physician** 

/Medical

**Funeral** 

**Director** 

b

d 2 should be filed within 72 th and Mental Hygiene. 7 is marked other then "ne

permit. Pages 1 and 2 st Department of Health and Important: If them 27 is m

**Physician** 

/Medical

Examiner

attending physician and for use as the burial-transit

signed by t

funeral

After

death.

after deat Director:

Hospital 24 hours a Funeral C

To the Hosp within 24 ho To the Fune completely fi

P.O. Box 68760.

Division of Vital Records,

Examiner

Physician/Medical

89

10

Certification:

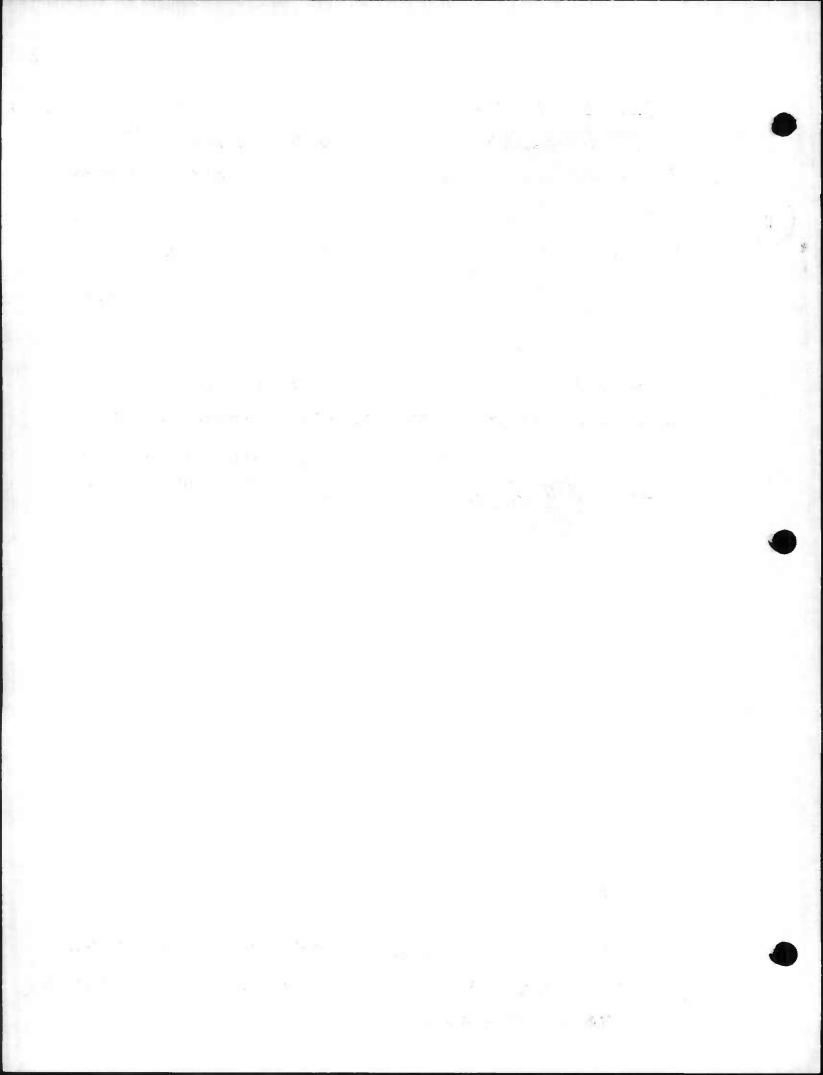
Medical

any injury or o

Saltimore, Maryland 21215-0020

NAGPAL. 100 NORTH BROADWAY, BALTIMORF BEEN A
31. Dete filed (Month, Day, Year) 32. Registrer's Signeture Julia Davidon Roman

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)



DIVISION OF VITAL RECORDS, P.O. BOX 6876

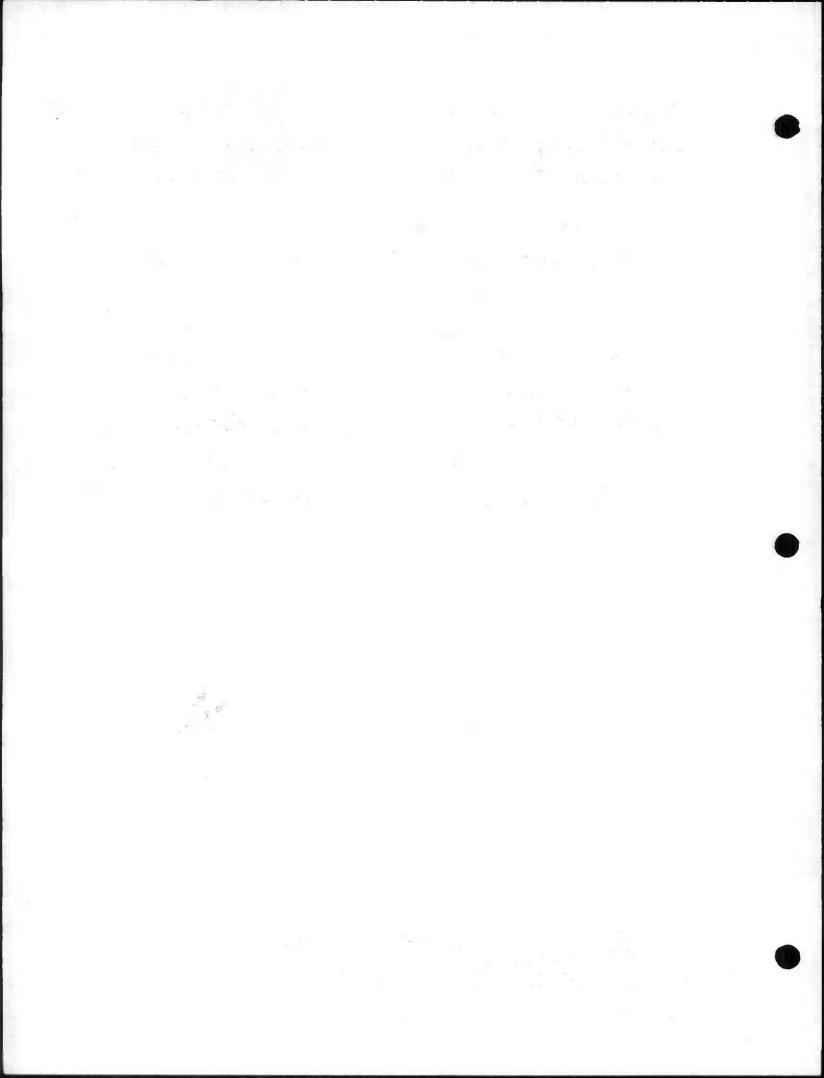
	FOR STATE REGISTRAR	STATE OF MARYL		RTMENS OF I		MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, L						AY YEAR	3. TIME OF DEATH
	Richard Willia		in vrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	June 27,	1996	6:05 P. M
	216-01-9744  96. FACILITY NAME (If not institution, s	1 XM 2 - F	78 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) April 20,	1918 B	altimore,Md.
E O		ton Nursing Hor	me	Tows	OR LOCATION OF DE	EATH	Balti	more Co.
RECTO	RESIDENCE OF DECEDENT 10e. STATE 10b. CO			Y, TOWN OR LOCA				10d. INSIDE CITY
ō		altimore Co.		Tows				1 YES 2X NO
ERAL	100. STREET AND NUMBER  28 Allegheny A	ve.		10	21204			States
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, s		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	Bi	NCE — American Indian, ack, White, etc.
9	15. DECEDENT'S (Specify only highest		(Give kind of	USUAL OCCUPATI	ION ost of working	16b. KIND OF BU	ISINESS/INDUSTRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Superv			AT &	T (Com	munications)
E COMPL	17. FATHER'S NAME (First, Middle, Less Christian Goet	•				ME (First, Middle, Meider Spearman	Surneme)	
TO B	196. INFORMANT'S NAME (Type/Print) Mrs. Elaine A.	Goetzke (Wife)				Route Number, City or Tov 750n, Mary		04
	20e. METHOD OF DISPOSITION 1 Guriel 2 Cremetion 3 G 4 Donation 5 Gother (Specify)	Removal from State	PLACE AND DATE etery, crematory or	of DISPOSITION (Nother place)  ervice (	lame of 7/0	1/06	OCATION City or	
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME A	NO ADORESS OF FA	CILITY		Maryland
	They	7. Gan				uneral Hondon		nd 21204
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DU/ TO/JOH AS A	CONSEQUENCE (	OF):				Oneet and Daath  IOYES  SYELLY
EDICAL	PART II. Other aignificant cond	litions contributing to death b	ut not rasulting	in the undarlyle	ng causa given in		RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ		ENTRIBUTE TO CAUSE O		ES NO [		NØ		t 🗆 YES 2 🚅 🛪 TO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2000	HOSPITAL: 1   Inpettent 2   ER/Outp		OTHER:		6 Other (Specify)		
ву рну	27. MANNER OF DEATH  1 Hetural 5 Pending 2 Accident Investige	28e. OATE OF INJURY (Month, Day, Year)	28b. Ti	JURY W	JURY AT ORK? YES 2 0 NO	26d. DESCRIBE HOW	INJURY OCCURED	
ETED E	3 Suicide 6 Could no 4 Homicide determin		- At home, ferm.	etreet, factory, offi	Ice	28t. LOCATION (Street City or Town, State		al Route Number,
COMPLE	290. CERTIFIER (Check only one) CERTIFYING I	PHYSICIAN: To the beet of my know the beets of exemination						e(s) and menner es stated.
BE	290. SIGNATURE AND TITLE OF CER	me es	401		D427	MBER - 3 6	29d. DATE SIGN	Z8-96
TO BE COM	30. HAME AND ADDRESS OF PERSO	N WAS COMPLETED CAUSE OF DE	and order	SU)	t20.	3 1011	Man 1	4/2170K
	31. DATE FILED (Month, Day, Year)  JUL 01 1996	12. RECESTRAR'S SIGN						

. . .

E a

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death

			ITEM:31 per F.H. G			ate of Death		ig. No.	19254
	<b>5</b> 0 -1-1		1. Decedent's Name (First, Middle,				2. Date of Deat Month		3. Time of Death
4	Physici /Medi		Goldie	Garri	s Jr.		6	27 9	6 5 Am
	Examir		4a. Facility Nama (If not institution,	- 1		4b. City, Town, or	Location of Death	4c. County of [	Death
e	_		53/ N, Stye 5. Social Security Number 6	eper St Sat. 7. Aga (In yrs	last hirthdays If I Inc	der 1 Yaar   If Undar 24 Hrs	more	NA	Dish day (Oh) as Farries
	Funeral Director		217-16-0665 Usual Residence of Decedent	Sax 7. Aga (In yrs	Yrs. Month			Year)	Birthplaca (State or Foreign Country)
	death with the Maryland		10a. State 10b. County	10c. C	ity, Town or Location				10d. Inside City Limits
	the Marylar 28a-f show	cto	MD NA			ore			1 2 Yas 2 □ No
	ath with the 23a or 2	Dire	10e. Street and Number		10f. 2	Zip Code	1	0g. Citizen of Wha	t Country?
	a 234	eral		ecper St.  12. Was Decedent Ever In U	16 13 Was Day	21605	Engeity Veg or No	14 Page -	Amarican Indian,
5-0020	or ite	by Funeral Director	11. Maritai Status 1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ∰ vivorced	Armed Forces?	If Yes, s	cedent of Hispanic Origin? (specify Cuban, Mexican, Puer 2200 Specify:	to Rican, atc.)		Slack
5-0	n 72 hours "natural",	Completed	15. Decedant's (Specify only highast	Education	16a. Decedent's Us	sual Occupation	orking	16b. Kind of Busin	ess/Industry
2121	within ene. then	mple	Elementary/Secondary (0-12)	Collega (1-4or 5+)	life. DO NOT	work done during most of wo use retired)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.1	,
	filed with Hygiene. ther ther		17. Father's Name (First, Middle, La	NA	Las	18 Mother's No	ma (First, Middle, M	Kall 50	ad
lan	should be filed withind Mental Hygiene. marked other than	To Be	1. 1dia 1	orris Sv.		6.01	, 0-	To com	
Maryland	should end Men la marke aumatic	-	19a. Informant's Name/Relationship		19b. Mailing Addre	ess (Street and Number or Fi		City or Town, Sta	ta, Zip Code)
	1 and 2 Health er am 27 la other trau		Delores Me	KON	531 N.	StreeperSt	BAHIM	are, MD.	21205
ore	of He of He f item or oth		20a. Mathed of Disposition  1 Burial 2 Cremation 3		Placa of Disposition (A gemetery, crematory o	vame of or other place)	Date	20c. Location - City	or Town, State
E	Pe Int:		4 □ Donation 5 □ Other (Spe		ng Mem	Park	11-961	landalki	OM, NWO.
Baltimore,	pemit. Peges 1 and Department of Health Important: If itam 27 any injury or other tr 2003.		21. Signature of Funeral Service Lic	ansee	22. Name	and Addrass of Facility	100	638 N.C	Gilmor St.
	dbied		6/11/11		Albert	T P. WYLie ?	TH PA		217
	Dhuaisian		23a. Part1. Enter the disease, shock, or heart failure.	ly one cause on each line.	th. Do not enter the m	oda of dying, such as cardia	ic or raspiratory arri	est,	Approximata Interval Batween Onset and Death
J.	Physician /Medical		Immediate Cause (Final disease or condition	Nonsman	11 coll	lung Ca.	n Cer		8 months
	Examiner		rasulting in death)	a.	or as a consaquance of	1			
9	pe #s	iner		b. —					i
-6	ifficete be executed g physician end es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (	or as a consequance o	of):			
68760,	e be e	edical	that initiated events	C. Due to /	or as a consequenca o	f)·			
			resulting In death) Last		or as a correspondent	.,,-			
Вох	death certi	Physician/N		d					
	0 0 %	ysic	Part II. Other significant conditions	contributing to death but not ra	suiting in the underlying	g cause given in Part I.	23b. Did to	bacco ues contril	oute to the cause of death?
, P.O	uires thet the des	y Ph	COPD				12€Y	e 2□ No 3[	□ Probably 4 □ Unknown
Records,	pe pe po po po po po po po po po po po po po	Completed by					24a. Was a perform	n autopsy 2 ned?	4b. Wera autopsy findings available prior to completion of cause of death?
Re	sician: The law certificate hes b lirector, page 2 s	mo					1 🗆 Ye	s 2KINO	1 ☐ Yes 2 ☐ No
Vital	ysician: The last contilicate he director, page	Bec	25. Was case rafarrad to medical examiner?			26. Piaca of De	ath (Check only on	e)	
of V	> 0 0	은	1 ☐ Yes 2 No	<del></del>	ER/Outpatient 3		Home 5 Reside	·	Specify)
E	fing P	ion:	27. Mannar of Death  Natural 5 Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work? 1 ☐ Yas 2 ☐ No	28d. Describe ho	w injury occurred	
District	or Attendi	Certification:	2 Accident investigat 3 Sulcide 6 Could not determine	ba Oc. Black distance And			28f. Location (St	reet and Number o	or Rural Route Number,
3	S ette	Certi	4 Homicida	building, etc. (Speci	fy)		City or Town	n, Stata)	
	To the Hospith or Attaching Ph within 24 hours eliter Geldi. Yo the Funeral Director: After thi completely filled in by the funeral	edicai (	29a. Cartifier 1 Certifying 1	Phyeiclan: To the best of my known aminer: On the basis of examinating and manner stated.	owledge, daath occurre ation and/or invastigati	ed at tha tima, data and plac on, in my opinion, death occ	e, and due to the ca urred at the time, da	ausa(s) and manna ate and placa, and	er as stated. due to the causa(s)
	vithir To th comp	Me	29b. Signature and file of certifier	11-1 To		29c. Licansa numbar	2	9d. Date signed (A	4
			1 leter 6	Jule JR	141	12 36775		6-27	7-46
	4		30. Nathernot Bares Hochest	Recognition candid death (Ite	m 23a) (Type, Print)	1 tru mo 1.	11) 7	1105	
			720 Ku	7/and AV	Ja Da	Itimore A	10 2	1200	
	Sta	ite	31. Data filed (Month, Day, Year)	32. Registrar's Sign	4 4000	ulia Davidson Bon	The state of the s		



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

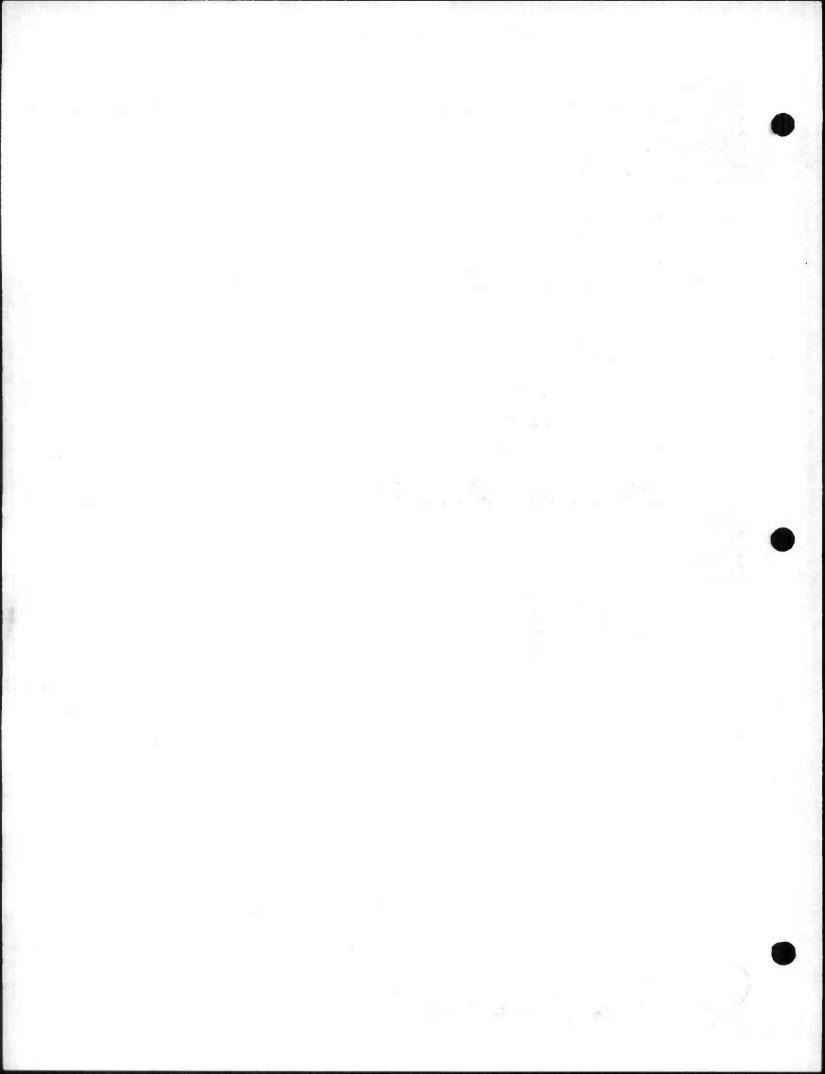
e 96 19255

						Cert	tificate of	Death		Reg. No.		, , ,
, Discosiarias		1. Decedant's Name (First, Mic	die, La	st)					2. Data of De Month	ath Day	Year	3. Time of Death
Physiciar /Medica		KONALD	E	dWARD	60	TTLE	,		JUNE	28	1996	8:18 49
Examine		4a. Facility Nama (If not Institut						4b. City, Town, or L	ocation of Death			
		NORTHWES	-	HOSPI-	MC CO	ENTER	2	RANDAU	LSTOWN	BA	LTIM	NEF
Funeral		5. Social Sacurity Number	6. 9	-	. Age (In yrs. las		If Under 1 Year					
Director		180-26-5125 Usual Rasidanca of Decedent		1 X M 2□ F	63	Yrs.	Months Days	Hours Min.	Jan. 1,			elaca (Stata or Foreign etry) nsylvania
deeth with the Meryland me 23e or 28e-f show must be notified at		10a. Stata 10b. Coun	ty		10c. City,	Town or Loca	ation			_	1	0d. Inside City Limits
1	ō	MD Ca	rro	11		C	-leo: 11	_				1 ☐ Yas 2 ☑ No
28a-f shon	Director	10e. Street and Number	LIO			Бу	kesvill	е		10g. Citizen of	What Cour	itry?
23a or	5						3, 3, 3			rog. Onizon or	Wild Occi	,
23a	E L	Springfield	Sta					784		U	S.A.	
tural, or items al Examiner m	Funeral	11. Marital Statua		Armed Ford		13. W	Yes, specify Cut	Hispanic Origin? (Sp pan, Maxican, Puarto	Rican, etc.)	Bia	ce - Americ ck, Whita,	
. I	2	1 Nevar Married 2 Married 3 Widowed 4 Divorce		1 ☐ Yes 2 If Yas, Give Yaar or Dat	No les:	11	□Yes 2□No	Specify:		Specif	y: Wh	ite
natural edical Ex	Completed	15. Deced (Specify only high	ent's E	ducation ade completad)		(Giva ki	ant's Usual Occu ind of work done O NOT use ratire	during most of work	king	16b. Kind of B	usinass/Ind	dustry
iene. The Mas		Elementery/Secondary (0-12	)	College (1-	4or 5+)	ma. De	O IVOT USO TRIFFE	<del>1</del> 0)				
ai Hygiene.		unknown				N	lone	T			one-	
d other	å n	17. Father's Name (First, Middl						18. Mothar's Nam	na (First, Middla,	Maidan Sumar	na)	
marked o	0	Leroy Ge	ttl	е				Bertha	Blantz			
th and Mer 7 is marks trsumatic		19a. Intormant's Name/Raiatio				19b. Meiling	Addrass (Stree	t and Number or Au	ral Route Numbe	er, City or Town	, Stata, Zip	Code)
Health em 27 ther tr		Springfield Ho	spi	tal Reco	rds	Spri	ngfield	Hospital	Center	Sykesv:	ille,	MD 21784
		20a. Mathod of Disposition			COTT	ca of Disposi	ition (Name of atory or other pla	ace)	Date	20c. Location	- City or To	wn, State
A H C		1 XBurial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other			lata			1	120/06	0.1		
100	ŀ	21. Signature of Funaral Sarvio			Sp		eld Cem	etery b	129/96	Sykesv	ille,	Maryland
Department of important; if i any injury or once.		10,		1 11	slot	НΛ	TCHT FI	MEDAT HOM	E & CHA	PEL (P.	). Bo	x 195)
	$\exists$	23a. Part1. Entar the disaase, shock, or haart tailura. Li	or com	pilcations that ca	used the death.	Do not anter	Kesvill r tha moda of dy	e MD 21/ ing, such es cardiac	or raspiratory a	$\frac{1-795-14}{\text{rast,}}$	100	Approximate
nysician	1	SHOOK, OF HEAR CANDIA. E.	at Offiny	Orie Ceusa Ori ae	Cri IIIIa.						1	Onaet and Death
Medical		immediata Cause (Final		$\triangle$	CUTE	Mus		111	240	. )	i	1 HOUR
kaminer	1	disease or condition resulting in death)		8				TL /NI	PILCI	0/0	- 1	7,00.2
	ē				Due to (or a	is a consequ	iance of):				1	
nsit a				b. ———			1 .				i	
and al-tra	X	Sequentially list conditions, if any, taading to immadiata			Due to (or a	s a consequ	ance of):				1	
ng physician and es the burial-transit	8	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or Injury	Į.	C							i	
the the	8	that initiated evants resulting in daath) Last	1		Due to (or a	s a conseque	ence of):					
nding puse es	IVMe		L	d								
been signed by the attendir should be detached for use	SICIO	Part II. Other significant condi	tions c	ontributing to dea	th but not resulti	ng in the unc	darlying causa gi	ivan in Part I.	23b. Did	tobacco use co	entribute to	the cause of death
by the		PARALISIA		514.7	-040-	- A			10	Yes 2 No	3 Pro	bably 4 Unknow
pe de de		UNIGINUID		> C(T/2	DYMLEX	VIA						
ois or		GARANDID CHRONIL	-0	C 1770		2/ 5/			24a. Was	an autopsy	24b. W	era autopsy findings
	5	C-17/20NIL	015	51000	TUE (	ULMO	NARY	DISEASE	репо	med?	00	aileble prior to mpiation of cause death?
has 3e 2										44	Oi	Gelettir
pa cate	3	AONTL U	ALL	JE IL	<i>cruace</i>	MEN	<b>4</b>	_	10'	Yes PNo	10	Yas 2□ No
artific octor		25. Was casa refarred to medic axaminer?	al					26. Place of Dea	th (Check only o	na)		
di dire		1 ☐ Yas 2 No		Hospital: 1 In	patient 2 EF	NOutpatient	3 DOOA Ot	har: 4 Nursing H	ome 5 Resid	dence 6 Oth	ner (Specif	y)
23 00		27. Mannar ot Death		28a. Data of (Month)	Injury 20	8b. Tima of tnjury	28c. Inju	iry at	28d. Describe I	now Injury occur	rred	
rs after death.  al Director: After t ed in by the funer.		1 Accident 5 Pano	ing tigation		Day roary	trijory		]Yas 2□No				
or death.	3	3 ☐ Suicida 8 ☐ Coul	d not b	e 28a. Placa o	f Injury - At home	e, farm, stree	et, factory, office				ber or Rura	I Routa Number,
Dire	5	4 Homicida	11111100	building	, atc. (Specify)			4	City or To	vn, Stata)		
Sille C		29a. Certifier 1 Certify	ion Dh	voleten. To the b	not of our leasure	adaa daath a			and due to the			hada d
within 24 hours after death.  To the Funeral Director: After completely filled in by the funer completely filled in by the funer Madical Cartification.	200	(Check only 2 Medical	l Exan	niner: On the bas	is of examinetion	n and/or inva	stigation, in my	ime, date and place, opinion, daeth occur	red at tha tima,	date and plece,	end due to	the cause(s)
omp of the		29b. Signature and little of contil	ier				29c. Licen			29d. Deta signe		
<b>≯</b> ⊢ ö		1/M	_				7 4	1750		Tone	) @	1951
		1/1/4					0	1301		5-102	~0.	. //-
	1	30. Narmand addrass of perso			of daath (Itam 2	3a) (Type, P	rint)		5!	101 010	Cov.	1956 MT ROAD MO 21133
				E.MD	Ho.	MINE	ST HOSE	PITAL CEN	TER PL	ANDAUS:	TOWN	MO 21133
State	,	31. Data filed (Month, Day, Yea	r)	2 32. Reg	Pistiai a Signatur	'a					,	
Registrar		JUL 01 100G	5	Julia Day	son-About	R						
	_		-61									

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					(	Certificate of	of Death	7	R	eg. No.		
		71	1. Decedant's Nama (First, Middle, La	ist)					2. Data of Dea	th		3. Tima of Death
8	Physici		Abner H.	Hemphi	11				Month	28th	199C	9 45 pm
	/Medio		4a. Facility Nama (If not Institution, give		<u></u>		4b. City. To	own, or Loc	cation of Death	4c. County	-	1 1000
d	Examir	er	1 1	a direct one nameer)			0				OI DOUGH	
-			Cevindale N.H	Sax 7. Age	the same to at brinth	day) If Under 1 Y	Page   If I Inde	r 24 Hrs.		N4	0.014	10
	Funeral			10X M 2□F /. Age	(In yrs. last birth	Months Da	ys Hours	Min.	8. Data of Birth (Month, Day	Year)	9. Birthp Coun	laca (Stete or Foreign
	Director		239-14-1494	/.	8	3.			Jan	15,1918		N.C.
	P a		Usual Rasidance of Dacedant  10a. Stata 10b. County		10c. City, Town	or Leastion						Od faelds Other lines
	sho	-	4 4		-							Od. fnside City Limits
	W L	cto	Md NA		Baltin	ore						Nas 2□No
	# 45 A	Director	10e. Street and Number			10f. Zip Cod	la		1	0g. Citizen of \	What Coun	Ary?
	th w		5506 Magn	olia Au	enue	21	215			4.	S.A	
	daa	Funeral	11. Marital Statua	12. Was Decedant 8 Armed Forcas?	var in U,S.	13. Was Dacedant If Yas, specify (	of Hispanic O	rigin? (Spe	cify Yas or No-		e - Amaric	
0	or he		1 Nevar Married 25 Married	1 ☐ Yas 2 ☑ N	lo				rican, atc.)		ck, Whita,	atc.
21215-0020	72 hours after death with the Meryland "natural", or flams 23s or 28s-f show pdical Examinat her notified at	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva Yaar or Datas:		1 □ Yas 2 0	No Specify	<i>'</i> :		Specify	Bla	cll-
9	72 hours "natural",	Completed	15. Dacedant'a E		16a. C	ecedent's Usual Oc	cupation			16b. Kind of Bi	usinass/Inc	Justry
216	en 1 m	pie	(Specify only highest gra Elamantary/Secondary (0-12)	ade completed) Collaga (1-4or 5		Give kind of work do ife. DO NOT use re	ne during mo: tired)	st of workir	ng .	Longshi	ere me	en
2	THE R. LEWIS CO., LANSING.	E	7th grade	NA	ک '	tevedor				steams	hio	Trade
	il Hygid other	Bec	17. Fathar's Nama (First, Middle, Last	)	1	7 0000101		ar'a Nama	(First, Middle, I			
an	d be entai		Ahra- Ha	26:11			TI	2 /	0 -	100		
2	should bud Mente	2	19a. Informant's Name/Ralationship (	Tuna Print)	10h	Mailing Addrass (St	and Alumb	or or Pure	Pouto Number	City or Town	State 7in	Code
Maryland	d 2 sh h and h and l'a m traum		01	phill -wi			, .	1		2		1
-	ges 1 and 2 should be filed to filed the file and Mental Hyge If item 27 is marked other or other traumatic avent,		Odessa Hen	phill -wi		06 Ma Disposition (Neme o	gnolia	- Ho	enue	20c. Location -	nore	md ZIZIS
0	Pages nent of H ant: If ite ury or of		20a. Mathod of Disposition  1 ⊠ Buriat 2 □ Cramation 3 □	Ramoval from Stata	cemetery.	cremetory or other	place)				City or 10	wn, Stata
altimore	Department of mportant: If mortant: If any injury or once.		4 ☐ Donation 5 ☐ Other (Specif		King	Memoria	Part.	L M-	2-96	Kanda	11stou	In, red
a	permit. Pa Departmer Important: any injury		21. Signature of Funaral Sarvice Licer	nsee		22, Nama and Ad	drass of Facil	ity +				
m	88 = 28		1 Kan	m 1		Marchi	.H.u	back	2 1.00	B	alto, A	. 0
			23a. Part1. Entar tha disaasa, or com shock, or heart failura. List only	plications that causad	tha counth. Do no	t entar tha mode of	dying, such as	s cardiac or	r raspiratory arr	est.	allo, r	Approximata
	Physician		shock, or heart failure. List only	ona ceusa on aach lin	a.		, .		,		1	Interval Between Onset and Death
0	/Medical		fmmediata Causa (Finai			1	,			ı	i	
	Examiner		diseasa or condition rasulting in death)				Lonno	m	ones:	<u> </u>		
		ē		a de la companya del la companya de	Dua to (or as a co		- /		disc		i	
	nsit	F		D	eros cles		cond,	~	disc	ase	<u> </u>	
6	that the death certificata be executed ed by the attending physicien and detached for use as the bunk-transit	Examiner	Sequantially list conditions, if any, laading to immadiate		Dua to (or as a co	nsequance of):					1	
68760,	be e licier buri		causa. Entar Undarlying Cause (Disaase or Injury	C								
87	phys the	Medical	that initiated evants rasulting in death) Last	t	Dua to (or as a co	nsequance of):					į	
×	ding			d							į	
Box	ath c	by Physician										
o	The lew requires that the death ate has been signed by the atterpage 2 should be datached for a	/sic	Part II. Other significant conditions of	contributing to death bu	t not rasulting in t	ha undarlying cause	givan in Part	1.	23b. Did to	bacco use co	ntribute to	the cause of death?
P.O.	at the	Ph	resiphend 1	cocula	distince	. 1	الا المام		1 U Y	ee 2□ No	3 Prot	bably 4 Unknown
Ś	es that igned be dat	þ	1000	oocula	offease	<u> </u>	e cus, [	Lee-				
D	v require been si should I	Completed	de la bra Ca	· · · · · · · · · · · ·	./.		e cubit		24a. Was a perform		24b. Wa	ara autopsy findings allable prior to
2	as be	piet	acmer 1.2 (m	ixed et	(Ma)	5	ep515		potion		COL	mpletion of cause death?
æ	ician: The lev certificate has rector, paga 2	E O	Sp continue and	in de	ident				1 🗆 Y	as 2 No	10	]Yas 2□ No
ā	ficat or, p		25. Was casa rafarred to medicai	CALL	- 101 tmp		00 Di-	( D 4b			1	7140 2010
5	cert	Be C	examinar?	Hospitai:			00.		(Check only on			
of	Phys this ral di	- To	27, Manner of Death	1 ☐ Inpatie			461 IA		ne 5 Raside			1)
5	Attending Physician: Ir death. ector: After this certific by the funeral director,	ion	1 ☑Natural 5 ☐ Panding	(Month, Dey	Year) Inj		njury et Work? I □ Yas 2 □		.00. 04001100111	on injury occur		
S	death death tor:	cal	2 Accident invastigation 3 Sulcide 6 Could not b						of Leasting (C	locat on al filtres f		I Doub March as
Division of Vital Records,	ftar ( )irec in by	Certification:	4 ☐ Homicida datarmined	building, atc	ry - At noma, tam . <i>(Specify)</i>	n, streat, factory, off	Ce	-	City or Town		er or mura	I Routa Number,
	orai (	Ö	200 00-191-1									
	To the Hospital or Attending Physician: The I within 24 hours efter death.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edicai	(Check only 2 Medical Exam	ysfcian: To the best on the best of	axamination and/	saath occurred at th or Invastigation, In n	a tima, data ar ny opinion, dar	nd place, a ath occurre	nd dua to tha co d at tha tima, d	ausa(s) end ma ata and place,	innar as st and dua to	ated. tha causa(s)
	the the	Med	one)	and mannar sta	Ied.	00-11				Od Data -1	d (Month	Day Vasal
	5 × 5 8	-	29b. Signatura and titia of certiflar				ansa number		l l	9d. Data signe		
	1		1/1000			D	: 449	07		June	221	1591
	7		30. Nama and addrass of person who	complated causa of de	eth (Item 23a) (T	ype, Print)	10. 0	2+1.	ede			
	11		C01030C 00 /100.	111.		RJ-1	nn	2	1215			n, 1596
	Sta	te	31. Deta filed (Month, Dey, Year)	32. Registra	ris Cignature	DOLTO	- 17-					
	Registr	ar	JUL 01 1996 gu	na wavidan-	CARCON CO.	2						

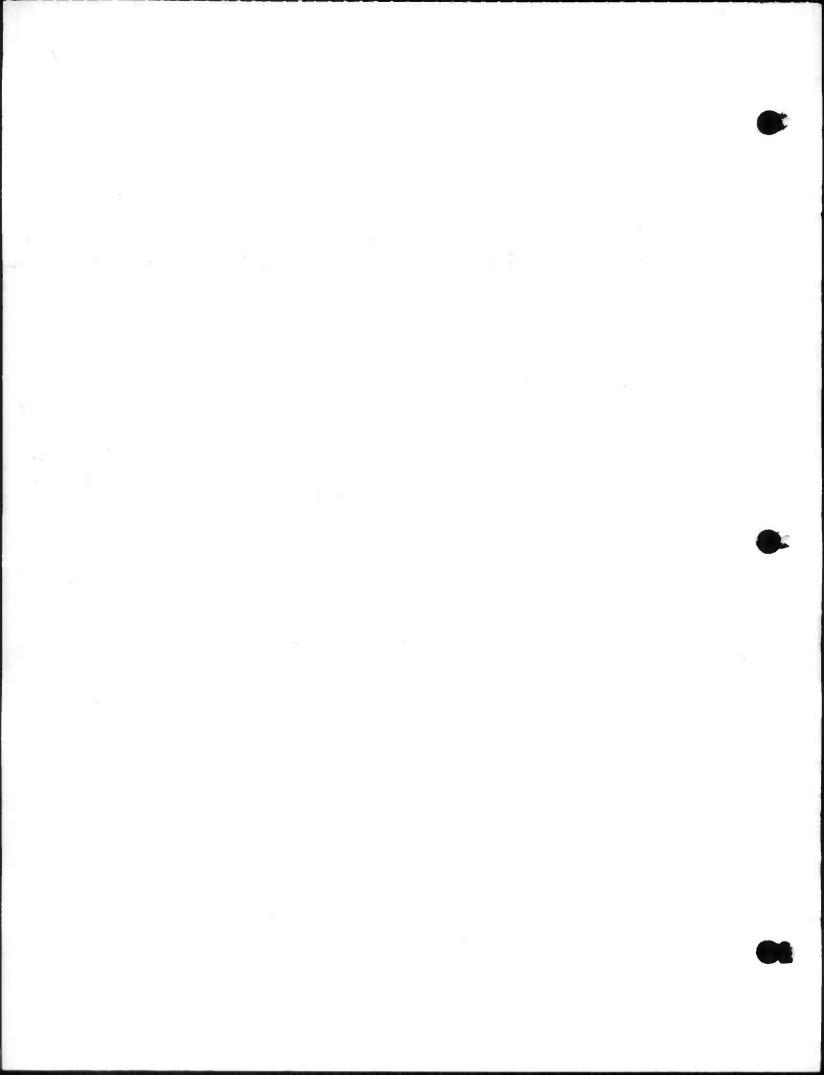


1 - FOR STATE REGISTRAR

68760	
BOX	1
P.O.	
RECORDS	
VITAL	
O	
DIVISION	

		1. DECEDENT'S NAME (First,	Adiciolia Lanti				<del>-</del>							-
	1	,		110000	0					MON	E OF DEATH	W.	YEAR	3. TIME OF DEATH
		Irezoree			Y					(0	2	9 9	6	10 38 A
	1	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	th, Day, Year)	- 1	Country,	PLACE (State or Foreign
22		61105 17	4/	1 M 2 F	4	YRS.				4	16/9	2	Ma	ryland
should	_	Se. FACILITY NAME (If not ins					9b. CITY,	TOWN C	OR LOCATION OF	DEATH		9c. COUNT	Y OF DE	ATH
2, 3	DIRECTOR		spital	of Bal	timore			Bal	timor	e		N	14	
<del>-</del> -	5	RESIDENCE OF DEC	10b. COUNTY	,		100 CIT	Y, TOWN O	D 1 0043	TION .					
Pages	E	A c i	IOD. COOKIT	Alla		10c. C11	PA	. /						10d. INSIDE CITY LIMITS?
		Ma		VIH			24		MORE					1 VES 2 NO
physician. burial-transit permit.	FUNERAL	100. STREET AND NUMBER		2==1 341	AV AD	4-	2	101	I. ZIP CODE	00		10g. CITIZE	N OF WI	HAT COUNTRY?
in. ansit	Ü		OKCI	LEST YV	HY HP	1. 1.	9		216	08		U	5%	4
physician. burial-trar	1 5	11. MARITAL STATUS 1 Never Married 2	A DESCRIPTION OF THE PERSON OF		TEVER IN U.S. AR		13. V	WAS DEC	ENDENT OF HISPA ecity Cuban, Mexic	ANIC ORIGI	N? (Specify Yea	or No- 1	4. RACE	- American Indian, White, etc.
	ВУ	3 Widowed 4 Divor			MAR OR DATES				2 DO Spec		riioani, etc.)		Snee/A	
attending se as the	0												151	ACK
	ш	15. DECI (Specify only	DENT'S EDUC highest grade	completed)	(G	ive kind of	Work done of	CUPATIO	ON ost of working	16	b. KIND OF BUS	SINESS/INDU	STRY	
e o	۳	Elementary/Secondary (0-	12)	College (1-4 or 5	+) life.	Do NOT u	se retired.)	1			1.1	.1		
the hospital detached it once.	₽ E	NA		NA			NY	+	<u> </u>		10	77		
detach once,	COMPLET	17. FATHER'S NAME (First, Mil	ddle, Last)	1/2					18. MOTHER'S N.	AME (First,	Middle, Maiden	Surname)		1
8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ш	NOUNEY	1.	HOUSE	SR				IRA	LC E	Y K	Sich	AR	SON
be retained by the hospit ge 5 should be detached e notified at once.	TO B	194. INFORMANT'S NAME (Ty	pe/Print)	Lance	191	. MAILING	ADDRESS	(Street a	and Number or Rural	Route Nun	oer, City or Town	n, State, Zip C	ode)	2120
	F	IRACEY	-	TOUSE	7	20	4 15	RO	OKCR	Est	WAY	AP	7	T-3
> @ A		20a, METHOD OF DISPOSITION 1 Burtal 2 Cremefloo	ON		20b. PLACE	AND DATE	OF DISPOSI	TION /Na	ame of	DA	TE 20c. LO	CATION CI	y or Tow	rn, State
ector, p		4 Donation 5 Other	n 3 ⊔ Heme (Specify)	oval from State	Cemetery, cre	matory or o	ther place)	PAR	ek	1/3	12 RA	NOA	llat	N MA
Page al dire		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE					NO ADDRESS OF F	ACILITY	70 111	10-11		2000
after death. Pag by the funeral dis moval.  cal examiner		D (120 )	E				AA:	10-1	6 8/11/10	. 1 1	la cal	1	/	BALTE MI
0 = 0		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
2 0 E		IMMEDIATE CAUSE (Fin		ciet biny blie cet	ase Dir each line	•								Interval Betwee
t at		disease Dr condition		. Hyo	we mic.	COSO	ionto	Dr. /	Cillia	0				10 . 00 /10
omplete i, crem event,		resulting in death)		. Hypo	OR AS A CONSEC	DUENCE D	F):	7	Tallar					of mark
	-			Cam	dida	50.	acis							1 month
e be execut sician and c rior to buri traumatic	CATION	Sequentielly list condition if any, leading to immediate		DUE TO	COR AS A CONSEC	DUENCE O	P):							INCOVIO
siciae prior trau	IA I	cause. Enter UNDERLYII	NG											
ing phy giene p	E	CAUSE (Disease or injur thet initieted events	, J	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
ET P	FE	resulting in death) LAST		ACL	ute lun	noho	cutic	. 16	eukem	ia.				lyear
=	CEF													1 9 Car
that the dea led by the att th and Menta any Injury,	CAL	PART ii. Other significer	nt condition	s contributing to	death but not r	esuiting	in the un	derlying	g ceuse given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
that the ar	20										1 TYES 2			COMPLETION OF CAUSE OF DEATH?
requires the een signed of Health a shows any	YEL													1 YES 2 NO
v red been t. of		DID TOBACCO US	SE CONTI	RIBUTE TO CA	USE OF DEA	TH YE	SIN	IO IU	UNCERTAL	IN $\square$	ĺ			
HOSPIAL DR ATENDING PHYSICIAN: The law req FUNERAL DIRECTOR: After this certificate has been within 72 hours after death with the State Dept. of TANT: If 18em 28 is marked, or 18em 23 sho	IAN:	25. WAS CASE REFERRED TO					TH (Check o	-	OTTOLKIA					
State State	SICI	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER			• P •••				
the the	Η	27. MANNER OF DEATH		28a. DATE OF		28b. TIM		ing Hom 28c. INJ	e 5 Residence		er (Specify) SCRIBE HOW IN	LIURY OCCU	BEO	
frer this ceath with marked	ما	_/	ending	(Month, C			URY	WO	PRK?	20U. DE	SCHIBE HOW IP	NONY OCCO	HEU	
Wher leath	ВУ	T D Mediadili	rvestigation	200 01 405 0	SE IN HUMAN						ATT Parity			
DR: /	9		Could not be setermined	building,	of INJURY — At hosatc. (Specify)	me, term, :	straet, facto	ry, office	•	281. LO	CATION (Street a or Town, State)	nd Number or	Rural Ro	ute Number,
RECTOF INS Afte	ш													
L DIRECT POURS	COMPL		FYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	ed at the tir	ne, date	and place, end du	a to the ca	use(a) end men	ner as stated		
FUNERAL WITHIN 72 H	S O	one) 2 MEDIC	CAL EXAMINE	R: On the beals of a	xamination and/or i	nvestigatio	n, In my op	olnion, d	eath occured at the	e time, dat	end place, and	d due to the	cause(a)	and manner as stated.
A PAR		295 GIGNATURE AND TITLE	OF CENTIFIER						29c. LICENSE NU	IMBER		29d DATE 5	SIGNED /	Month, Day, Year)
TO THE HOSPIN TO THE FUNERAL BE filed within 7 IMPORTANT: 1	BE	(harlotto	Ste	ek sua	n	11	W		7 4	17/2	28	<b>b</b> (a)	1-76	7/01
	5	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (ITEM	4 27) (Tropa	Print)		1) 9	/   "	U	. 4	1 oc	7.00
- 1		Obarlot	K CI	icksma	U 11 D	/ 1 1/1/01	e:		1100	= 1	A T	2014	N. m	ne
3		31. DATE FILED (Month, Day, Y	bar)	32. <b>BOA</b> ISTE	HIS PLANE	_	0	Mai	HOSP	ITal	0)	Jul 1	TIVE	10
2		JUL 01 19	96 5	hips Davids	on-Ronde	5			•		V			
		13.	0		- turk	*								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



96-3430-005

## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

- 1	0	0	C	0
- 1	9	6	J	0

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

, th			Certificate of	or Death	Re	g. No.	
ian -	1. Dacedant's Name (First, Middla, La	ist)			2. Date of Daath Month		3. Tima of Daati
ian cal	TIMOTHY		I	HOOD	JUNE	23 1999	6 7:56P.M
ner	4e. Fecility Nama (If not Institution, git NORTHWEST HOSP			4b. City, Town, or L RANDALL		4c. County of De BALTIMO	
		Sex, 7. Age (In yrs. I		eer If Under 24 Hrs. eys Hours Min.	8. Date of Birth (Month, Day,	Yaar) 9. B	irthplaca (Stata or For Country)
ctor	10a. Stata 10b. County	10c. City	Nown or Location Candalls	stown			10d. Inside City Li
al Director	350 Fox	iliffe ct	T3 10f. Zip.Coo	1133	10	g. Citizan of Whet C	Country?
by Funeral	11. Maritel Status  1 Nevar Married 2 Married 3 Widowed 4 Divorcad	12. Wes Dacadant Evar in U, Armed Forces? 1 ☐ Yas 2 No If Yes, Giva Yeer or Datas:	S. 13. Was Decedant if Yas, specify (	of Hispanic Origin? (Sp Cuban, Maxican, Puant Mo Specify:	pacify Yas or No- Rican, atc.)	14. Reca - Am Biack, Wh Specify:	
Completed	15. Decedent's E (Spacify only highest gri		16a. Decedant's Usuel Oc (Giva kind of work do life. DO NOT usa re	one during most of work stiped) <sub>1</sub>	sing 1	6b. Kind of Busines	
To Be C	17. Father's Nama (First, Middla, Last	Hood Sr.		18. Mothar's Nam	e (First, Middla, M	aldan Sumama) n ham	
	20a. Method of Disposition 1 Burial 2 □ Cramation 3 □	Peph- Mother  20b. Pi Ramovai from Stata	19b. Mailing Addrass (Str. 350) For lace of Disposition (Nama o amatary, crematory or other	xcliffe d	T3 k	City or Town, State, andallst Oc. Location - City o Balto, 1	our, nd 2113
	4 Donation 5 Other (Spacial 21. Signatura of Funeral Service Licer		22. Nama and Ac March 4300	andicion	st	Dallo,	
	23a. Par11. Enter tha disease, or com shock, or heart failure. List only Immediate Causa (Final disease or condition resulting in death)	a. Shib Woo	and of as a consequence of):	chash			Intarval Batweer Onsat and Daeti
al Examiner	Sequentially list conditions, if any, leeding to immadiate causa. Entar Undartying Cause (Diseasa or Injury	b. — Dua to (or	es a consequance of):				
0	that initiated avants	Dua to (or	es e consaquanca of):				
n/Medical	rasulting in daath) Lest	d					
Physician/M	Part II. Other significant conditions of		Iting in the underlying cause	ı givan in Part I.	23b. Dld tob	0.0	
by Physician/M			ilting in the underlying cause	ı givan in Part I.	1 ☐ Ye	eutopsy 24b.	Probably 4 Unker
Physician/M	Part II. Other significant conditions of	ontributing to death but not rasu	ilting in the underlying causa		1 ☐ Ye	eutopsy 24b. i 2□No	complation of cause of death?
e Completed by Physician/M	Part II. Other significant conditions of the co	ontributing to death but not rasu	ER/Outpetient 3□ DOA	26. Place of Daet Othar: 4 □ Nursing Ho	1 □ Ye  24a. Was an perform  √□ Yas  h (Check only one	eutopsy 24b. i 2□No	Probably 4 Unkn
To Be Completed by Physician/M	Part II. Other significant conditions of the con	Hospital:  28a. Data of Injury (Month, Day Year)	ER/Outpetient 3□ DOA 28b. Tima of Injury 28c. I	26. Place of Daet	1 □ Ye  24a. Was an perform  √□ Yas  h (Check only one	eutopsy 24b ed? 24b color (Sp. vinjury occurred )	Probably 4 Unkr  Wara autopsy finding evailable prior to completion of cause of death?  1 2 Yas 2 No
o Be Completed by Physician/M	Part II. Other significant conditions of the con	Hospital: 1 Inpatiant 2 Be 28a. Data of Injury (Month, Day Year) (A) 28a. Place of Injury - At horbuilding, atc. (Spacify	ER/Outpetient 3□ DOA 28b. Tima of Injury S - 30 p M	26. Place of Daet Other: 4□ Nursing Ho njury at Work? 1□ Yas 2 ☑No	1 □ Ye  24a. Was an perform  1 □ Yas  h (Check only one one 5 □ Resider  28d. Dascribe how	eutopsy 24b eutopsy 24b i 2 No ce 6 Other (Sp. vinjury occurred the SMUS	Probably 4 Unkr  Wara autopsy finding evailable prior to completion of cause of death?  1 2 Yas 2 No
edical Certification: To Be Completed by Physician/M	25. Was case referred to medical exeminar?  1	Hospital: 1 Inpatiant 2 Be 28a. Data of Injury (Month, Day Year) (A) 28a. Place of Injury - At horbuilding, atc. (Spacify	ER/Outpetient 3 DOA  28b. Tima of lnjury  10, 20 M  10, 30 M  10, 40 M  10,	26. Place of Daet Other: 4 □ Nursing Ho njury at Work? 1 □ Yas 2 ☑ No ice e time, deta and placa,	1   Ye  24a. Was an perform  1 Yes  1 Yes  1 Yes  1 Yes  1 Yes  1 Yes  1 Yes  1 Yes  1 Yes  1 Yes  1 Yes  1 Yes  1 Yes  1 Yes  24a. Was an yes  1 Yes  24b. Yes  25c. An yes  26c. Location (Str. City or Town, Yes)  26c. An yes  26c. Location (Str. City or Town, Yes)  26c. An yes  26c. Location (Str. City or Town, Yes)  26c. An yes  26c. Location (Str. City or Town, Yes)  26c. An yes  26c. An yes  26c. Location (Str. City or Town, Yes)  26c. An yes  26c. Location (Str. City or Town, Yes)  26c. An yes  26c. Location (Str. City or Town, Yes)  26c. An yes  26c. Location (Str. City or Town, Yes)  26c. Location (Str. City or Town, Yes)  26c. Location (Str. City or Town, Yes)  26c. Location (Str. City or Town, Yes)	eutopsy ed?  24b eutopsy 24b ce 6 Other (Sp. vinjury occurred best and Number or F State)  3 Fox Cluss(s) end mannar a	Probably 4 Unkn  Wara autopsy finding evailable prior to completion of cause of death?  1 Pyas 2 No  ecity)  Bural Route Number,  Aural Route Number,  Sasteled.
Certification: To Be Completed by Physician/M	Part II. Other significant conditions of the con	Hospital: 1 Inpatient 2 E 28a. Date of injury (Month, Day Year) (Month, Day Year) 28a. Place of injury - 4 horbuilding, atc. (Spacify, LOS) (Wyalcian: To the best of axaminetic of the control of the co	ER/Outpetient 3 DOA  28b. Tima of 28c. Injury  S - 30 f M  me, farm, streat, factory, offi  Urcu  rledge, death occurred at the on and/or invastigation, in re-	26. Place of Daet Other: 4 □ Nursing Ho njury at Work? 1 □ Yas 2 ☑ No ice e time, deta and placa,	24a. Was an perform  1 Yas  h (Check only one one of the check only one one of the check only one one of the check only one one of the check only or Town, of the check of the check of the time, definition of the check of the check of the time, definition of the check of the check of the check of the check of the time, definition of the check	eutopsy ed?  24b eutopsy 24b ce 6 Other (Sp. vinjury occurred best and Number or F State)  3 Fox Cluss(s) end mannar a	Probably 4 Unkn  Wara autopsy finding evailable prior to completion of cause of death?  1 Payas 2 No  ecity)  Rural Route Number,  A Dande is steled.  Is steled.  Is to the cause(s)

State Registrar 31. Data filed (Month, Day Yam)

ay gala san an an

Fig. 1 Sept. Sept. 1

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple:

State of Maryland / Department of Health and Mental Hygiene

					Certificat	e of	Death		В	eg. No.		
		1. Decedent's Neme (First, Middle,	, Last)						2. Dete of Dee	th		3. Time of Deeth
Physic		BERTHA	E. HEINTZ	MAN					June 2	9.1996	Year	8:45 A.A
/Medi Exami		4e. Fecility Neme (If not institution,					4b. City, To	wn, or Lo	ocation of Deeth	4c. Count	v of Deeth	1
Exami	Het	Robosson Cour		enter			Randa				Balti	
Common				e (In yrs. lest bin	thday) If Under	r 1 Year						place (State or Fore
Funeral Director		212-32-0323	1□M 20F 9		Yrs. Months	Deys		Min.	8. Dete of Birth (Month, Day SEPT. 15	Year)	Bal	to. Co.Md
		Usuel Residence of Decedent						L	00111 10	, 1701		
dand		10e. Stete 10b. County		10c. City, Town	n or Location							10d. Inside City Lim
Many Help	ŏ	Md. Bal	timore	C	wings M	ills	3					1 □ Yes 2 1
28 th	9	10e. Street and Number		]	10f. Zip	Code			1	0g. Citizen of	What Cou	intry?
A Nith	0	4511 Wards Cha	pel Road			21	L117			US		,
the set	Funeral Director	11. Maritel Status	12. Wes Decedent	Ever in U.S.	13. Wes Dece	dent of t	Hispanic Or	ioin? (Sp	ecity Yes or No-			can Indian,
The second	F	1 Never Married 2 Marrie	Armed Forces?		if Yes, spe	cify Cub	en, Mexica	n, Puerto	Rican, etc.)		ck, White	
DZZU  vurs after death with the Marylan  sal, or items 23a or 28a-f show  Examinet must be notified at	b	Widowed 4 □ Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes	2☐ No	Specify:			Specif	y: W	hite
id A 12.15-UDZO filed within 72 hours after death with the Manyland hybiene. ther than "natural", or items 23a or 28a-f show ont, the Medical Examinet must be notified at	8	15. Decedent's	s Education	16a.	Decedent's Usu	el Occu	petion			16b. Kind of B	lusiness/ir	ndustry
Z I Z I D-UUZU d within 72 hours af glene. r than "natural", or , the Medical Exert	plet	(Specify only highest			(Give kind of wo	rk done se retire	during mos	t of work	ing			
within 72 h Jwithin 72 h Jiene. r then "netu Ine Medical	Completed	Elementery/Secondery (0-12) High School	College (1-4or 5	i+)	Clerk					U.S.Po	st 0	ffice
be filed that Hygie d other avent, in		17. Fether's Neme (First, Middle, L	ast)				18. Moth	er's Nem	e (First, Middle, I	Meiden Sumer	ne)	
	To Be	Charles P	eltzer					Mary	M. Sto	ck		
Mary Jank d 2 should be f th and Mental k 7 is marked of traumatic eve	-	19e. Informent's Neme/Reletionsh	ip (Type, Print)	19b.	Meiling Address	S (Stree	t end Numb	er or Run	al Route Number	r. City or Town	Stete. Zi	p Code)
Md 2 in the lift is train		Mrs. Mary E. Gr			09 Ward							d. 21117
Health Health		20e. Method of Disposition	cen (Baagne	20b. Piece of	Disposition (Ne	ne of	-	Rode		20c. Location		
Pages nert of nrt: If its		1 Burial 2 □ Cremetion			y, cremetory or o	-		, 7/	2/96	Randall	stow	n Md
Dallimore, semit. Pages 1 at Spartment of Hes mportant: if item; my injury or other nnce.		4 Donetion 5 Other (Sp. 21. Signature of Funeral Service L		Walus	22. Name er			1		Reister		
Depart of the part				_					Reiste			
	1	23a. Pert1. Enter the disease, or on the shock, or heart failure. List of	Lan	r	ELINE						, riu.	21130
manuscriped in the control of the co	ical Examiner	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b	Due to (or es e	consequence of):							
S V	Pel	resulting in death) Last		000 10 (0. 00 0 0							ì	
attend of the co	2		d								i	
	100	Pert II. Other eignificant condition	s contributing to death bu	ut not resulting In	the underlying of	ause oi	ven in Pert	l. =	23b. Did to	bacco uee co	ontribute 1	to the cause of dear
od by the detached	Physician		Viscoli		accid		2			es 2 No		
1 1 5 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	by P	(2/201-1	D + 3 5 ~ 1 - 7		, , , ,							
of Attending Physician: The law requires it after clear.  Girector: After this certificate has been signed in by the funeral director, page 2 should be									24a. Wes a	n autopsy	24b. W	ere autopsy finding
2 sho	Completed								perion	ned r	0	ompletion of cause deeth?
The law ate has page 2	E								1 D Y	es 2 19 No		□Yes 20 No
ician: Th certificate rector, pa		25. Wes case referred to medical		<del></del>			OC Dise	a of Doot		3 33		0 100 20 100
sician: carific inactor,	o Be	exeminer?	Hospitei:	-t o 🗆 = = 1000	tpetient 3 DC	01			h <i>(Check only or</i> me 5 ☐ Reside		(0	24 .1
2 4 E	-	27. Manner of Death	28a. Dete of Injui (Month, De)					1	28d. Describe h			ny)
8 4 4 5	tion	1 PNeturei 5 ☐ Pending 2 ☐ Accident investiga		Year) I	njury M	28c. Inju Wo 1 □	rk? ]Yes 2∐	No				
Attending ir death. sctor: Afte by the fune	fice	3 ☐ Sulcide 6 ☐ Could no	ot be	ury - At home, fe	rm, street, fector	v. office					ber or Rui	ral Route Number,
D Branch	Certification:	4 ☐ Homicide	building, etc	(Specify)					City or Town	n, Stete)		
To the Hospital within 24 hours a To the Funeral Completely illed	edical C	29a Certifier   Cortifying (Check only one)   2   Medical E	Physicien: To the best of xaminer: On the besis of end menner sta	examinetion end	, deeth occurred d/or Investigation	et the ti	me, dete ar opinion, dee	nd plece, oth occurr	and due to the cred et the time, d	ause(s) end m ate end piece,	enner es	steted. to the cause(s)
within To the comple	Me	29b. Signeture end title of certifier			290	. Licen:	se number		2	9d. Dete signe	ed (Month,	Day, Year)
		nik	J. Mon			03	885	1		7/11	96	
5		30. Neme and address of person w		eath (Item 22a) (	Time Brint	1 1						, ,
		Rob - 1	no completed cause of de	oam (119111 239) (	// Y	B-s	ines:	s (	Genton	Oris	· //	leisters 1
		31. Dete filed (Month, Dey, Year)			-	•					/	es o
Sta	rar	1111 01	1000 Julia	or's Signature	March 12							2/13 <

at at the cold with the second contract · · A TABLE AND ADDRESS AND ADDRES 

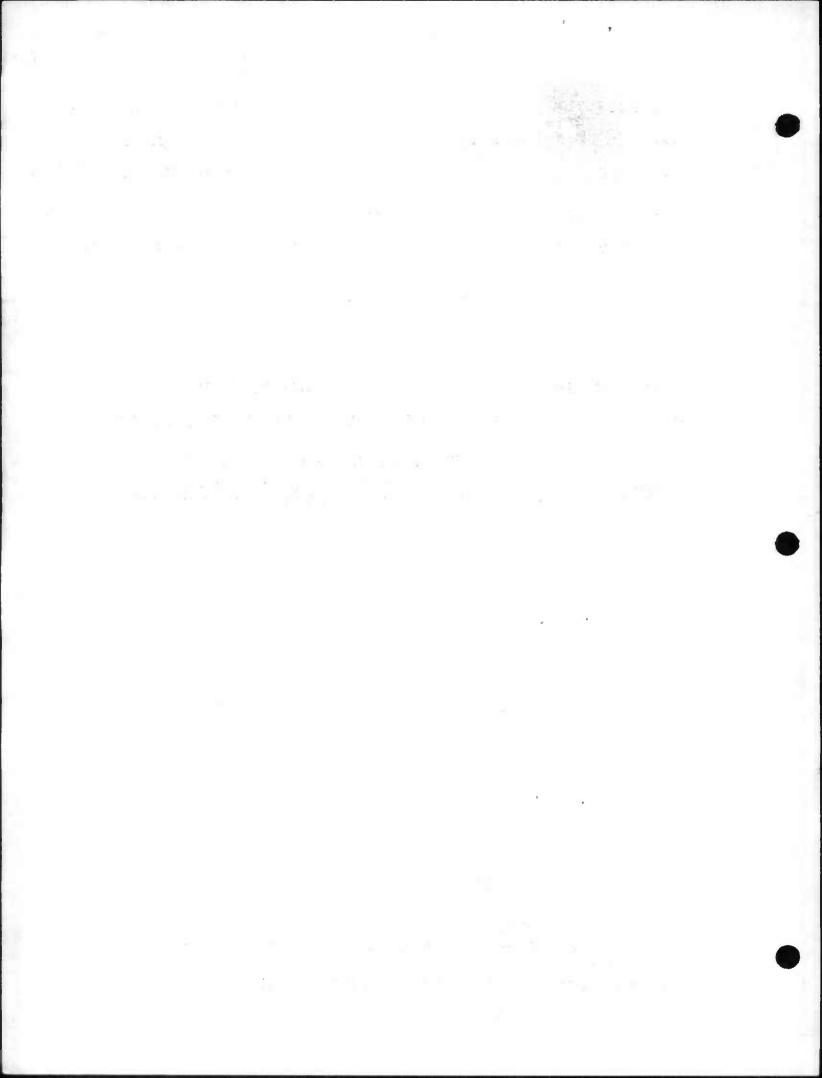
### 1 Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

19260

					Ce	runcate of	Dealli		Reg. No.		
	Physic /Medi		Decedent's Neme (First, Middle, Last)     GEORGE N.	HAL	LER			2. Date of De Month JUNE	_	1996	3. Time of Death 8:45 AM
	Exami		4a. Facility Name (If not institution, give street FREDERICK MEMORIAL  5. Sociel Security Number  6. Sex	HOSPITA	L (In yrs. last birthdey,	If Under 1 Yea		K Dete of Bir	FREDE	RICK	lace (State or Foraign
Ŀ	Director		577 – 07 – 7765  Usuel Residence of Decedent		82 Yrs.	Months Deys	Hours Min.	AUG. 1	,1913	WASH.	NGTON,D.C
	Maryland a-f ahow Med at	tor	10a. State 10b. County MARYLAND HOWARD		10c. City, Town or Le					16	0d. Inside City Limits 1 ☐ Yes 2 No
	iar death with the Marylar Herne 23s or 28s-f show net must be nothled at	Funeral Director	10e. Street and Number 18707 PENN SHOP ROA	D		10f. Zip Code	21771		10g. Citizen of VUNITED	Whet Coun STA	ľES
020	urs aftar deat al', or items : Examiner m	by	1 Never Married 2 Married 1	es Decedent E med Forces? XYes 2 No Yes, Give W Ber or Dates:	ver in U,S. 13.	Was Decedent of If Yes, specify Cul	Hispanic Orlgin? (S ban, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)		ce - America ck, White, e	etc.
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Manyland f Haalth and Mental Hygiena.  tem 27 is merked other than "natural", or itema 23s or 28e-f ahow other traumatic event, the Medical Experient must be notified at	Completed	15. Decedent's Education (Specify only highast grade complete (Specify only highast grade complete (Specify only highast grade complete (Specify only 12) Complete (Specify only 12) Complete (Specify only 12) Complete (Specify only 12) Complete (Specify only 12) Complete (Specify only 12) Complete (Specify only 12) Complete (Specify only 12) Complete (Specify only 12) Complete (Specify only 12) Complete (Specify only 12) Complete (Specify only highast grade complete (Specify only highast	pleted) ollege (1-4or 54	(Giva	DO NOT use retir	during most of wor	king	16b. Kind of B		iustry
Maryland	should be filed withing and Mental Hygiena.  I marked other than umatic event, the M	To Be	17. Father's Name (First, Middle, Last) GEORGE N. HALLER				18. Mother's Ner			na)	
	1 and 2 sho Haalth and I am 27 is me ither traume		19e. Informent's Name/Relationship <i>(Typa, Pr</i> GEORGE N. HALLER II	int) I, SON			HOP ROAD,				Coda)
Baltimore,	permit. Pages 1 and Department of Haalth Important: If item 27 any Injury or other tr once.		20a. Method of Disposition  1	el from Stete	20b. Place of Disponentary, cra	matory or othar pl		Dete / 25 / 96	20c. Location -		
Balt	permit. Pages Department of I Important: If its any Injury or of once.		21. Signature of Funeral Service Licensee	Bar			BARBER F			ND 20	1882
	Physician		23e. Part1. Enter the disease, or complication shock, or heart feilure. List only one cau	s that caused t se on each line							Approximete Interval Between Onset end Deeth
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death) e		ordr		ren			1	-
	uted d ansit	Examiner	b	1.	Due to (or as e conse	and	7 ay	T.			2 Hours
ox 68760,	certificate be executed inding physician and use as the burial-transit	n/Medical Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest		S Ch Mu	2.6	( bent	Do	ine		8 9 Bus.
P.O. BO	that tha daath med by tha atta to detached for	by Physicia	Pert II. Other significant conditions contribution  Agreete			nderlying cause g	iven in Pert f.		tobacco uea co Yas 2⊡ No	3 Prob	the cause of death?
	M 2 12	Completed	V				1555	perfo	an autopsy rmed?	ave	ere autopsy findings eilable prior to appletion of cause death?
Mital	certificate hi	o Be	25. Was case referred to medical examiner?  1 □ Yes 2 □ No Hospite	ii: 1 □ Innation	t 2 ER/Outpetie	nt 312 DOA	26. Place of Deather:		/ \		Yes 2 No
o do	ending Phy or: Affer Phy the funeral	Certification: T	27. Manner of Deeth 1 Maturel 5 Pending 2 Accident 28e	Dete of Injury (Month, Day	28b. Time o	28c. Inju			how injury occur		,
DIV	pital or Assours after deral Direct		3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined 28e	e. Plece of Injur building, etc.	y - At home, ferm, st (Specify)	eet, factory, office		28f. Location ( City or To	Street end Numb vn, Stata)	er or Rura	Route Number,
	Fun Fun	fedical	/ / / / /	To the best of n the basis of e nd menner state	exemination and/or in	vestigation, in my	opinion, deeth occu	, and due to the rred at the time,	date and plece,	and due to	the cause(s)
•	To the setting	M	29b. Signature and tale of certifier		Mr. E		) 26 4 2	79	JUNE		
	6		30. Neme and address of person who complete DR. RONALD MILLER, 4	CULWEL	L STREET,		,MD. 2177	1			
	Sta Registr		31. Date filed (Month, Day, Wear)	32 Registrer	's Signature						
DHM	H 16 Ray 6/9	5	00-01 1000								



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death (NEVA VIRGINIA HOFFMAN) Month **Physician** 00 Horfman 1996 22 /Medical June 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** WILSON HEALTH CARE CENTER GAITHERSBURG MONTGOMERY If Under 1 Yeer If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) DEC. 28, 1902 9. Birthplace (State or Foreign Country)
WEST VIRGINIA 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Months Deys 1 □ M 2 ₽ F Yrs 185-14-3568 93 Director Usuei Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23s or 28s-f ahow 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or items 23a or 28a-f show Examiner must be nothed at No 2 No Director MD MONTGOMERY GAITHERSBURG 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? 301 RUSSELL STREET 20877 U. S. A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specity Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Meritel Status 1 Never Merried 2 Married altimore, Maryland 21215-0020 natural, or 1 ☐ Yes 2 ☐ No Specify. þ 3℃XWidowed 4 ☐ Divorced WHITE or then "natura". Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER HOME 12 7 is marked other traumetic event, it 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be JAMES WELLER VIRTIE VIRGINIA WEBBER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) DOROTHY O'HEARN 1238 BUENA VISTA DRIVE, NORTH FT. MYERS, FL 33903 Item 2. 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition Dete 20c. Location - City or Town, State important: If Its eny injury or o once. XXBuriel 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) GREEN HILL CEMETERY 6/26 MARTINSBURG, WV 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility BROWN FUNERAL HOME, 327 W. KING STREET arles DIRECTO PO BOX 821, MARTINSBURG, WV 25401 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, euch es cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. **Physician** Immediete Cause (Finel disease or condition resulting in death) /Medical Cere bral arteriosclerosis d years Examiner Due to (or es e consequenca of): Physician/Medical Examiner requires that the death certificate be executed attending physician and for use as the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 XNo 3 Probably 4 Unknown Dehydration þ 24b. Were autopsy findings availeble prior to completion of cause of death? 24e. Wes en eutopsy performed? page 2 s has 1 🗆 Yes 1 ☐ Yes 2 No certificate or Attending Physician: funeral director, Be 25. Was case referred to medical exeminer? 26. Placa of Deeth (Check only one) exeminer? Hospitel: Other: Nursing Home 5 Pesidence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Menner of Death 28e. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Neturel 2 Accident 5 Pending Investigation efter death. 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide within 24 hours e To the Funeral D completely filled i the Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a, Certifiei (Check only 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) 07231 June 24, 1996 MD

completed cause of deeth (Item 23e) (Type, Print)
Ore Jr 207 Brookes Ave Gaithersburg MD 20877

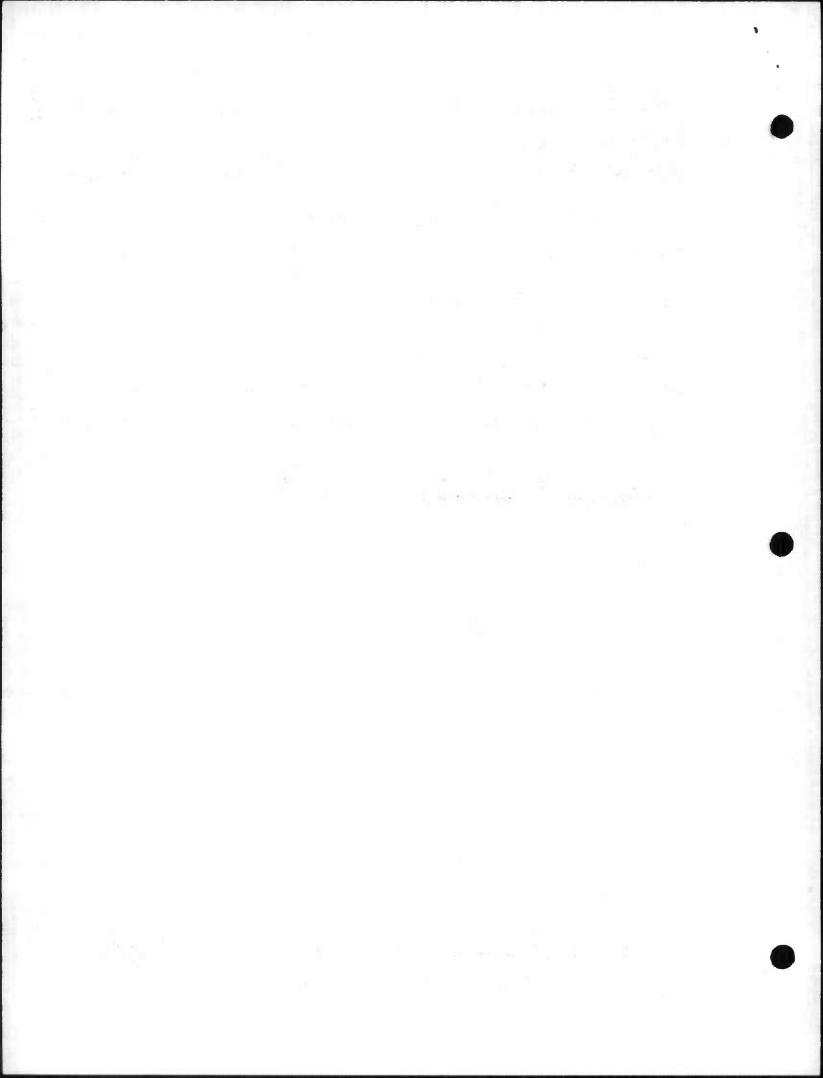
State Registrar 30, Neme end eddress of person w



# 

Decoder   Name   Principle   March   Last	•					Certifi	cate of	Death	R	eg. No.		
The result from eight controlled in a classification of the street entires by a street of an antibody as street entires by a street entire by a classification of the classifica		, 01							2. Dete of Deet	h		Time of Deeth
## C. Christone Characteristic Control Number   C. Septing of Death   C. Christone Chr				EDMIN C. HI	RICH, JR.							1:1011
Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   S	)									4c. County	of Deeth	TV
The part of the										HH	1 Co	
The control of the	ı		d	124129045 15		Mo			8. Dete of Birth (Month, Dey,	Year)	9. Birthplece Country)	Stete or Foreign
Security   Part   Par		and **			10c. C	ity. Town or Location	n		-		10d In	side City I imits
Security   Part   Par		Aaryla f sho	6				Par	sk			1000	
Security   Part   Par		the h	ect	10e. Street and Number	2		of Zin Code	<u></u>	1	On Citizen of V	What Country?	
Security   Part   Par		with with			die		211	146		-		
Security   Part   Par		death me 2;	era			U,S. 13. Wes (	Decedent of H	lispanic Origin? (Sp	ecify Yes or No-			dian,
Security   Part   Par	020	urs aftar II, or ite		1 Never Married 2 Married	1 Z Yes 2 □ No		/		Rican, etc.)		/	-
Security   Part   Par	0-0	2 hou		15. Decedent's Educ	eation	16a. Decedent's	Usuel Occup	ation		16b. Kind of Bu	usiness/Industry	
20. Lecenter of Disposition (Marcel Country)  20. Method of Olisposition  1   Devise 2 (Chremetics 3   Remove Iron State  4   Donator 5   Dones (Spechy)  21. Signature Acquired to 1   Spechy   Special Plant    22. Name and Address of Facily  23. Special	215	hin 7	pie			(Give kind life. DO N	of work done of OT use retired			Λ		
20. Lecenter of Disposition (Marcel Country)  20. Method of Olisposition  1   Devise 2 (Chremetics 3   Remove Iron State  4   Donator 5   Dones (Spechy)  21. Signature Acquired to 1   Spechy   Special Plant    22. Name and Address of Facily  23. Special		od wi	Con		4	Elect	RICAL	ENGIL	DEER	HERC	SPACI	5
20. Lecenter of Disposition (Marcel Country)  20. Method of Olisposition  1   Devise 2 (Chremetics 3   Remove Iron State  4   Donator 5   Dones (Spechy)  21. Signature Acquired to 1   Spechy   Special Plant    22. Name and Address of Facily  23. Special	pu	d oth	Be						-		ne)	
20. Lecenter of Disposition (Marcel Country)  20. Method of Olisposition  1   Devise 2 (Chremetics 3   Remove Iron State  4   Donator 5   Dones (Spechy)  21. Signature Acquired to 1   Spechy   Special Plant    22. Name and Address of Facily  23. Special	Yes	ould Men marke	2									24117
20. Removed of Objection in Management of State	Mai	12 sh h and is rr raum			1					_		1 -
Baurel 2   Chemeton 3   Chemeton 5   Cheme		Heel Heel Her ther		1000	1 200			CRISTI				
Privision (Medical Examiner    Privision	nor	0 = 5		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ R	emovel from State	cemetery, cremetor	y or other plac			and a	\	
Privision (Medical Examiner    Privision	튪				-				0-28/16	DP I	11111010	1,110
236. Part 1. Enter the disease, or Expinitions that caused the disease or Expinitions that cause	Ba	Dep Impo		· Cherry	deule	//		1 .	Funee	ol Hom	e	
Physician (Medical Examiner)  The property of the part	-		Н	23a Part 1 Enter the disease or homeil	nations that saused the date	Po not enter the	GCEF	In HIMI	1 5.N C	alen B	VEDIC P	10 21061
Michigan   Michigan	ķ	Dhysisian		shock, or heert feilure. List only on	e ceuse on eech line.	DO NOT OTHER THE	mode of dyn	ig, such os cardioc	pri respiratory em	,	Inter	vsi Between
Due to (or es e consequence of):    Due to (or es e consequence of):				fmmedlete Cause (Finel	Mars ser		Ma,	CC.10 -	- Mar	~ 104	a U	m /m / n
Sequentially list conditions, any leading to immediate guse. Enter Underlying Last any, leading to imm		Examiner		resulting in deeth)	Due to (	or es e consequenc		TOVITO,	1124	POPU	7 /10	NIIS
Course (Disease or injury to the cause of death?)  Course (Disease or injury to the cause of death of the cause of death?)  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Description of the cause of death?  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Description of the cause of death?  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Description of the cause of death?  Description of the cause of death?  See The conditions contributing to death but not resulting in the underlying cause given in Pert I.  Description of the cause of death?  1   Ves 20 No 3   Probebly 4   Unknown of death?  See The conditions contributes to the cause of death?  See The conditions contributing to death but not resulting in the underlying cause given in Pert I.  Description of the cause of death?  1   Ves 20 No 3   Probebly 4   Unknown of death?  24a. Wes en autopsy performed?  24b. Were eutopsy indings evaluable prior to complete of cause of death?  1   Ves 20 No 1   Ves 2   No	¥_	D 45	ner		00010	(or 00 0 001100 quotio	0 0.7.				1	
Course (Disease or injury to the cause of death?)  Course (Disease or injury to the cause of death of the cause of death?)  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Description of the cause of death?  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Description of the cause of death?  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Description of the cause of death?  Description of the cause of death?  See The conditions contributing to death but not resulting in the underlying cause given in Pert I.  Description of the cause of death?  1   Ves 20 No 3   Probebly 4   Unknown of death?  See The conditions contributes to the cause of death?  See The conditions contributing to death but not resulting in the underlying cause given in Pert I.  Description of the cause of death?  1   Ves 20 No 3   Probebly 4   Unknown of death?  24a. Wes en autopsy performed?  24b. Were eutopsy indings evaluable prior to complete of cause of death?  1   Ves 20 No 1   Ves 2   No		ecute and trans	cam	Sequentially list conditions,	Due to (	or es e consequenc	e of):				1	
Decision of death of the cause of death of the cause of death of death of the cause of death	60,	clan country		cause. Enter Underlying Ceuse (Diseese or injury							!	
Decision of the part of the pa	87	physic the	dic	frief suffered exerts	Due to (	or es e consequence	e of):				l	
The control of the		ding se es	/Me								i	
The control of the	Bo	attan for u	clar								1	
SPACIAL DECUISIONS (LCR)  SACRAL DECUISIONS (L		y the	ıysi	-			ing cause giv	en in Pert I.		Committee of the Commit		
SACRAL DECURSATION (LCR)    24a. Wes en eutopsy performed?   25a. Injury en westen en eutopsy performed?   25a. Injury en westen en eutopsy performed?   25a. Injury en westen en eutopsy performed?   25a. Injury en westen en eutopsy performed?   25a. Injury en westen en eutopsy performed?   25a. Injury en westen en eutopsy performed?   25a. Injury en westen en e		that ned b		DAMSETES 1	Tricitus				1 L Y	98 247 No	3 Probably	4 Unknown
1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes	rds	uld be		$C_{i}$ $D_{i}$		11.			24a. Wes e	n eutopsy	24b. Were eu	utopsy findings
1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes   1   Yes   2   No   No   Yes	00	w rec	lete	JACRAL 1/2	custrus	ULCER			perforr	ned?	complet	ion of cause
The state of the s	Re	0 - 0	E O	Arcenda					10 4	s 260No		
The state of the s	ta	ifficat lor, pu		25. Wss case referred to medical				26 Place of Dest			10100	2010
1	>	yaicia s cer direc	0	examiner?	ospitel: 1   Inpatient 2	☐ ER/Outpetient 3	DOA Oth	or:			er (Specify)	
2   Accident 3   Sulcide 4   Homicide   28e. Piece of Injury - At home, ferm, street, fectory, office   28f. Location (Street and Number or Rural Route Number, City or Town, Stete)   29a. Certifier (Check only one)   29m. Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. (Check only one)   29b. Signature and title of cartifier   29c. License number   29d. Date signed (Month, Day, Year)   29b. Signature and didress of person who completed cause of deeth (Item 23e) (Type, Print)   29c. License number   29d. Date signed (Month, Day, Year)   29d. Date signed (Month, Day, Year)   29d. Date signed (Month)	0	g Ph larthi				28b. Time of						
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture end title of cartifier  29c. License number  29d. Dete signed (Month, Dey, Year)  30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)  31. Data filed (Month, Dey, Year)  32 Data filed (Month, Dey, Year)  33. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)  34. Data filed (Month, Dey, Year)	io	C 6 7 6	atio	2 Accident investigation	(MONIN, Day Your)							
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture end title of cartifier  29c. License number  29d. Dete signed (Month, Dey, Year)  30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)  31. Data filed (Month, Dey, Year)  32 Data filed (Month, Dey, Year)  33. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)  34. Data filed (Month, Dey, Year)	ivis	r Atter de	titio		28e. Piece of Injury - At I building, etc. (Spec	nome, ferm, street, fo	ectory, office				per or Rural Rou	te Number,
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  Suy 700 200 1/25/2579 Drage Geen Burne Marking 2106/	۵	rat Di	Ce									
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  Suy 700 200 1/25/2579 Drage Geen Burne Marking 2106/		Hosp 24 hos Fune tely fi	lical	(Check only 2 Medicat Examin	er: On the basis of examin-	owledge, deeth occu etion end/or Investig	etion, In my o	ne, dete end plece, pinion, deeth occur	and due to the ce red et the time, d	euse(s) end ma ete end plece,	anner es stated. and due to the o	ause(s)
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  Suy 700 200 1/25/2579 Drage Geen Burne Marking 2106/		thin 5	Mec		ena menner steted.		29c Licane	e number	9	9d. Dete signe	d (Month Day	Year)
31 Date Mad (Manth Day Voor) 20 Decidents Constant		F 3 F 8			1		7	1096	/	1/2-	2/00	
31 Date Mad (Manth Day Voor) 20 Decidents Constant		11		20 Nome and		- 00-1/7		17///	(	0/01	116	
31 Date Mad (Manth Day Voor) 20 Decidents Constant	1997	6		C 2	DISPERA	45	1151	Bula. Ma	MAS	V. A.	211	16/
		Sta	te	714	32. Registrsr's Sign	700	, cer	, July	, , 0,00	( C) NO	, ~ /(	-4/

DHMH 16 Rev 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

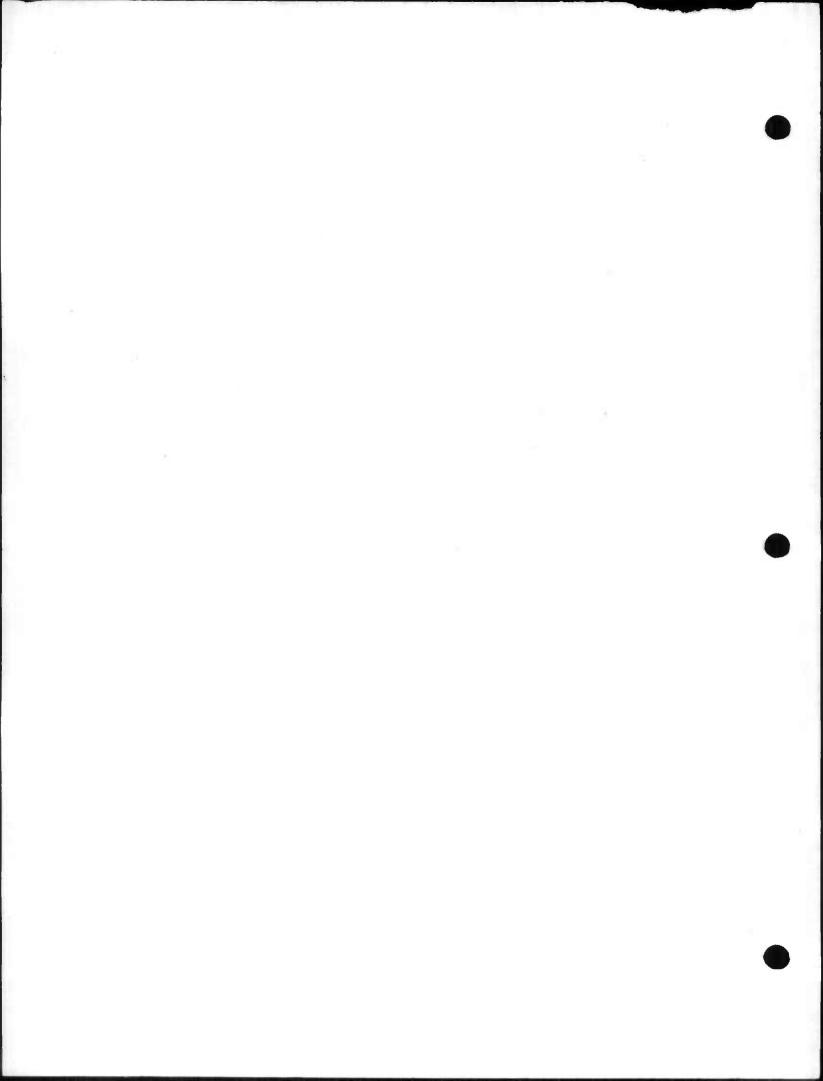
			Cer	tificate o	f Death		Reg. No.		.00
hysician Medical	1. Decedant's Name (First, Middla,	11 0112016	STEIN			2. Date of Dea	Day 9		of Death
xaminer	4a. Facility Nama (If not Institution,	giva street and number)	0 -		4b. City, Town, or L	obation of Delath	, and a second		
	LIDERTY /	Wiedical	Center	If Under 1 Yes	130 / / / / / / / / / / / / / / / / / / /	none		IA	
eral ctor	5. Social Security Number  21420-29:13  Usual Residence of Decedant	6. Sex 7. Aga (I	In yrs. last birthday) Yrs.	Months Day		8. Date of Birt (Moreth, Day	Year) -16	9. Birthplece (St. Country)	PID.
2	10a. Stete 10b. County	10	Oc. City, Town or Lo	cation				10d. insid	la City Limits
कू	MD NA	4	Ball	imore	2			10	Yes 2□ No
Director	10e. Street and Number	Marabeta	000	10f. Zip Coda	1215		10g. Citizen of V	Vhat Country?	
by Funeral	11. Maritel Status  10 Nevar Married 2 Marrie  3 Widowed 4 Divorced	if Yas, Give	If		f Hispenic Origin? (Sp aban, Mexican, Puerto	pecify Yes or No- Rican, atc.)	14. Race Biec	e - American Indie	n,
8	15. Decedant's	Year or Detes:	16a Deced	ent's Uaual Occ	unation		16b Kind of Bu	UN 17	e
Completed	(Specify only highast Elementary/Secondary (0-12)	grade completed)  Collaga (1-4or 5+)	(Give I	kind of work don 00 NOT use retii - 1	na during most of work red)	500	1,200,000		. 0
	17. Fether's Name (First, Middle, Li	ast)	A	tore	18. Mother's Nam			dy Sh	of
To Be	BAK				Muk		THE TOTAL OF THE THE		
-	19a. informent's Neme/Ralationshi	p (Type, Print)	19b. Mallin	g Address (Stre	et and Number or Ru	ral Routa Numbe	or, City or Town,	State, Zip Code)	rel y
38.00	Lizzie L	itor-Guardi	ON 861	Park	AUC. Ba	Timore	IMD.	21201	
	20e. Method of Disposition  1 ☐ Buriai 2 ☐ Crametion 3		20b. Place of Dispos cematary, crem	sition (Nama of setory or other p	lace)	Data		City or Town, Stat	a
	Donetion 5 Other (Spe		mut 2	TION .	Bue ?	1/3/96	Lansele	sune it	UD
950	21. Signature of Funarai Sarvice Li	cen	22.	Neme and Add	rasa of Facility	,	63	8 N.G.	100-5
a	AMI.	MIL	1 4	thex !	Willie	7/4 1	A	2121	17
dical Examiner	immediata Causa (Final disaasa or condition rasulting in daeth)	a	Neuman a to for as a consequence QSPLTCAT		ile				ind Death
Medical Examiner	Sequantially list conditions, if any, laading to immadiate causa. Entar Undartying Causa (Disaasa or injury that initiated evants rasulting in death) Last	c	a to (or es e consequente of the	Jance of):					
cian			0	1				1	
y Physician/N	Part ii. Other significant conditions	s contributing to death but n	ot rasulting in the un	dariying causa (	givan in Part I.		obacco use cor fes 2□No	atribute to the cau	42 Onknow
Completed by						24a. Was a	an autopsy med?	24b. Wara autor avaliable p completion of death?	rior to
ō						1 🗆 Y	es 20 No	1 🗆 Yas	20 No
O						th (Check only o	na)		
BeC	25. Wes case rafarred to medical axaminar?	Hospitai:		10	Whor				
To Be	axaminar? 1 ☐ Yas	Hoapitai:	2 ER/Outpatient	3LI DOA	Other: 4 Nursing H	oma 5 Rasid			
tion: To Be	axaminar? 1	28a. Date of Injury (Month, Day Ye	28b. Time of Injury	28c. Inj W M 1[	Other: 4 ☐ Nursing Heiury at ork? ☐ Yas 2 ☐ No	oma 5 Rasid	lence 6 Othe		
tion: To Be	axaminar? 1	28a. Date of Injury (Month, Day Ye	28b. Time of Injury	28c. Inj W M 1[	Other: 4 ☐ Nursing Heiury at ork? ☐ Yas 2 ☐ No	oma 5 ☐ Rasid 28d. Dascribe h	ow Injury occurr		Number,
ion: To Be	axaminar?  1	28a. Date of Injury (Month, Day Ye	28b. Time of Injury  At homa, farm, stre  Specify)  y knowledge, deeth emination end/or inv.	28c. In W 1 1 lat, factory, office	Other: 4 Nursing High Nursing H	oma 5 ☐ Rasid 28d. Dascribe h 28f. Location (S City or Tow	itreet and Number, Stata)	er or Rural Routa	
funeral director.	axaminar?  1	28a. Date of Injury (Month, Day Ye ed 28e. Place of Injury building, etc. (S	28b. Time of Injury  At homa, farm, stre  Specify)  y knowledge, deeth emination end/or inv.	28c. In W 1 leat, factory, office occurred at the astigation, in my	Other: 4 Nursing High Nursing H	28d. Dascribe h 28f. Location (S City or Tow and dua to tha c red at the time, (	iow Injury occurr Street and Number of Stafa) causa(s) and medete and piece, s	er or Rural Routa	se(a)
pletely filled in by the funeral director.  edical Certification: To Be	axaminar?  1	28a. Date of Injury Ye (Month, Day Ye ed 28e. Place of Injury building, etc. (S  Physician: To the beat of marminer: On the basis of examiner and mannar stated	28b. Time of Injury  At homa, farm, stre  Specify)  by knowledge, deeth smination end/or invi	28c. Inj W 11 M 11 Mat, factory, office occurred at the astigation, in my 29c. Lica	Other: 4 Nursing Hury at ork? Yas 2 No e tima, data and piece, opinion, daath occur	28d. Dascribe h 28f. Location (S City or Tow and dua to tha c red at the time, (	iow Injury occurr Street and Number of Stafa) causa(s) and medete and piece, s	er or Rural Routa anner as atated.	se(a)

ver Cand Sullinove IMD. 2 1/3/96 Lonsdon 2/4 PA 638

hos	ache		çe.
the	det		0
5	d b		d at
ainec	thou		Hille
e ret	5 5		not
ay b	page		be
E 9	ctor.		uns
age	dire		D JO
E. P.	leral		ᇤ
dea	e fur		еха
after	by the	шола	ical
SUNO	in	or re	ned
24 m	filled	On. (	he
thin.	etely	mati	1t, 1
d wil	mple	Cre	ever
cute	DO DO	xurial	tle
900	an ar	10	пша
ife b	ysicia	prior	T
tifica	ph p	ene	ther
Je Cer	ndin	Hyg	0 10
death	atte	ental	η,
the	the	d Me	Inju
that	P P	h an	any
ires	Signe	leaft	WS
redu	en :	10	shov
MP	as be	Dept.	23
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	- be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
IAN	rtifica	se Si	or II
IYSIC	is ce	ith th	pe'
E PH	er thi	th w	Jark
NICA	: Afte	dea .	IS IT
TTEN	JOR.	after	28
DR A	)REC	OURS	E
TAL I	AL L	12 h	=
SPIT	NER	hin	Ä
E HC	E FU	d wil	MA
H	H	file	APO
5	2	ag.	₹

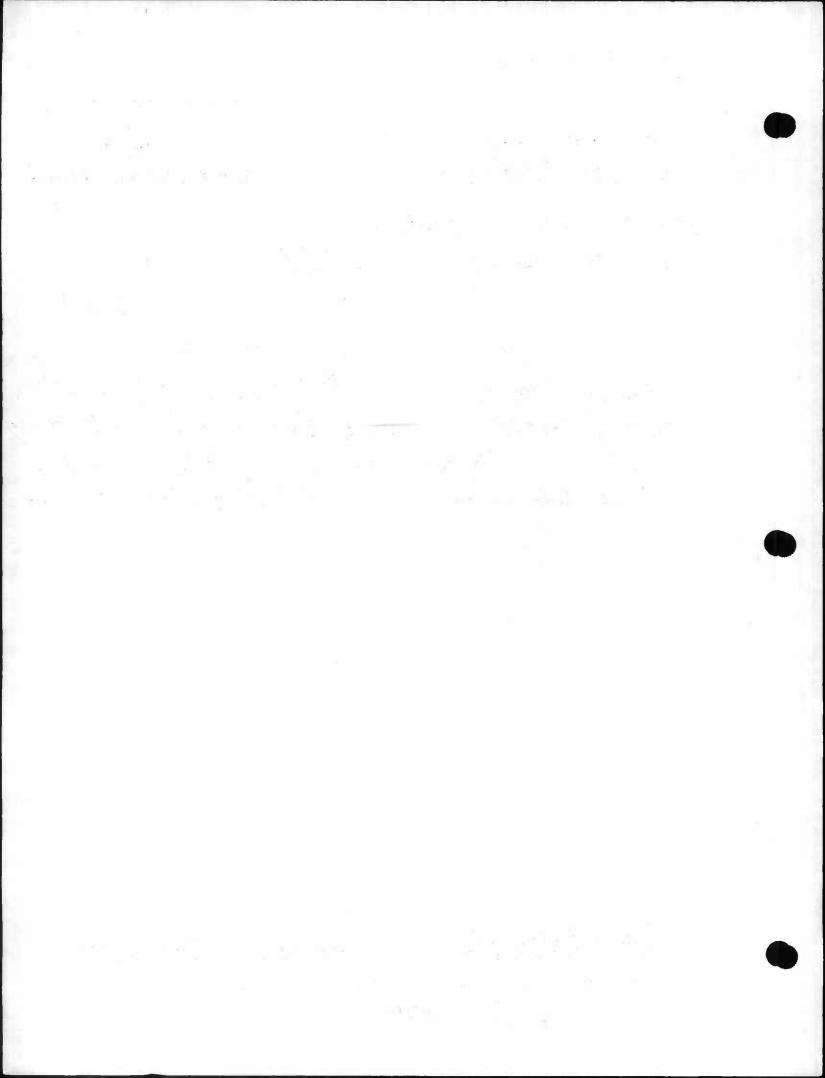
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

,	1. DECEDENT'S NAME (First, Middle, Lest)  Rose Marie Hoffmaster  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH														
										June 26 1996				8:50 A M	
		CONT.	5. SEX 6. AGE (In yrs. last		YRS.	MONTHS DAY				July 28, 1922			8. BIRTHPLACE (State or Foreign Country)		
	213-18-6318 9s. FACILITY NAME (If not in		A.	73	1110.	9h CITY	TOWN	OR LOCATI	ON OF DE		20,	1922	NTY OF O	ryland	
8	Union Memor							ore (		LOI (I				ore City	
FUNERAL DIRECTOR	RESIDENCE OF DEC						2								
2	10s. STATE	10b. COUNTY			10c. CITY	r, TOWN O								10d, INSIDE CITY LIMITS?	
	Maryland		timore C	city		Bal	-	ore	E			10a CIT	ZEN OF V	1 X YES 2 NO	
R	4205 Falls	Dood	Ant 1				1			21	211	USA			
S	11. MARITAL STATUS	ROdu	12. WAS DECEDEN	IT EVER IN U.S. AI	R IN U.S. ARMED 13. WAS DECENDENT OF HIS					VIC ORIGIN	7 (Specify Yes	- American Indian.			
BY F	1 Never Married 2 🔀	•	FORCES? 1	YES 2	NO			Decify Cubi			Rican, atc.)		Speci	k, Whits, stc.	
			2471011	Lector						Line				white	
COMPLETED	(Specify onl	EDENT'S EDUC	completed)	(C	ECEDENT'S live kind of w	vork done a	furing m	ON ost of worki	ng	166	KIND OF BUS	SINESS/INC	DUSTRY		
PLE	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)	Hom	emak	er				Tn o	own h	ome		
Ŏ.	17. FATHER'S NAME (First, M	fiddle, Last)			TION	Cathoo		18. MOT	HER'S NA	ME (First, I	Middle, Malden		201110	94.	
BEC	Fran	klin P	ernard						Je	ennie	Price	е			
TO B	19a. INFORMANT'S NAME (	Type/Print)									ber, City or Town			21211	
-	Calvin C. H		ter, Sr.					Road	Apt	7	Baltin			21211	
}	20s. METHOD OF DISPOSIT  1 Burlsi 2 Crematic	on 3 🗆 Remo	oval from Stats	cemetary, cr	emetory or of	ther place)			- 1	DAT		CATION —	-	e, Maryland	
	4 □ Donation 5 □ Other 21. SIGNATURE OF FUNERA		ENSEE	Dulan	ey va			ND ADDRE		6/29 CILITY	) Coc.	keys	\TTT6	e, Maryrand	
	1	1/20						urgee-Henss Funeral Home 631 Falls Road Baltimore, MD 21211							
$\dashv$	23 PART   Enter the d	TW.	omplication th	of sourced the d	eath Do		363	1 Fa.	lls	Road	Balti	more	, MD		
	23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Death														
	IMMEDIATE GAOSE (FITIGIT											_			
	disease or condition resulting in death)  a. Chronic Obstructive Pulmonary Disease 20 years  Due to (or as a consequence of):														
Z	Sequentially list conditions,														
CERTIFICATION	If any, leading to imme	diate	DUE TO	(OR AS A CONSE	QUENCE OF	F):									
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants  DUE TO (OR AS A CONSEQUENCE OF):														
F	resulting in death) LAS	ST .	d.												
	PART II. Other significa	not condition	a contribution to	death had and									1		
MEDICAL	Lest lo				_	in the un	deriyir	ig cause	givan in	Part I.	PERFORMED?			WERE AUTOPSY FINDINGS  AWAILABLE PRIOR TO  COMPLETION OF CAUSE	
ED	Hyperter	15101	o ine pi	TWO MICH	III					- 1	1 YES 2 7 NO			DF DEATH?	
_			PIRLITE TO CA	LUSE OF DEA	ATH VE	S X 1	VO [	7 1180	FDTAII	N [				1 NES 2 NO	
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Chock only one)														
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		ns 5 🗆 R	asidenca	6 🗆 Othe	r (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	N E	28s. DATE Of (Month, I		26b. TIM	E OF URY	26c, IN	JURY AT		26d. DE	CRIBE HOW I	NJURY OC	CURED		
BY	1 Netural 5 2 Accident	Pending Investigation				М	1 🗆	YES 2 [	NO						
0	3 Suicide a Could set by 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. L								28f. LOC City	ATION (Street a or Town, State)	and Numbe	r or Rural i	Route Number,		
COMPLET	29a, CERTIFIER														
MP	(Check only t (A) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											a) and manner as attitud			
	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attend.  29b. SEGNATURE.AND TITLE OF CEREIFIER														
BE	0 11 m	tin am	# MD						ENSE NUI		A 53063			(Month, Day, Year) e 26, 1996	
2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITI	EM 27) (Туре,	, Print)		17.0	1116	ירו כ				020,1110	
ł	P. Hunk	_	potts				n /	Viem	ori	al	Hosp	ital	1		
ı	31. DATE FILED (Month, Day,	Year)	1.32 JEGISTA	-	6										
JUL 01 1996 June 1996															



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

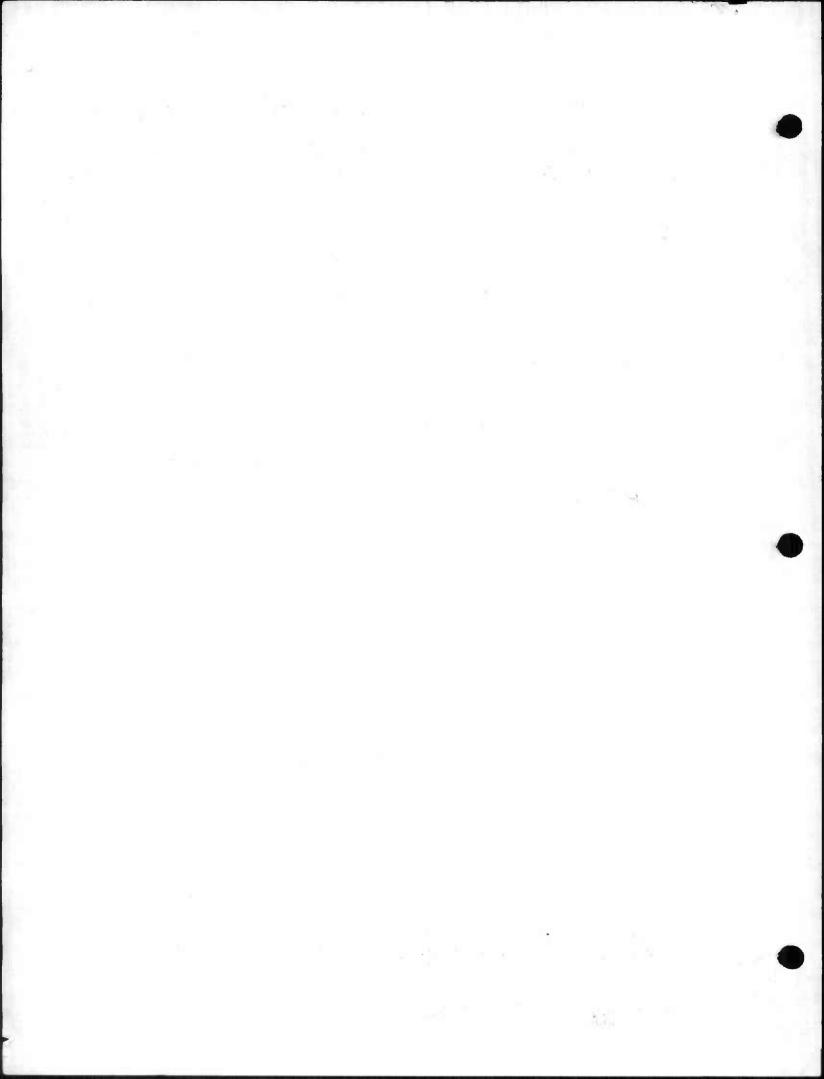
item#11, filmg 738, 8/30/96 State of Maryland / Department of Health and Mental Hygiene ITEM#19b film g737 7/1/96ag perFH Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 29 Dey 1996ear LELIA **JONES** THNE 14:57 pm /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner THE **JOHNS** HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Yeer Months Deys If Under 24 Hrs. Hours Min. 8. Sex last birthday) Birthpiace (State or Form) **Funeral** 1 M 2 1 -2683 Director Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28a-f show any injury or other traumatic event, the Medical Exercise must be notified at angles. 10a. Stete 10b. County Town of Location 10d. Inside City Limits 110 Yes 2 No DARY And 10e. Street and Number more 10f. Zlp Code 10g. Citizen of What Country? Funeral Rece - American Indien, Bieck, White, etc. 12. Wes Decedent Eyer in U,S. Armed Forcas? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece 11 Meritel Status 1 Never Merried 2 Merried ☐ Yes 2 No Baltimore, Maryland 21215-0020 2 2 No 1 🗆 Yes Specify: If Yes, Give Year or Detes: Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working
iffe. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coligge (1-4or 5+) MRSINO 10 17. Father's Neme (First, Middle, Last) Mother's Name (First, Middle, Maiden Sumame) Be 10 MB nant's Name/Fielationship (Type, Print) Mailing Address (Street and Number 225 Rural Route Number, City or Town State, Zip Code) 2/28 er 20b. Piece of Disposition (Name of cemetery, crematory or other plage) na. Method of Disposition 20c. Location City 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from 5 4 Donation 5 Other (Specify) DRU 21. Signet of Junerei Service Lipensee mondson Enter the diseese, or complications that cause, or heart fellure. List only one cause on each the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest Physician immediate Cause (Finel disease or condition resulting in death) /Medical Brain Examiner Physician/Medicai Examiner The lew requires that the death certificate be executed attending physician and for use as the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Records, P.O. Box 68760, Due to (or as a consequence of) been signed by the should be detached Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown by Completed 24b. Were autopsy findings 24a. Wes an autopsy performed? avallable prior to compiation of cause of death? page 2 cata hes 1 ☐ Yes 2 No 1 ☐ Yes 210 No dita Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient Other: 4 Nursing Home Certification: To 1 Yes 2 No 3□ DOA 2 ER/Outpatient 5 ☐ Residence 6 ☐ Other (Specify) Division 27. Menner of Deeth 28e. Dete of injury (Month, Day Year) 28c. injury at Work? 28d. Describe how injury occurred 28b. Time of 5 Pending Investigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be 3 Sulcide 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) To the Hospital or A within 24 hours after To the Funeral Direct completely filled in by 4 Homicide 15 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end pieca, and due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) and menner steted. edical 29e. Certifier (Check only 29b. Signature and title of certife 29c. License number 29d. Dete signed (Month, Day, Year) D36 133 Physiccal 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Balfemore Mary land N. Wolfe Meyer 8-140 31. Dete filed (Month, Day, Year) State Registrar



### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				Ce	rtificate of	Death	Reg. No.		, 260
		1. Decedent's Nama (First, Middla, Las	0) 1	1 (	-	1, Jr 2	. Data of Death	V-11	3. Tima of Death
Physician	_	('h	AVIOR	И.	JA	CLSXXL-	Month Day	1991	5200
/Medical Examiner	_	4a. Facility Nama (If not institution, give	street and number)			4b. City, Town, or Loca	ition of Death 4c.	County of Death	1 Simp
Examiner	r					Baltimore			
		Good Sanar 5. Social Security Number 6. Se	tian	(in yrs. iast birthday	If Undar 1 Yaar			1A	
Funeral		<b>a</b> /	M 2DF	Yrs.	Months Days		(Month, Day, Year)	9. Birth	placa (Stata or Forei
Director		214-28-2024	5	5			July 20, 19	40	My
	- 1	Usual Rasidance of Dacedant  10a. Stata 10b. County		10a City Tayan and	*				
ms 23s or 28s-f show rmust be notified at		4		10c. City, Town or L	ocation			1	10d. Inside City Limit
28a-f sho notified at	2	MU NA		Baltimo	re				1 Yas 2 N
r items 23s or 28s-f s niner must be notified Funeral Director	6	10e. Street and Number			10f. Zip Coda		10g. Citiz	en of What Cour	ntry?
23a c	2	4436 St	Georges	Anonie	212	.12 -		11. 04	2
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6	11. Marital Status	12. Was Decedant Ev	var in U.S. 13	<u> </u>	Hispanic Origin? (Speci	fv Yas or No- 1	4. Race - Amaric	can Indian
items marina	5	1 Nevar Married 2 Married	Armed Forces? 1 ☐ Yas 2 ☑ No		If Yas, specify Cub	an, Maxican, Puarto Ri	can, atc.)	Black, Whita,	
0 5		3 Widowed 4 Divorced	If Yas, Giva	·	1□ Yas 2XNo	Specify:		Specify: 21	M
			Yaar or Datas:					0/4	ar
ygiene. Net than "naturel; It, the Medical Ex	5	15. Decedant's Edi (Specify only highast grad		16a. Dece (Give	dant's Usual Occup a kind of work dona	pation during most of working ed)	16b. Kir	nd of Business/Inc	dustry
. c 🖘   C	2	Elementery/Şecondery (0-12)	College (1-4or 5+	) lifa.	DO NOT usa ratire	(d)	- Andrews		
Hygiene. ther than mr, the	5	11th grade	NA	Tr	rick Dr	Wer	Ira	ctor Tra	10- Co.
d other event,	U	17. Father's Name (First, Middle, Last)				18. Mother's Nama (i	First, Middle, Maldan	Sumama)	
Mentai arked o atic ev		Charles M. J	arken	S-		Ruth	Stewart	_	
end Menta le marked sumatic en	-	19e. Informant's Name/Raiationship (T	vne Print)	19h Melli	ing Address (Street	t and Number or Rural I	Pourte Number City or	Town State 7is	Codel
					A COLLEGE		0		1
item 27 other t	-	Sandra Russell	-Sista			ison Blud		some med	21212
		20a. Mathod of Disposition 1 ØBurial 2 ☐ Cramation 3 ☐ i	Demoval from State	20b. Place of Disponentary, cra	osition (Name of matory or other pla	ce)	Data 20c. Loc	cation - City or To	own, Stata
Z # >	1	4 Donation 5 Other (Specify,		Arbutus	Mem	Both in-	2-96 Art	restore Mid	/
Department of Important: If any Injury or phone.	ŀ	21. Signatura of Funerei Sarvice Licens	800	2	2. Nama and Addra		5 10 14.0	100/104, 104	
Departme Importan any Injur		N 120 0		- l	Jarch 1.	H. West	0 1	1	21,2
	4	Madage	, War	العا	43	00 Wall	out the	nue 12	altund
988		23a. Part1. Entar the disaasa, or comp shock, or heert feilura. List only of	lications that caused to na cause on each line	ha daath. Do not en	tar tha moda of dyl	ng, such és cardiec or i	espiretory arrest,		Approximate tntarvai Between
ysician								1	Onset and Death
Medical		Immediata Causa (Final	C \					1	
caminer	4	disease or condition resulting in death)		ac ar					
- in	5			dua to (or as a conse	quence of):				
is is			b. Car	diac c	every the	nia		i	
in and inditional Examiner		Sequantially list conditions,	D	ua to (or as a conse	quence of).				
ian in in in in in in in in in in in in in		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury							
the attending physician and thed for use as the buriel-transit National Examir	3	triat initiated evants	C	ua to (or as a consec	quence of):			1	
de s	3	rasulting In daeth) Last						į	
ogin Se			d						
for L	8								
signed by the attending be detached for use	5	Part II. Other significant conditions co	ntributing to death but	not resulting in the u	indarlying causa gi	ven in Pert I.	23b. Did tobacco i	use contribute to	o the cause of deat
ph by							1 Yes 2	□ No 3 □ Prol	bably 4 10 Unknow
be de									
ols of De							24a. Was an autop	sy 24b. W	are autopsy finding
page 2 should							performed?	av	raliable prior to empletion of causa death?
8 Cl D	2				-			of	death?
Page 10	5						1 □ Yas 2 ⊑	2No 10	□Yas 2□No
certificate rector, pag		25. Was casa raferred to madical				26. Placa of Death (	Check only one)		
direct O		axaminar? 1 ☐ Yas 2 ☑ No	Hospital:	0 T F D 10	Ott	her:		Don. /0	4.1
ald T:	-  -	27. Manner of Death	28e, Data of Injury		nt 3LI DOA	4 Li Nursing Homa	d. Dascribe how injury		(y)
After	5	1 ☑Natural 5 ☐ Panding	(Month, Dey	Year) 28b. Tima o	Wo		u. Dascribe now injury	occurred	
he he		2 Accident invastigation			M 1□	Yas 2 1 No			
Director: A lin by the f ertificati		3 ☐ Suicida 6 ☐ Could not be datamined	28a. Piace of Injury building, atc.	y - At homa, farm, st	reet, factory, office	28	f. Location (Street and City or Town, Stata)	Number or Rure	al Routa Number,
al Director: After t led in by the funeral Certification:		21101110100	bullding, atc.	(Specify)			Ony or Town, Olala,		
al fille	1	29e. Certifiar 1 Certifying Phy	sician: To the best of	my knowledge, daat	h occurred at the ti	me, date end place, an	d due to the cause(s)	and manner es s	stated.
within 42 hours and loads.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page.  Medical Certification: To Be Com-		(Check only 2 Medical Exami	ner: On the basis of a end manner state	xamination and/or in	vastigetion, in my	opinion, death occurred	at the time, date and	place, and due to	o tha cause(s)
To the Funeral D completely filled i			end mannar state	<del></del>	20a Lisaas	a aumbar	204 0-44	n nimed (Adapth	Day Vand
8 2		29b. Signature and titla of certifiar			29c. Licans	sa number	290. Date	a signed (Month,	Day, Year)
		L'ellie +	tardesa	re mo	D19	545	6	28/96	
14	-	30, Nama and address of parson who co	ompleted cause of dee	th (Itam 23a) (Type	Print)				
		1 act: 11 al	Ca	1-1 x 1	Lock	Painen 2	all R	014	d 21239
		Leslie Hardwar		5601	Luch	rower 15	rug De	riro, mo	1 2/25
State Registrar	-	31. Data filed (Month, Day, Year)  JUL 01 1996	32. Registrat	Aunga 82					
Renistrar		AAL AT 1330 4							



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Examiner executed and use as the burief-trar attending physician for use as the burie The law requires that the death certificate be signed by the a ate has been sig paga 2 should b certificate Physician: this After Bull death

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Dav Month **Physician** Veal WILLIE **JOHNSON** JUNE 21, 1996 1:50PM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner 3212 WALBROOK AVENUE #10 BALTIMORE 8. Date of Birth (Month, Day, Year) If Under 1 Yaar 5. Social Security Number 7. Age (In yrs. last birthday) If Under 24 Hrs. 9. Birthplace (State or Foreign Country)
9 S. Carolir **Funeral** 1 □ M 2 □ F Months Days Hours 56 251-48-0681 Director Carolina Sept. 5, 1939 Usual Residence of Decedent death with the Maryland 10a, State 10b. County 10c. City. Town or Location show 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Maryland Director Baltimore 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? IISA 21216 3212 Walbrook Ave. Balto., MD. Funeral 12. Was Decedant Evar in U,S. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. filed within 72 hours after Yes 2 XNo 1 Never Married 2 ☐ Married 8 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black Completed by 3 ☐ Widowad 4 ☐ Divorced Yaar or Dales: 15. Decadant's Education (Specify only highest grade complated) 16a. Dacedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementary/Secondary (0-12) Coliaga (1-4or 5+) Montgomery Ward Custodian 12th Grade Baltimore, Maryland other treumstic event, pemit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: if item 27 is merked othe any injury or other treuments. 17. Father's Name (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Be Willie Johnson Elizabeth Cunningham 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Janie Johnson(sister) 20b. Place of Disposition (Name of 20a, Method of Disposition Date 20c. Location - City or Town, Stala atary, crematory or othar place) 1 N Buriai 2 Cramation 3 Ramoval from Stata 6/28 Greenville, S.C. 4 ☐ Donation 5 ☐ Other (Specify) Rest Haven 22. Name and Addrass of Facility Unity Funeral Home 21. Signature of Funeral Sarvice Vicens Balto., MD. 21201 108 W. North Ave. 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the moda of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only ona cause on each line. Approximala Interval Betw Onset and Death **Physician** /Medical immediate Cause (Final ATHOROSCIANOTIC CAMOWY ASKILLED DISONSE disease or condition rasulting in death) Due to (or as a consequance of) Examiner Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury Due to (or as a consequence of): Box 68760. Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Part ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Scizule Disonon Records, PV Completed 24b. Were autopsy findings available prior to complation of cause of daath? 24a. Was an autopsy performed? PARMAL 1 tyes 2 □ No of Vital Be 25. Was case rafarred to madical 26. Placa of Death (Check only ona) Other: 4 Nursing Home SCHResidance 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 4 Nas 2 No 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Panding investigation f♥ Natural Injury 1 ☐ Yes 2 ☐ No To the Hospith or Lented within 24 hours after death. To the Funeral Director A completely filled in by the fi 2 Accident 6 Could not be datermined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 4 Homicide edicai 1 Cartifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the causa(s) and manner as stated.

\*\*Chief Cartifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the causa(s) and manner stated.

\*\*Chief Cartifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the causa(s) and manner stated.

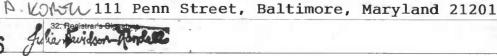
\*\*Chief Cartifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the causa(s) and manner as stated.

\*\*Chief Cartifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the causa(s) and manner as stated.

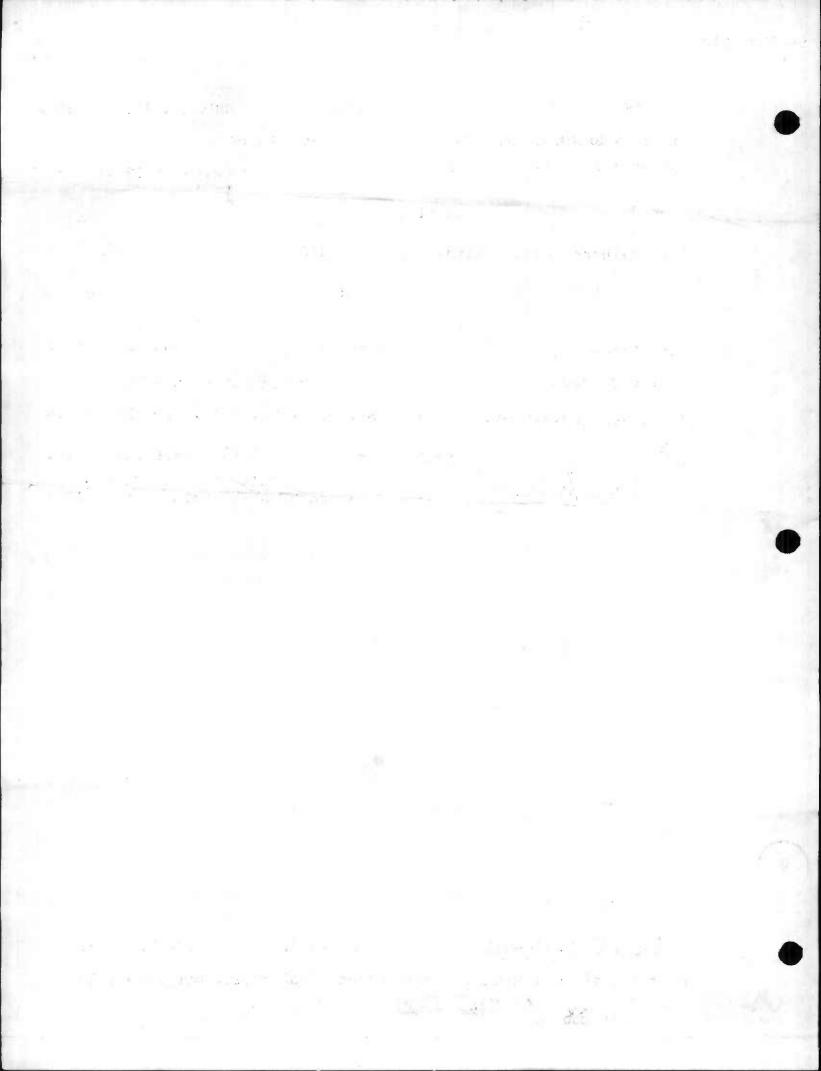
\*\*To the best of examination and/or invastigation, in my opinion, death occurred at tha time, date and place, and due to the causa(s) and manner stated. 29a. Cartifier (Check only onel 29b. Signature and titla of certifie 29c. Licensa number 29d. Data signed (Month, Day, Year) O.C.M.E. JUNE 22, 1996

State Registrar 31. Date filad (Month, Day, Year) JUL 01

MDRYDMITD



30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 19268 Certificate of Death 2. Date of Death 3. Tima of Death 1. Decedant's Nama (First, Middle, Lest) Month **Physician** Yaai JOHN JEPPI 1996 12.38 30 JUNE /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE HOSPITAL BALTIMORE CITY SINAI 7. Age (In yrs. last birthday) If Undar 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Day, Year) 5. Social Security Number 213–20–8150 Birthplace (Stata or Foraign Country) **Funeral** 10XM 2□ F Yrs. Maryland Director July 26,1924 Usual Rasidence of Decedent Peges 1 and 2 should be filed within 72 hours efter death with the Maryland nent of Health and Mentel Hygiens.
Int: If then 27 is marked other than "naturel", or items 23a or 28a-f show mix if item 27 is marked other than "naturel", or items 23a or 28a-f show mix if yor other theumatic event, its Medical Exprision and the notified at 10a State 10b. County 10c. City. Town or Location 10d. insida City Limits Baltimore Owings Mills 1 ☐ Yas 2 No Director Md. 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 615 Hammershire Rd. 21117 Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 □ Pres 2 □ No If Yas, Giva Year or Datas: WW II Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14 Bace - American Indian 11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 1 Yas 2 No Specify: Saltimore, Maryland 21215-0020 à 3 ☐Widowed 4 ☐ Divorced White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grade completed) Elamentary/Secondary (0-12) Coilege (1-4or 5+) Pepsi-Cola Advanced Salesman 18. Mother's Nama (First, Middla, Maiden Surnama) 17. Fathar's Name (First, Middla, Last) Be Dominic Jeppi Frances Poppa 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 615 Hammershire Rd., Owings Mills, Md. 21117 Concetta F. Hollenbaugh 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, State 20a. Mathod of Disposition 1 ABurial 2 □ Cramation 3 □ Ramovai from Stata permit. Pege Department of Important: If any injury or once. Maryland Veterans Cem. July 3,1996 Owings Mills, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Lio 22. Nama and Addrass of Facility Eckhardt Funeral Chapel 23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Md. 21117 Approximate interval Batween Onset and Death Physician /Medical immadiate Causa (Final disease or condition resulting in death) SHOCK SYNDROME 3days CARDIOGENIC Examiner Due to (or as a consequenca of) CORONARY ARTERY DISEASE The law requires that the deeth certificate be axecuted physician and s the burial-transit Sequantially list conditions, if any, leading to immadiata cause. Entar Undarfying Cause (Disaase or injury that initiated events rasulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, HYPERTENSION Physician/Medical Due to (or as a consequence of): lor use es t CHRONIC RENALINSUFFICIENCY signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HEART FAILURE, ASPIRATION þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed PNEUMONIA /ARDS his certificata hes b 1 ☐ Yas 2 No 1 Yas 2 No Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this certifica stelly filled in by the funeral director. 25. Was casa raferred to medical axaminar? Be 28. Place of Death (Check only one) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding investigation 1 Matural 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcida 6 Could not be 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) in by 4 Homleide To the Hospital or within 24 hours aft To the Funeral Di completely filled in increase the control of the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Increase the cause(s) and manner as stated.

Increase the cause(s) and manner stated. 29a. Certifian Medical 29d. Data signed (Month, Day, Year) 29b. Signature and title of certifie 29c. License number MD AS2402321 RS 9948 JUNE 30, 1996 30. Nama and/addrass of person who complated causa of death (Itam 23a) (Type, Print)

State Registrar

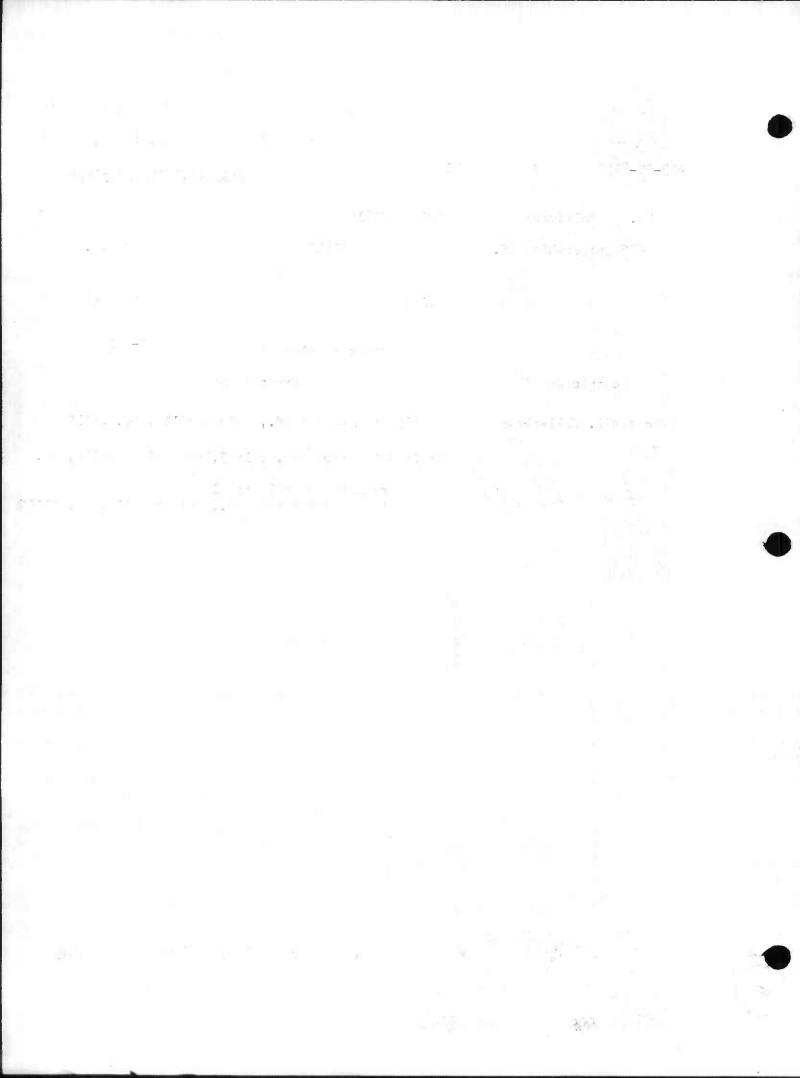
31. Data filed (Month, Day, Year)

STEIN



2401 W. BELVEDERE AVE

BALTIMORE



	- 15
0	7
02	i
	-
0	- 5
1	4
L)	- 6
4	- 2
121	- 5
-	3
2	2
0	- 3
	3
Z	- 5
Z	4
-	4
7	1
RY	-
$\alpha$	- 3
K	.5
AA	1
2	on onderious
ш	man h
~	- 8
	· ·
O	u
5	- 2
	ž
lane.	
1	4
=	6
A	7
$\mathbf{m}$	- 6
	4
	9
	3
-	- 2
-	. 9
	5

DIVISION OF VITAL RECORDS, P.O. BOX 6876.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The search that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND	/ DEPARTMENT	OF E	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	H		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND / D		OF HEALTH AND	MENTAL HYG REG.							
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH 3. TIME OF S							
	BURNEY	KEE	NE		MONTH 6	26 9	EAR 1525 M					
OR	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  92. FACILITY NAME (If not institution, give street and number)  94. FACILITY NAME (If not institution, give street and number)  95. FACILITY NAME (If not institution, give street and number)  96. FACILITY NAME (If not institution, give street and number)											
5	RESIDENCE OF DECEDENT  10a. STATE 10b. FOUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY											
DIRECTOR	MARYland Baltimore CATONSVIlle .											
FUNERAL	403 Winters LANC 21228 U.B.											
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)  If yes, specify Cuban, Maxican, Puerto Rican, etc.)  Black, 1 YES 2 NO Specify: Specify:										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Sepondary (0-12)  College (1-4 or 5 +)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (life. Do NOT use retired.)  ABORER  16e. KIND OF BUSINESS/INDUSTRY  ABORER											
BE CO	17. FITHER'S NAME (First, Middle, Last) Keene HARRIE CHASE											
TO B	19a. INFORMANT'S NAME (Type/Print)											
	20. METHOD OF DISPOSITION 1 Parial 2 Cremation 3 Remove 4 Donation 5 Other (Specify) 21. SIGN TUTLE OF FUNERAL SERVICE LICES	al from State	D DATE OF DISPOSE Fory or other place CAS	EMORIAL! NAME AND ODRESS OF FA	2 2/1, 29 GILTIV. J.	Mes,	or Town, State  US, Md,  TRIFHPA  RAH, MJ2122					
	23. PART I. Enter the diseases, or complications thet caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  DEHY PRATTON  1 YES 2 NO  11											
ä	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF DEAT	H YES 🗆	NO 🗹 UNCERTAI	N 🗆							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE	OF OEATH (Check									
YSE	1   YES 2   NO   1	Inpetient 2 ER/Outpetient 3		rsing Home S - Realdence	8 - Other (Specify	}						
H	27. MANNER OF OEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE H	OW INJURY OCCU	RED					
ВҰ	2 Accident Investigation		М	1 YES 2 NO								
	3 Suicide 6 Could not be detarmined 26a. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 28i. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	CONTROL ONLY	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER	7 /-		29c. LICENSE NU			SIGNED (Month, Day, Year)					
BE (	Cht!	and Al	0	025	844	1 6	.27.96					
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	IN CHOICE PRINTS	SUIL BUD	PERED	ERIER	RO #18-					
	31. DATE FILED (Month, Day, Year)  JUL 01 1996	32. REGISTRAR'S SIGNATURE										

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						Cert	ificate of	f Death			Reg. No.		
hysician /Medical	DIVITERALIVE KORTHED									2. Date of De Month	Dev	Year 96	3. Time of Death 3 45 PM
Examiner		a. Facility Name (If not institution, g	ington	Str			~	4b. City, Town	tim			County of Death City	
neral ector		219-30-3642  July 19-30-3642  July 19-30-3642	Sex 1□M 2□XF	7. Age (	78	Yrs.	If Under 1 Yea Montha Days		Hrs. Min.	8. Date of Bir (Month, Di 12 1	th Year) 4 1917	9. Birthp Coun UK	lace (State or Foreign try) Taine
tor	1	Oa. State 10b. County  MD City	/	1	Oc. City, To						•	10	0d. Inside City Limits
Funeral Director	1	0e. Street and Number 241 S. Washin	gton St	tree	et		10f. Zip Code 212	231			10g. Citizen of V Ukra		itry?
þ		1. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Dece Armed Fo 1  Yes If Yes, Giv Year or D	rces? 2 X No	er in U,S.	lf '	es Decedent of Yes, specify Cu	Hispanic Origin ban, Mexican, F Specify:	? (Spec Puerto F	cify Yes or No Rican, etc.)	Specifi Specifi	e - America ck, White, o	etc.
Completed	-	15. Decedent's Education (Specify only highest grade completed)  Elamantary/Secondary (0-12)  College (1-4or 5+)					6a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Seamstress					hing	
To Be	1	7. Father's Name (First, Middle, La Gregory I	ohvine	nko					Name (First, Middle, Maiden Sumame) ina Unknown				
		19a. Informant's Name/Relationship Natalie Kuri Oa. Method of Dispositi <i>on</i>				4519	Westb	rook L			er, City or Town, ISINGTO 20c. Location -	n, M	ID 20895
*		Burial 2 Cremation 3     Donation 5 Other (Spectrum Service Lice)     Signature of Funeral Service Lice	eify)	State		Andr	tion (Name of atory or other plus Cem Name and Addition	etery	6/2		Baltim		
SUCS		23a. Part1. Enter the disease, or co shock, or more failure. List on	mp cations thet c	aused the	a daath. D	Li 19	lly &	Zeiler tern A	ve.	nc.Fu Balt	neral o.Md 2	Home 1231	Approximata
n al er	1	mmediate Cause (Final ilsease or condition esulting in death)	е	ano	Crea	fit	Car						Interval Between Onset and Death
edical Examiner	3	Sequentially list conditions, any, leading to immediate	bS:	eps Du	e to (or as	a conseque	ence of):					1	
-   ₹	tr	Sequentially list conditions, any, leading to immediate ause. Enter Underlying ause. Cliesease or injury heat initiated events esulting in death) Last	c	Due	e to (or as a	1 conseque	ence of):						
Physician/Medical Examir	P	Part It. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  Hyperhension								23b. Did tobacco use contribute to the cause  1  Yes 2 No 3 Probably 4			
Completed by	-	Diabetes Mellitus								performed? ava			ore autopsy findings allable prior to appletion of cause death?
Be Com	2	Crohns  5. Was case referred to medical	Disea	se	٠			28. Placa of	Death	1 🗆	/		]Yes 2□ No
2	2	examiner?  1  Yes 2 No  7. Manner of Death  1 Netural 5 Pending 2 Accident Investigati	28. Placa of Death (Check only one)  It 3 DOA Other: 4 Nursing Home 5 Aresidenca 6 Other (Specify)  28c. Injury at Work?  M 1 Yes 2 Kno					()					
Certification:		3 Suicide 6 Could not determine	farm, street, factory, office 28f. Locatio				City or To	Location (Street and Number or Rural Route Number, City or Town, State)					
completely filled in by the funeral director, page  Medical Certification: To Be Com		one) 2 Medicat Ext	thystclan: To tha miner: On the ba and mann	SIS OF OX	amination e	ga, daath o and/or inve	stigation, in my	opinion, death	lace, ar	nd due to the d at the time,	date and place,	and due to	tha cause(s)
00		9b. Sanature and title of cartilles	Grer	el	1	W	040	se number 444			29d. Date signe	a (Month, L 25/96	Day, Year)
Chi		D. Name and address of person who who to the filed (Month, Day, Year)	completed cause	MB		) (Type, Pi 2-32		eans' S-	t., 7	Baltim	ore Mo	( 212	224
State istrar	Ĺ	JUL 01 19	- 1	a Dav	_	Books	3						

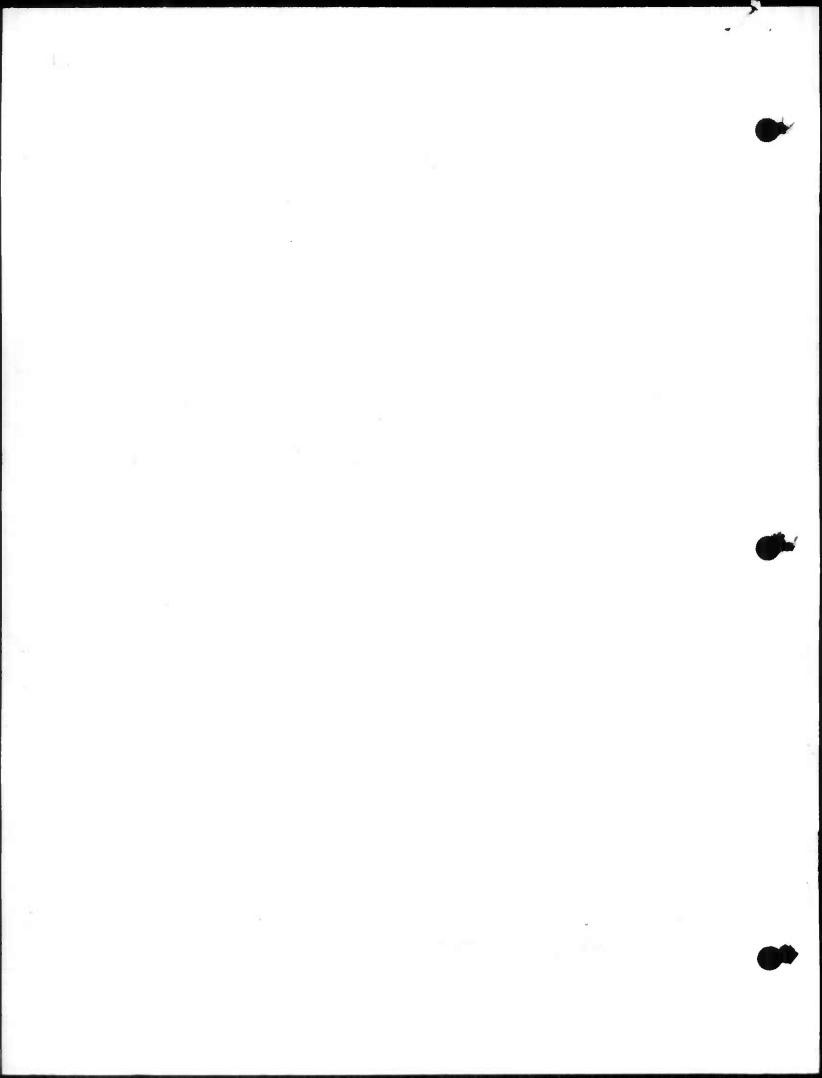
FOR

*	
- 55	
- 12	
- 50	
8	
100	
•	
4	
4	
3	
70	
8	
- 25	
- 66	
8	
Φ	
22	
50	
Ě	
~	
3	
e death certificate be execu	
동	
9	
The law requires that the de	
45	
-	
100	
#3	
82	
=	•
2	
<b>a</b>	
-	
6	
ž	
-	
-	
A	
2	
S	
≥	
á	
40	
NG PHYSICIAN: The	

	t. Pages	
hysician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competed within the land in the signed by the attending physician and competed within 12 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, community in permanent	
or attending pl	use as the by	
the hospital of	e detached for	t once.
be retained by	pond part 2	be notified a
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours where death. Plage 6 may be retained by the hospital or attending physician.	wal destor, p	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumette event, the medical examiner must be notified at once.
hours after dea	ed in by the for	medical exa
uded within 24	I completely fill- rial, cremation.	ic event, the
rtificate be exe	g physician an	ther traumet
at the death ce	by the attending	y injury, or o
law requires th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competery. What in by the it, be find within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to build, cremation, or remaind	23 shows an
HYSICIAN: The	vith the State D	ted, or item
ATTENDING PH	ECTOR: After the	n 28 is mark
HOSPITAL OR	FUNERAL DIR	TANT: If iten
E PE	De filed	IMPOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middlin, Last)  1. DECEDENT'S NAME (First, Middlin, Last)  2. DATE OF DEATH MONTH DAY YEAR 630	4												
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   IF UNDER 24 HRS. 7. DATE OF BIRTH   8. BIRTHPLACE (State or Fo	reign												
	215-07-8637   1	`k												
DIRECTOR	Lorien Nursing Home Baltimore City N/A													
REC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY													
	Maryland N/A Baltimore City 1 ⋈ ves 2 □	NO												
FUNERAL	5916 Darien Court 21206 United States													
Β¥	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If YES 2 NO DATES  13. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, epecify Cuben, Maxican, Puerto Rican, etc.)  14. RACE — American India Black, White, etc.  15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, epecify Cuben, Maxican, Puerto Rican, etc.)  16. RACE — American India Black, White, etc.  17. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, epecify Cuben, Maxican, Puerto Rican, etc.)	n,												
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY													
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)  11  Clerk  Amoco Oil Co.													
00	17. FATHER'S NAME (First, Middle, Last)  Clancey Williams  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Ada Green													
TO BE	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	Peggy Williams (Niece) 5916 Darien Court Baltimore, Maryland 21206  200. METHOD OF DISPOSITION DATE 200. LOCATION — City of Town, State													
	20b. PLACEAND DATE of DISPOSITION 1 & Burlel 2 Cremation 3 Removat from State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State	ıd												
	21. SIONATURE OF FUNERAL SERVICE LICENSEE Milton & Knight Jr  Multon Knight Jr  22. NAME AND ADDRESS OF FACILITY  Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Maryland 21													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest,  Approximately an expect follows:	ita												
	iMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Separation of the condition and the condition are suiting in death)													
Z	DUE TO (OB AS A CONSEQUENCE OF):  Neumonia  ZD75													
CATIO	If any, leading to immediate cause. Enter UNDERLYING	oc												
CERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	( )												
	PART II. Other significant conditions confibuting to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY / 24b. WERE AUTOPSY FIR													
EDICAL	24a. WAS AN AUTOPSY FIR ANILABLE PRIOR TO GOMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF DEATH?	ro												
N: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN	°												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:	=												
HYS	1   Inpatient 2   ER/Outpetient 3   DOA   4   Muraing Home 5   Residence 6   Other (Specify)  27. MANNED OF DEATH   286. DATE OF INJURY   26b. TIME OF   28c. INJURY AT   28d. DESCRIBE HOW INJURY OCCURED	$\dashv$												
BY	1 Netural 5 Pending   INJURY WORK? 2 Accident Investigation   M 1 YES 2 NO													
COMPLETED	3 Suicide e Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
APLE	29e. CERTIFIER (Check only one)  CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.													
- 11	WEDICAL EXAMINER: On the begin of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) and menner as at	rted.												
TO BE	Xedric & Mily M.D. D22645 D6/28/96													
	FREDRIC SIRKIS M.D. 7151 HOLABIRD AVE, BALTO, MD. 21	127												
	JUL 01 1996 July Davidson Kindste													



State of Maryland / Department of Health and Mental Hygiene

96

						Cei	rtificate	of	Death			Reg. No.		
Phys	ioion	1. Decedent's Nema (First, Min	ddia, Last)								2. Data of D Month	eath Day	Year	3. Tima of Death
	dical	LINDA R.	L	OVO				-			June			65 AM
Exar	niner	4e. Facility Name (If not institu			n <i>ber)</i>						ocation of Dea	th 4c. County	of Death	
		Stella Maris	Hospi	ce					Tov	vson		Ba	altim	ore
Funer	al	5. Social Sacurity Number	6. Sex	4 2DXF	7. Age (In yrs.	• •	If Undar 1 Months	Year Days	If Under Hours	24 Hrs. Min.	8. Data of Bi	rth ay, Year)	9. Birth	placa (State or Foreign
Direct	OF-	220 48 0316		1 ZLAT	36	Yrs.					March	16,1960	Mar	y1and
pug *		Usual Rasidanca of Dacadant 10a. Stata 10b. Cour	ntv		10c. Cit	ty, Town or Lo	cation						10d. Inside City Limits	
020  ours after deeth with the Meryland et, or items 23e or 28e-f show Examiner must be notified at	Director	Maryland Ba	altimo	re		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tim	imonium					1 ☐ Yas 2 🛣 No	
with ti	i	10e. Street and Number 164 Springside	Dr				10f. Zip (	oda	2109	33		10g. Citizen of t		
e 23a	Funeral			Mar David	de et Europe de 11	10 100		-1 -41						
9 2 8	ů,	11. Maritel Stetus		Armed For		1,5.	Was Dacadant of Hispanic Origin? (Specify Yes or North Yas, specify Cuban, Mexican, Puarto Rican, atc.)					Blee	ck, Whita,	can Indien, atc.
Maryland 21215-0020 of 2 should be filed within 72 hours after the and Mental Hygione. 77 Is marked other than "naturel", or its tranmetic event, the Modifical Examina	by F	1 Navar Marriad 217 M 3 Widowed 4 Divorce		1 ☐ Yas If Yas, Give Yaar or Da	a		1 Yes 2 MNo Specify:					Specify	<i>/</i> :	White
72 hours	8		ant's Educa			16e. Decedant's Usuai O (Giva kind of work of			ation		<del></del>	16b. Kind of B	usinass/în	dustry
215-C	Completed	(Specify only hig	hast grade o	ompleted)	7.18.1	(Giva lifa. l	kind of work DO NOT usa	done retire	during mos	st of work	king			
id 212: filed within Hygiene. other then ent, the M	Eo	Elamantary/Secondery (0-12	:)	Collaga (1-			Homem	ake	· ·			Do	mest	ic
be filed that the dother ovent.	Be C	17. Fether's Name (First, Midd	le, Last)		·		HOHICH	uizc.		er's Nam	e (First, Middle	a, Maidan Suman		
id be ked	To B	George	John	i	Rei	uling			Dor	oth	У	Ruth	St	roud
Maryland 2 d 2 should be filed th and Mental Hygi 7 Is marked other traumatic event, I		19a. Informant's Name/Relation	nship (Type	, Print)		19b. Mailir	ng Address (	Streat	end Numb	er or Rui	ral Routa Numl	per, City or Town,	Stata, Zij	o Coda)
and 2 and 2 salth a n 27 is		Julio N. Lovo	/ Hus	band		164	Sprin	asi	de Dr		Timoniu	m, MD 2	21093	
S a a		20a. Mathod of Disposition				Placa of Dispo	sition (Name	of			/2/96	20c. Location -	City or To	own, Stata
Peges nent of nt: If its		1XQBunial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Othar		novai from S		laney V				ardei	/2/90 ns	Timoniu		
프 교육원증	21. Signatus Funeral Serve Livenies  22. Nema and Addrass of Facility CAFA Stephen D. Lohrmann P.A. 8717 Green Pastures Dr., Baltimore, MD									21206				
THE REAL PROPERTY.		23a. Part1. Entertha diseasa,	or complica	tions that ca	ausad the deat								.е,ми	
Physicia		shock, or heart failura. L	ist only ona	cause on e	ech lina.			oy	.,,				1	Approximeta Intarval Between Onset and Death
/Medica		Immediate Causa (Final		CVC	V ON	04	truc!	-	>					10 0000
Examine	-	diseasa or condition rasulting in deeth)	0.					2/						181103
PILE	ē 1				Dua to (c	or es a consaq	uance of):						i	
uted ansit	Examiner		b		Due to /e	or as a conseq								
J, exec in en iel-tr	Exa	Sequantially list conditions, if eny, leeding to immadiate cause. Enter Undarlying Cause (Disaasa or Injury			Dua to (c	n as a conseq	uerice oi).							
68 / 60, licete be execute physician end is the buriel-trans	cal	that initiated evants	C. –		Due to (o	or as a conseq	uence of):							
X 68/60, sertificate be executed ding physician end se es the buriel-transit	Medical	rasulting in deeth) Last	1		Dua to to	as a conseq	derica or).							
7 63			d										<u> </u>	
requires that the death of the etten hould be deteched for u	Physician	Part II. Other significant cond	tions contri	buting to de	ath but not ras	ulting in the u	nderiving car	ise niv	an in Part	1	23b. Did	tobacco usa co	ntribute t	o the cause of death?
that the de deteched	hys						ing out	g		••		Yes 2 No	3 Pro	
es that igned be dete	by P										1	2/2(10		
rd: quire n sig uld b	8										24a. Wa	an autopsy	24b. W	ere autopsy findings
ecord law requires es been si 2 should	olet										pen	ormed?	CC	vallabla prior to empletion of causa death?
T 0 - 5	Completed											Van 2010		
Vital I		25. Was casa refarred to medi	nal .									Yas No	11	□Yas 2□No
	o Be	axaminar?		pitel:		1500		Oth	ar		th (Check only		- 10	
Phys Phys	-	27. Mannar of Death		28e. Data o	of Injury	ER/Outpetien 28b. Tima of		c. Injur	4 LIN	ursing H	oma 5 ☐ Ras 28d. Dascribe	how injury occur		W) HOSPICE
Division or Attending letter deeth. Director: After	Certification:	1 Naturel 5 Pan-		(Month	h, Day Year)	Injury	M	AAOI	ńk? Yas 2□	No				
VISIC Attendi or deeth ector: / by the I	f Ca	3 Suicida 6 Cou	d not be	28e Plece	of Injury - At he	oma farm str					28f. Location	(Street and Numb	er or Run	al Routa Number
DIVISION Attended of the Color	ET.	4  Homicide	mineo	buildin	ng, atc. (Specif	<i>y</i> )	000, 10000, 31	Ollida			City or To	wn, Stata)		
Hospital 24 hours Funeral tely filled	0	29e. Certifiar X Certifi	dna Physic	an: To the l	hest of my kno	wledge deeth	occurred at	the tir	na data ar	nd place	and due to the	causa(s) end ma	anner ec c	helete
24 h 24 h Fun	edical		ai Examina	: On the ba	sis of axamina	tion and/or inv	astigation, i	n my o	plnion, das	ath occur	red at tha tima	data and place,	and dua t	o the cause(s)
Divide Hospital or within 24 hours effe To the Funeral Diric completely filled in	Z e	29b. Signatura and titla of carti	fiar				29c.	Licans	a numbar			29d. Date signe	d (Month.	Day, Yaar)
6 - 3 - 5		Mondo	00	00	200	ha.	1	10	51	42	2	7/1		
3		20 Name Card at 1		107	wix		ن د	10	-0	ι	,	11/0	16	
. 1	ż	30. Nama and address of person	11	plated cause	a or daath (Itan	n 23a) (Type,	rrint)	2 -	11. 1	0 1	1	FAULK		MAD
-		31. Data filad (Month, Day, Yes		30 Pa	gistrar's Signa	ON , I'll	61 01	20.	7 , 9	42 K	ENDALL	VAULK	NBR	, NV
Regi	state	JUL 0			lia Soul	10 m	7.00							
11031	SVEA.	0010	上 じご	1 0		me Mark								

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** Mc Williams Frances 11:13 Am 30 96 6 /Medical 4a. Facility Name (If not institution, give street and number 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 8. Dete of Birth (Month, Day, Year) NIG. 28 1935 BALTIMORE If Under 1 Year If Under 24 Hrs. N/A

9. Birthplace (State or Foreign Country), ΔΑΝΤΔ UNIVERSITY OF MARYLAND 7. Age (In yrs. last birthdey) **Funeral** Months Devs Hours 1 □ M 2/C)/F Yrs 60 Director 177-28-9415 PENNSYLVANIA Usual Residence of Decedent death with the Maryland 10a. State 10d. Inside City Limits 10b. County 10c. City, Town or Location ?? is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at YYes 2 No Director PENNSYLVANIA PHILADELPHIA 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? 6219 N. 18th st 19141 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 CNo If Yes, Give Year or Dates: 14. Rece - American Indien, Bleck, White, etc. 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritei Stetus permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If New 27 Is marked other than "natural", or iten any Injury or other traumatic event, the Medical Examina 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐XNo Specify: à 3 ☐ Widowed 4 ☑ Vivorced BLACK Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decadent's Education (Specify only highest grede completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12th grade FEDERAL GOVERNMENT Clerical 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) James Walton Lennie Smith 2 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20b. Place of Disposition (Name of cemetery, crematory or other place)

20 Date

20 Date

20 Date

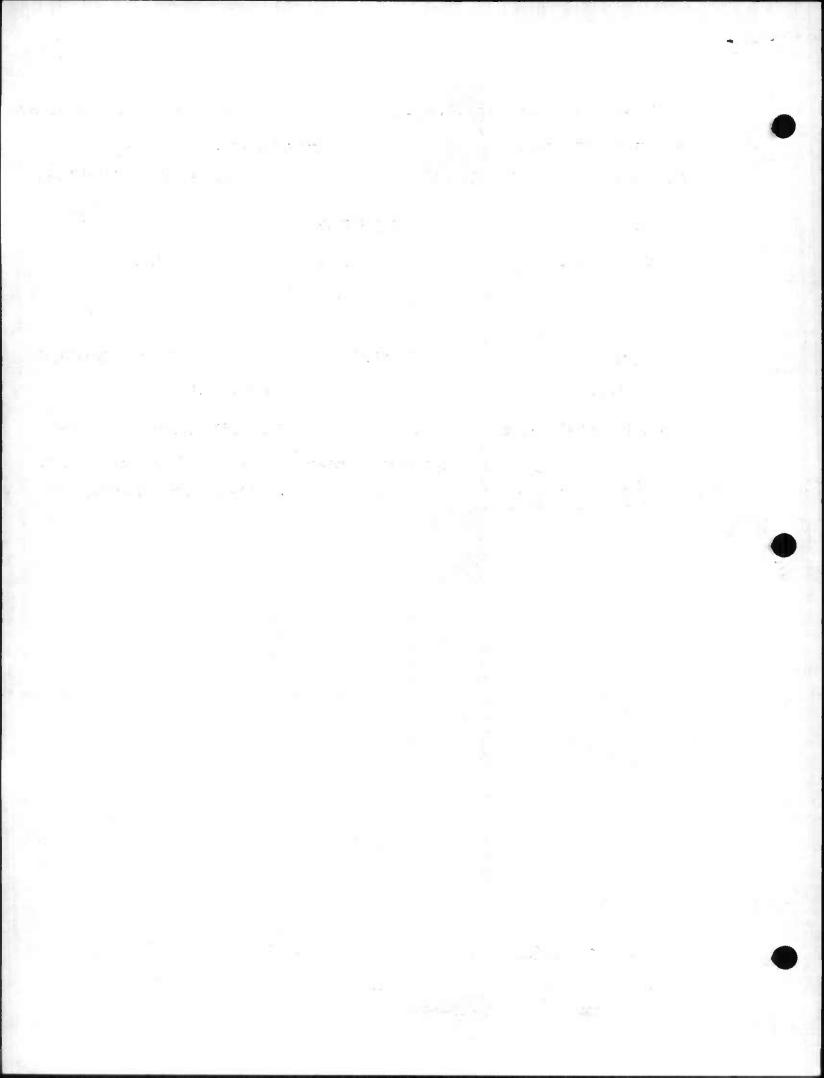
20 Date

20 Date

20 Date Bruce L. McWilliams/Son 20a. Method of Disposition 1 ⋈ Burial 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 7-5-96 PHILADELPHIA, PENNS. Northwood Cemetery 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility WILLIAM C. BROWN COMMUNITY F/H 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Sepsis don Examiner Dua to (or as a consequence of) Examiner ed by the attending physician and detached for use as the burlal-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of) Box 68760. Physician/Medical Due to (or es e consequenca of). Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detach Congestive Heart Failure 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Chronic Obstructive Pulmonary Wisease 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed has certificate 1 ☐ Yes 2 ₺No 1 ☐ Yes 2 TNo or Attending Physician: after death. Director: After this certific funeral director, Be 25. Was case rafarred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Certification: To 1 ☐ Yes 2 ☒ No 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Panding investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Horpital when the Funeral Completely filled Certifying Phyaician: To the best of my knowledge, death occurred at the time, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier 6/30/96 iorc 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) 22 S. Greene St. Baltmore MD 21201 M.D. 31. Date filed (Month, Day, Year) Pegistren Signature State

Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

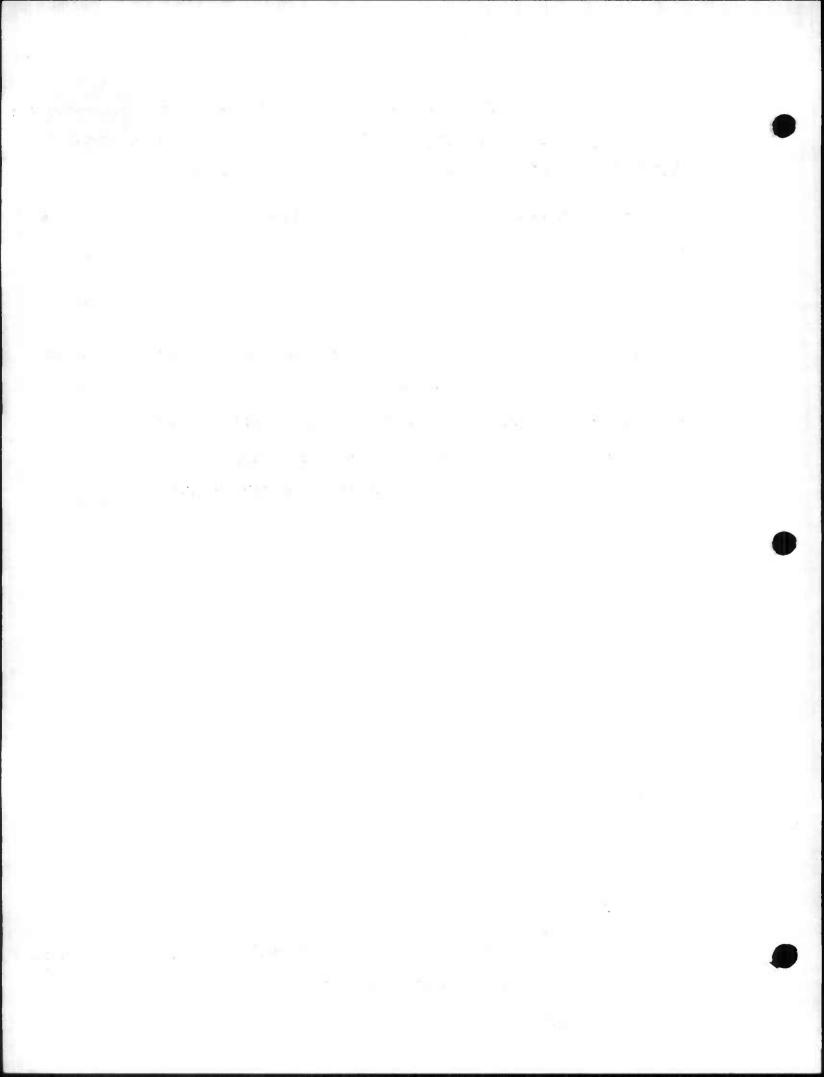
FALLSTON MD 21047

					CEI	illicate of	Dealli		Reg. No.		
-1	Physic	an	Decedant's Nama (First, Middla, Last,				1	2. Data of I	Death Day	Year	3. Tima of Death
	/Medi		WILLIAM	1 704	7 7	11LE	s JR	JU		996	1=05 A
$\theta$	Exami		4a. Facility Nama (If not institution, giva				4b. City, Town, or i				
			ER FALLSTON		AL HO			2100		240	~0
	Funeral		5. Social Security Number 6. Sax 722 05 4547		yrs. last birthday) O Yrs.	If Under 1 Yaar Months Days		(Month, L	irth Day, Year)	9. Birthpla Countr	aca (Stata or Foreign
	Director			Xw 201 /	U Yrs.			Jan.1	8,1926	Mary	land
	pug *		Usual Rasidance of Dacedant  10a, Slata 10b. County	100	c. City, Town or Loc	ation				10	d. inside City Limits
	sho	5	Maryland Baltim		,,		gsville			100	1 ☐ Yas 2X No
	the N	ect	10e. Street and Number						40 000 4		
	Nith	ត់	6416 Mt. Vista Rd.			10f. Zip Coda	21087		10g. Citizen of United		•
	be filed within 72 hours after death with the Maryland tal Hygiena. Id other than "natural", or itema 23a or 28a-f show event, the Modical Examiner must be notified at	Funeral Director		40 Mas December 5 Con-	- 11.0			* * *			
	er de	Š		12. Was Decedent Evar Armed Forcas?	in U,S. 13. W	Yas, specify Cub	Hispanic Origin? (S; ban, Maxican, Puart	pecity tas or r o Rican, atc.)	Bia	ce - Amarica ck, Whita, at	
20	s aft	by F	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas;	1	☐ Yas 21 No	Specify:		Specia	y: WI	hite
Ş	hour	8	15. Decedant's Edu		16a Doood	ant's House Cook	mation		16b. Kind of B	laana/ladu	
15	n 72	Completed	(Specify only highast grade	a complated)	(Giva l	ant's Usual Occu ind of work dona O NOT usa ratire	during most of wor	king	Baltin		
212	with the	E	Elementary/Secondary (0-12)	College (1-4or 5+) 5+		Teacher		or			ucation
D	Hyg Hyg	Be C	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Nan				
an	id be ental ked c	ToB	William J.	Mi1	es, Sr.		Marie	C		Ra	app
Maryland 21215-0020	should nd Mer marks umatic	-	19a. Informant's Name/Ralationship (Ty	pe, Pnint)	19b. Malling	Addrass (Straa	t and Number or Ru	ral Routa Num	ber, City or Town	. Stata. Zip C	Code)
2	nd 2 lith a 27 is		Sherry J. Miles /	wife			sta Rd., F			210	
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mentai Hygiena. Important: if item 27 is marked other than "natural", or itema 23a or 28ad show any injury or other traumatic event, the Medical Examiner must be notified at ence.		20a. Mathod of Disposition	20	b. Place of Dispos	ition (Nama of atory or other pla	199	Data	20c. Location	- City or Tow	m, Slala
OF.	Pages net of h		1 ☐ Burial 2 ☐ Cramation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Spacify)	amoval from Stata	reen Mou			1/96	Ba1t	imore	, MD
Ē	ortan		21. Signatura of Funaral Service License			Nama and Addra		-,			,
Ba	permit. Departr Imports any init		4- C 1 ARA		C	AFA Ster	hen D. Lo	hrmann	P.A.		
			Show of	morrow	8	717 Gree	n Pasture	s Dr.,	Baltimor	e, MD	21286
			23a. Part 1. Entarche disaasa, or compli shock, or nam 1 failure. List only or	na causa on aach lina.	oaath. Do not anta	r tha moda of dyl	ing, such as cardiac	or raspiratory	arrast,	1 1	Approximata Intarval Between Onsat and Death
	Physician /Medical									! `	Misat and Death
	Examiner		disaasa or condition rasulting in daath)	ACUTE	COR	ONAN	4 ALIT	my i	717 FY7	5	
3		-		Due	to (or es a consequ	iance of):				1	
	nsit	n/Medical Examiner	_ b	ADWI		9				- 1	
	of certificate be assocuted and inding physician and use as the burial-transit	Xai	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants	Dua	to (or as a consequ	ience of):				į	
760	siciar buni	100	Causa (Diseasa or injury								
68760,	phy phy s the	ğ	rasulting In daath) Last	Dua	to (or as a consaqu	anca of):				1	
XO	centi nding use a	3		l							
m	atter for	cial	Data II Other also Market and Market								
0	that tha death ned by the atte detached for	Physicia	Part II. Other significant conditions con	iributing to death but not	rasuling in tha un	dariying causa gi	van in Part I.				the cause of death1
σ,	as that igned b	by Pi	HYPERTEN	2107				11,	Yes 2∟ No	3   Probe	ıbly 4 ☐ Unknow
ds	uras o sign	D D						24a. Wa	s an autopsy	24b. War	a autopsy findings
Ö	v require been si should	Completed	LONGESTIV	IE HEA	ANT	FAIL	JRE	per	formed?	com	lable prior to pletion of causa
Re	has ge 2	d L	•								aath?
ā	ician: The certificate rector, pag	ပိ	25.11					1 L	Yas 20 No	10	Yas 2□ No
Division of Vital Records, P.O.		o Be	25. Was case refarred to medical axaminar?	lospital:		-D OH	26. Placa of Dea				
o	Physical distriction	: To	1 Yas 2 No  27. Mannar of Death	1 ☐ Inpatiant	2 PER/Outpatient 28b. Tima of	3LI DOX	4 LI Muising II		how Injury occu		
On	After funer	Certification:	1 Natural 5 Panding 2 Accidant invastigation	(Month, Day Yea	r) Injury	28c. Inju Wo M 1 [	ork? ]Yas 2. ☑No	200. 00001101	NA	100	
3	deat ctor: y the	fica	3 ☐ Suicida 6 ☐ Could not be	28a. Place of Injury	At home farm stra			28f. Location		her or Rural I	Route Number
D.	or after Dire	erti	4 ☐ Homlcida determined	building, atc. (Sp	ecity)	~ ~			(Street and Num. own, Stata)		To die Promoti,
_	Hospital 24 hours Funeral stely filled	C	29a. Cartifiar 1☐ Certifying Phys	lcian: To tha bast of my	knowladga daeth	•	ma data and niece		A Causa(s) and m	annar ac cta	ted
	24 h	edical		ner: On the basis of exer and manner stated.	nination and/or inve	stigation, in my	oplnion, daath occur	rred at the time	, data and place,	and dua to t	ha causa(s)
	To the Hospital or Attend within 24 hours after death Ho the Funeral Director: "completely filled in by the	Me	29b. Signatura and titla of certifiar			29c. Licans	sa number		29d. Data signe	d (Month, Di	ay, Year)
	STATE OF THE PARTY		1 Gamsuf	- Lha			000	-			
	11		· I www swa	,—			OCME		202	4	1996

Registrar

30. Nama and addrass of person who complated cause of daath (Item 23a) (Type, Print) 4 5. PRABHU 1810 BELAIR NO 31. Data filed (Month, Day, Yaar)

JUL 01 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

19275

Physician	
/Medical	
Examiner	

**JOHN** 4e. Fecility Neme (If not institution, give street end number)

1. Decedent's Name (First, Middle, Last)

MATHESON

2. Dete of Deeth JUNE

3. Time of Deeth 4:22 A

**Funeral** 

KENILWORTH 5. Sociei Security Number 195-34-6605

4b. City, Town, or Location of Deeth Towson

Hours

4c. County of Deeth BALTIMORE

10g. Citizen of Whet Country?

1996

**Director** 

Usuel Residenca of Decadent 10e. Stete 10b. County

10c. City, Town or Location

Yrs

7. Age (In yrs. lest birthday)

51

If Under 24 Hrs. 8. Date of Birth (Month Day, Year) May 30, 1945

9. Birthplece (State or Foreign Country) Pennsylvania

the Maryland

r 28a-f show

"natural", or items 23s or

the Medical

I Hygiene. other than \*

1 and 2 should be filed viealth end Mental Hygie im 27 is marked other the traumetic event, in

of Health itam 27 i

**Physician** /Medical

**Examiner** 

buriei-transit

the

use as ettending p

is signed by the

peen

certificate has

· this o

After or Attending s efter dea... al Director: Afte

Hospital of 24 hours elemental D

To the To

Physician:

Physician/Medical

þ

Completed

Be

2

Certification:

Medicai

and

physician

The law requires that the death certificate be executed

Box 68760,

P.O.

of Vital Records.

Division

= 5 permit. Page Department of Important: if any injury or once.

Pages 1

ò

Completed by

Be

2

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

Maryland

Baltimore County

**ESSEX** 10f. Zip Code

If Under 1 Year

Months

Deys

10d. Inside City Limits 1 Yes 2 No

Funeral Director 10e. Street end Number 1923 Sue Creek Drive

12. Was Decedent Ever In U,S. Armed Forces? 1 DYes 2 No If Yes, Give Yeer or Detes:

ROBERT

Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

21221

14. Raca - American Indian. Black, White, etc.

USA

1 Never Married 2 Married 3 Widowed 4 Divorced

1 ☐ Yes > Specify: 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

Specify: White 16b. Kind of Business/Industry

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12)

College (1-4or 5+)

Information Director

Dept. of Public Safety

17. Fether's Neme (First, Middle, Last)

Clyde Matheson

18. Mother's Neme (First, Middle, Meiden Surneme) Faye Topolsky

19e. Informent's Name/Reletionship (Type, Print)

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 41 Lawn Avenue, Uniontown, PA 15401

Georges Twp., PA

Mr. Scott LaClair/cousin 20e. Method of Disposition

1 Surial 2 Cremetion 3 Reprovel from State 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Pieca of Disposition (Neme of cemetery, cremetory or other placa) Walnut Hill Cemetery

Date 20c. Location - City or Town, Stete

21. Signature of Funerei Servica Licanses

22. Name end Address of Fecility

Andrew D. Ferguson Funeral Home

7-1-96

Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.

Immediete Ceuse (Fine

Do to (or as) consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Approximete Intervel Between Onset end Deeth

diseese or condition resulting in deeth)

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest

Due to (or es e consequença of):

Due to (or es e consequenca of):

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes an eutopsy performed?

24b. Were eutopsy findings aveilable prior to completion of cause of death?

26. Piece of Deeth (Check only one)

Yes 2 No

25. Wes case referred to medical examiner 1 ✓ Yes 2 □ No

1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 28b. Time of

Other: 4 Nursing Home 5 Residence When (Specify) 28d. Describe how injury occurred

SCENE

27. Menner of Deeth 1 Neture 2 Accident

3 Suicide 4 Homicide

5 Pending investigation 6 Could not be determined Found 6/27/160153 28e. Pleca of Injury - At home, farm, street, fectory, offica bullding, etc. (Specify)

28c. Injury et Work? 1 ☐ Yes

Sulsiget ha

Location (Street end Number City or Town, Stete) 404

29a. Certifier (Check only one)

Tal

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) end menner es\_stated.

\*\*Contifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) end menner steted.

29b. Signeture end title of certifier

9

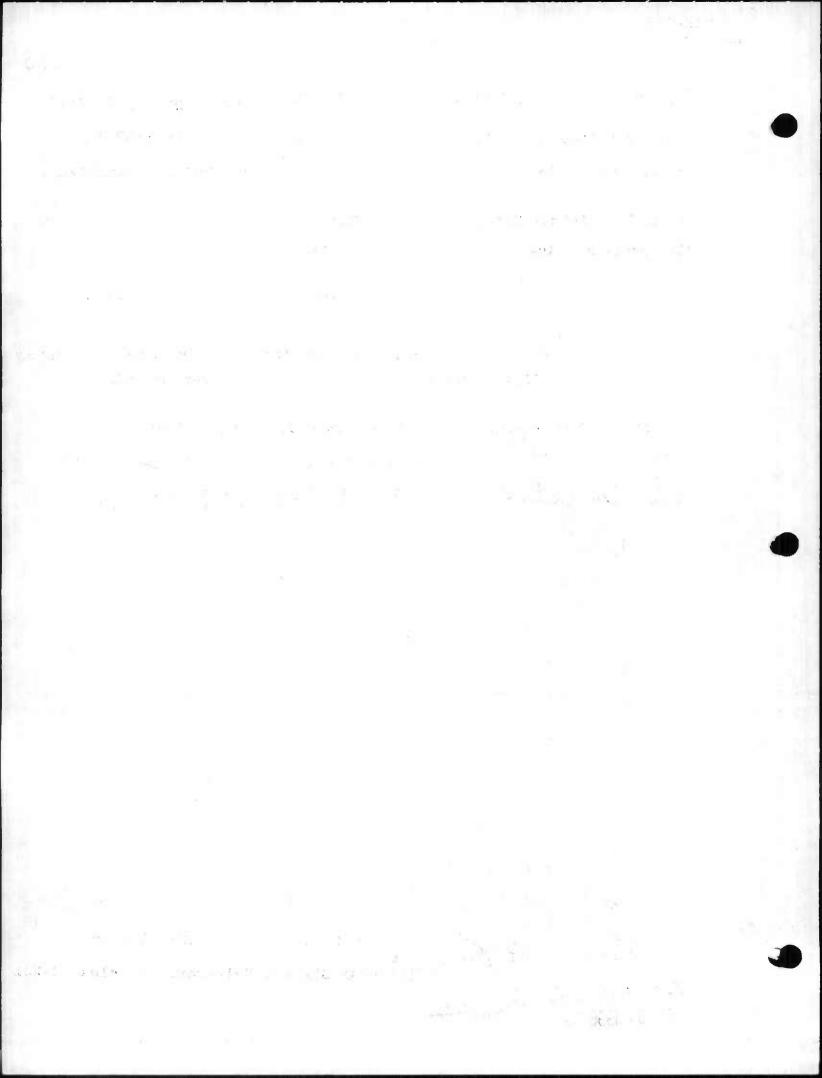
29c. License number O.C.M.E 29d. Dete signed (Month, Dey, Year) JUNE 27, 1996

of deeth (1) 23a) (Type Print) Penn Street, Baltimore, Maryland 21201 30. Name and eddress of person who completed cause 31. Dete filed (Month, Dey, Year)

MIL

State Registrar





					Certificate	e of L	Death		Reg. No.		. 5 . 7 0				
Physic	ion	1. Decedent's Neme (First, Middle, Las	•					2. Dete of De Month	eeth Dey	Year	3. Time of Deeth				
/Med		Russell EDW	ARD	Mor	an			Jane	24, 19	90"	9:42 Pri				
Exam	ner	4a. Fecility Neme (If not institution, give MARYLAND GENER	ocation of Deel	4c. County of Deeth N/A											
Funera Director		134-10-3079	7. Age	(In yrs. last	Yrs. If Under Months	1 Yeer Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bi	1909	9. Birth Cou PENI	piece (State or Foreign ntry) NSYLVANIA				
and w		Usual Residence of Decedent  10a. Stete 10b. County		10c. City, To	wn or Location						10d. Inside City Limits				
r 28a-f show	ō	MD. BALTIM	ORE	BA	LTIMORE						1 ☐ Yes 2 No				
n with the 3a or 28s	al Director	10e. Street and Number  1 C SHELLMAR			10f. Zip	Code	36		10g. Citizen of	What Cou					
within 72 hours after death with the Manyland are. than "natural", or items 23a or 28a-f show the Madical Examens must be notified at	by Funerai	11. Maritel Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	13. Wes Decedif Yes, spec	spanic Origin? (Sp n, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	14. Red Ble Specif	can Indian, etc.							
72 hours	eted	15. Decedent's Edu (Specify only highest grad		16	ia. Decedent's Usua (Give kind of work life. DO NOT us	Occupa	ition Juring most of work	ino	18b. Kind of B	usiness/in	dustry				
20 2 2 2	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	) !	IMe. DO NOT US				STEE	EL CO	OMPANY				
s 1 and 2 should be filed f Health and Mental Hygis frem 27 is marked other other traumatic event, it	To Be	17. Fether's Neme (First, Middle, Last) WILLIAM MORAN					18. Mother's Nam GERTRU	14.		ne)					
2 sho and lis ma		19a. Informent's Neme/Reletionship (T)			b. Malling Address										
1 and Health em 27		JUANITA VAN DE	CKER		IR 1 BOX of Disposition (Nem		5 GREEN								
		20e. Method of Disposition  1  Buriel 2 □ Cremetion 3 □ F		ceme	tery, crematory or ot	her place		Dete	20c. Location	117					
Demit. Page Department of Important: If Iny Injury or		4 Donetion 5 Other (Specify,		ASSU				/29/96	SYRAC	CUSE	, N.Y.				
permit. F Departmi Importan any Injur		21. Signature of Pulleter Service Licans	ASSUMPTION CEMETERY 6/29/96 SYRACUSE, N.Y.  21. Signature of Funerel Service Licansee  PENRY W. JENKINS & SONS CO.												
Physician /Medical Examiner	J.	Immediate Cause (Finel disease or condition resulting in death)			nal Hemor	rhag	ge			1	Interval Between Onset and Death				
certificate be executed viding physician and use as the burial-transit	ical Examiner	Sequentially list conditions, if sny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	o	ì l	a consequence of):					1					
E 0 8	cian/Medical	resulting in death) Lest	d												
that that led by the detache	by Physician/	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Pulmonary Hypertension, Congestive Heart Failure  23b. Did tobacco use contribute  1  Yes 2 No 3 P													
aw requir is been s 2 should	Completed							perf	en eutopsy ormed?	ev	era sutopsy findings calleble prior to empletion of cause deeth?				
The la	Con							1/1	Yes 2□No	พี	Wes 2□ No				
Physician: The this certificate and director, page	Be	25. Wes case referred to medical examiner?	lospital: XX			Othe	26. Piece of Deat								
ding Phys h. After this funeral di	tion: To	27. Manner of Deeth 14 Naturel 5 Pending	28a. Dete of Injury (Month, Dey		Outpatient 3 DO	c. Injury Work	+ LI Mutsing Inc	-	how injury occur		(y)				
Exame Hospital or Attending Physician: within 24 hours afterdeath. To the Funerel Director: After this certific completely filled in by the funeral director,	Certification:	2 Accident investigation 3 Suicide 8 Could not be determined	28e. Place of Injury building, etc.	y - At home, (Specify)	ferm, street, factory,				(Street end Numi wn, Stete)	ber or Run	al Route Number,				
6 Hospital 124 hours • Funeral letely filled	edical C	29a. Certifier (Check only one)  29 Medical Exami	sician: To the best of r ner: On the basis of ex and menner stete	xaminetion e	ge, death occurred a and/or investigation,	t the time	e, date end placa, Inion, desth occur	and due to the red et the time,	ceuse(s) and m date and place,	anner as s end due t	stated. o the cause(s)				
within To th	Me	29b. Signeture and title of certifier				License			29d. Date signe	d (Month,	Day, Year)				
		I Gend	elsmas	h (	M.D.	8921	2		June	26, 1	.996				
20		30. Name and address of person who or Inna Gendelsman	empleted cause of dea	th (Item 23a	) (Type, Print)	ra1	Hospital								
	-														

Registrar

JUL 01 1996

= \* \* 1 5 marks \*\* 

					Cei	tificate of	Death		Reg. No.		
Physici	an	1. Decedent's Neme (First, Middle,	,	022020	+ h			2. Dete of Dec		Year	3. Time of Death
/Medi		Roman Ch			3611				7,199		12 00 (10
Examir	er	4e. Facility Nema (If not institution,		ber)			4b. City, Town, or I				
		3199 Laverne				M Hadar 1 Van	Hampste		Carı		
Funeral			5. Sex 7 100 M 2□ F	. Age (In yrs. I	Yrs.	If Undar 1 Yaa Months Deys		(Month, De			ieca (Steta or Foreign try)
Director		217-40-8434 Usuei Residence of Decedent			1111			June 8	,1943	Mary	land
show		10a. Stata 10b. County		10c. City	y, Town or Lo	cation				11	0d. Inside City Limits
the Maryla 28a-f shor	tor	Md. Carr	oll	F	<b>Hamps</b> t	ead					1 Yes 2 No
or 28a-f	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	What Coun	try?
23a o	0	3199 Lav	erne Cir	rcle		21	.074		U.S	5 . A .	
/z nours anar death with the Maryland natural, or hems 23a or 28a-f show incal Examiner must be notified at	Funeral	11. Marital Status	12. Wes Deced Armed Force	lent Ever in U,	S. 13. \	Ves Dacedant of	Hispanic Origin? (S ban, Maxican, Puart	pecify Yes or No-	14. Rac	e - Americ	
or he	T.	1 Never Married 2 Marrie	d 1 Nes 2	9861.	1066	I Tes, specify Cu	Specify:	o midan, atc.)		ck, White,	
er a	1 by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Dat	as: 904-	1900	10 100 20/100	Specily.		Specif	y: Whi	. ce
	Completed	15. Decedent's (Specify only highest	Education grade completed)		16a. Deced (Give	lent's Usual Occi kind of work don	upetion e during most of wor	tking	16b. Kind of B	usinass/inc	lustry
Hygiene. ther than "	dm	Elementery/Secondery (0-12)	Coilege (1-4	for 5+)	life. L	OO NOT use retir	ed)		M C		
other than	ပိ	17. Father's Nama (First, Middle, Li	net)		1001	L & Die	18. Mother's Nen				ring Co.
e de ge	Be	Gerard Phili		reth			Mary Do			ne)	
nd Menta marked umatic e	10			. 6 011	100 11-00					Technic enti	
200		19e. Informent's Name/Reletionshi Gerard P. Mor					et end Number or Ru				
f Haalth from 27 other tr		20e. Method of Disposition	gereen	20h P		sition (Name of	ne cire.	Deta Deta	20c. Location		1. 21074
in to		1 Burlel 2 □ Cremation 3		CI CI	emetery, cren	netory or other pl	July 1,	1,1-11	Baltimo		
Department Important: If any injury or once.		4 Donetion 5 Other (Spe		ran						ne,	MG •
Department of Important: If I any Injury or once.		21. Signature of Funeral Service LI	077 2	1	Ĩ	ckhard	rass of Facility t Funera	al Chap	el		
		19 al	March		3	296 Ch	armil Dr	Man	cheste	r, N	ld. 21102
		23a. Part1. Enter the disease, or o shock, or heart feilure. List or	omplications that cau nly one cause on eed	usad the deeth ch line.	n. Do not ente	er tha moda of dy	lng, such as cardiac	or raspiretory ar	rest,	i	Approximete Intervel Between
hysician /Medical		Immediate Cause (Final		0	•		_ /			1	Onset and Death
Examiner		disease or condition resulting In deeth)	e	arc	non	a Th	u les	5			you
	ē			Due to (or	r as a conseq	uence of):					
ansit	Examine		b	Due to /or	r es e conseq					i	
iding physician and ise as the burial-transit	Exa	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseasa or injury		Due to (or	es e conseq	uerice or).				-	
g physician and as the burial-transit	edicai	thet initieted events	C	Dua to (or	es a consequ	uenca of):					
as th	Med	resulting in daeth) Lest		(						i	
6 3	M/us		d							1	
ed by the atten detached for u	Physician	Pert II. Other eignificant condition	a contributing to deal	th but not rasu	iting in the ur	nderlying cause o	iven in Part I.	23b. Did t	obacco uae co	ntribute to	the cause of death?
6 8	4							1163	Yee 2□ No	3 □ Prot	pably 4 Unknown
	by										
60 ED	8							24e. Wes	an eutopsy	24b. Wa	ara autopsy findings
,C (r)	pe							pono		cor	mpletion of cause deeth?
T 0	Completed							101	es 20 No	10	Yes 2 No
cartificata irector, pa	Bec	25. Wes case referred to medical					26. Place of Dee	ath (Check only o			
r this cartific	To	examiner?	Hospitel: 1 Inp	patient 2 1	ER/Outpetien	t 3 DOA	ther: 4 Nursing H	oma 5 🗀 esid	lence 6 Ott	ner (Specify	1)
h. Aftar this funaral d		27. Menner of Death 1 BNeturel 5 ☐ Pending	28e. Dete of (Month,	Injury Dev Year)	28b. Time of Injury	28c. Inj	ury et ork?	28d. Describe h	now injury occur	red	
r death. ector: Aftai by the fune	atic	2 Accident Investige	tion		2.94.7		Yes 2□No				
within 24 hours after death.  To the Funeral Director: A completaly filled in by the fu	Certification:	3 ☐ Sulcide 6 ☐ Could no determin	ad 256. Piece of	f Injury - At ho	me, ferm, stre	et, factory, office	9	26f. Location (S City or Ton	Street end Numi vn, State)	ber or Rura	l Route Number,
ra af											
within 24 hours aftar death.  To the Funeral Director: Aftar completaly filled in by the funa	Medical	(Check only 2 Madical Ex	Physician: To the becaminer: On the basi	is of examinat	wledge, deeth	occurred at the sestigetion, in my	time, dete end place opinion, deeth occu	, end dua to the o	cause(s) and modete and piece,	ennar es st	eted. tha cause(s)
the f	2	one)	and manne	r steted.							
To Co		29b. Signatura and title of certifier	-			Z9C. LICAT	nse number		29d. Data signe	O / /	7 /
1		Acc. 40	rester	MA		11	40/		4/2	0/9	6
10		30. Name end eddress of person w		of deeth (Item	23e) (Type, I	Print)	lle Rd.	HA	5.1	his.	7/074
		TAUSTIN	7///	Lowe	Dec	- L LEGSVI	111 100.	11 mups	sieAd, l	uct	21017
Sta Registr		JUL 01 1996	guna land	DAT Marie	-	,					
- Hedian	100	1000									

70 at 12 at 19 

	Pages 1, 2, 3 should	
ending physician.	etached for use as the burial-transit permit.	
the nospital or att	detached for use	once.
ay be retained by	irector, page 5 should be de	miner must be notified at once.
death. rage o m	9	examiner must
IN 24 hours are	ely filled in by the funeral dis nation, or removal.	natic event, the medical examin
De executed with	ician and completely fill for to burial, cremation	raumatic event
e death certingate	he attending physi Mental Hygiene pr	jury, or other t
w requires that th	s certificate has been signed by the attending phy th the State Dept. of Health and Mental Hygiene p	rked, or item 23 shows any injury, or other traumati
PHYSICIAN: The Ia		ked, or item 2:
OR ATTENDING P.	DIRECTOR: After the	TANT: If item 28 is marke
HOSPITAL (	FUNERAL D within 72 ho	TANT: If IN

]	TEM#31 film g737 7	/1/96ag perF	H					20	1261	0		
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF I			YGIENE EG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEA	ATH		
- 6	GARY	OWEN:	5			JUNE	26	1996	2:00	рм		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HRTH	8. BIR	THPLACE (State or I	Foreign		
ł	217-64-2586 9a. FACILITY NAME (If not institution, give st	1XXM 2 F	40 YRS.	MONTHS DAYS	HOURS MIN,		30 195	5 MA	RYLAND			
Œ										- 31		
EASTERN SHORE CORRECTIONAL CENTER WORCESTER COUNTY CRISFIELD    PRESIDENCE OF DECEMENT   100. STATE   100. COUNTY   100. CITY, TOWN OR LOCATION   100. LIMITS?   1 XX   1												
Ĕ I	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?											
<b>a</b>	MARYLAND BALTIMORE CITY 1XX Es 2 No											
٦												
BY FUNERAL	1521 E. COLDSPRI	NG LANE			21218			U.	S.A.			
3	11. MARITAL STATUS	12 WAS DECEDENT EVED II	N U.S. ARMED		CENDENT OF HISPAN			No.— 14. RA	CE — American Inc	flen,		
H	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	It yea, sp	secify Cuban, Maxica S 2 X NO Specify		ı, etc.)		ock, White, etc.			
	3 Widowed 4 Divorced				X				BLACK			
	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S L	JSUAL OCCUPATI	ON ost of working	18b. KIR	D OF BUSINE	SS/INDUSTRY				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	•							
M M	12th grade		Cook				Res	turant	S			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			name)				
BE (	William Owens Sr.				Charle	otte Sr	nith					
5	19a. INFORMANT'S NAME (Type/Print) Charlotte Smith/M	other			and Number or Aural I				land 212	218		
	20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE O			DATE	,	ION — City or				
	1X Burial 2 Cremation 3 Remo	ovel from State cen	DRUID R	TOGE CE	METERY	7/2		IMORE,		ID		
	21, SIGNATURE OF SPINERAL SERVICE LIC	ENSEE	DICOLD		ND ADDRESS OF FA		DALI	10 1				
	CM III	Pl.	1	7	-~ 1/	1	N	Princ	143 An	ME		
	pulling	6. Mon		3069	7 HAMA	den 1	TUE	21	853	md		
	23. PART I. Enter the diseases, or of shock, or Healt fellure.	complications that cause List only one cause on a	d the death. Do no each line.	ot entar the m	ode of dying, Euc	h aa cardlac	or reapirate	ory arrest,	Approxim			
	IMMEDIATE CAUSE (Final								Onsat ar			
	disease or condition resulting in death)	METASTA	TIC NOI	U SMA	LL CELI	- CA	RKIN	omA	MGA	JTHS		
. 1		DUE TO (OR AS	A CONSEQUENCE OF	):								
Z	Sequentially list conditions,	b										
Ĕ	If any, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE OF	):								
0	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS )	A CONSEQUENCE OF	):					i			
CERTIFICATION		d										
	PART II. Other algolificant condition	a contributing to death t	but not resulting is	n the underlylr	ig cause given in	Part I. 24	. WAS AN AU		4b. WERE AUTOPSY			
2							PERFORME  YES 2 X		AVAILABLE PRIO COMPLETION OF			
									OF DEATH?	1 NO		
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C	OF DEATH YE	S I NO I	UNCERTAI	NM						
M	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT	H (Check only one	)							
Sic	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out	petient 3 DOA	OTHER:	ne 5 🗆 Rasidenca	a DC Other (S	PRI:	SON II	UFIRMAI	ey		
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	E OF 28c, IN	JURY AT			RY OCCURED				
	1 Netural 5 Pending	(Month, Day, Year)	ILM		ORK? YES 2 NO							
ВУ	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	Y — At homa, tarm, a	treat, factory, offi	ca	281. LOCATIO	ON (Street and	Number or Run	il Route Number,			
	4 Homicide 8 Could not be determined	building, atc. (Spe	ocify)			City or T	own, State)			1111		
Ш	29a. CERTIFIER DE CERTIFIER PHYSI	CIANI To the feet of	adadaa direk	a sa sa casa a sa casa	area linear and a	4- 4						
MP	(Check only 1 DE CERTIFYING PHYSI	CIAN: To the best of my know							atal and	nded - d		
COMPLETED	2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and mariner as stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)											
10	Comon	PHYSICI			1)48	002		JVN				
_	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	A 2 5 /1	Print)	7 (F) A	bec. I	2000	A STEET TO	m NER 2	3		
	CLUSEGUN UG	FUILLAMOK	17 コンナ	~ ~ K.F	VELLE IL	1016 1	WITI	WED I		0 77		
	31. DATE FILED (Month, Day year)	996 REGISTRAN'S SIA	NATURE O		7		,-		7	0 10		

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Ce	ertificate	e of	Death		Reg. No.				
	1	I. Decedant's Name (First, Middla, La		2. Date of De Month	eth Day	Yeer	3. Tir	na of Death						
sician edical		Tammy		Pheas	ant				June	15, 19		9:	53 a.m.	
miner	4	a. Facility Nama (If not institution, given	a street end nu	ımber)				4b. City, Town, or L			ty of Death			
		Allegis Nursing 1	tome					Clinton		Prin	ceGeo	rae'	8	
eral	5		Sex	7. Age (In yrs.	. lest birthday	) If Under Months	1 Year Deys	if Under 24 Hrs. Hours Min.	8. Data of Birt (Month, De		-	-	tate or Foreign	
tor		138-76-5882	1□ M 2□χF	27	Yrs.	MOURIS	Deys	Hours Will.	June 28					
	-	Jsuel Residence of Decedent		140.0	24									
-		0e. Stete 10b. County			ity, Town or I						1		de City Limits	
t of	M	aryland Prince (	jeorge'	8 C	linton	1						1[_]	Yes 2 No	
Director	1	0e. Street and Number				10f. Zip	Code			10g. Citizen o	Whet Cour	ntry?		
1 2		9211 Studart Land				2	073	35		и	.S.A.			
72 hours after death with the Maryla natural", or items 23e or 25e-f sho dical Examiner must be notified at eted by Furneral Director		1. Meritel Stetus  1 Never Merried 2 Married	If Yes, Gi	edent Ever In U orces? UNIC 2 No ve	13 10wn	Wes Deceded If Yas, special		dispanic Orlgin? (Span, Mexican, Puerto Specify:	pecify Yes or No Ricen, etc.)	- 14. Re Bi	ace - Amaric ack, White,			
d b	-	3 ☐ Widowed 4 ☐ Divorced	Yaar or D	Detes:					_					
c ' 4 -		15. Decedent's E (Specify only highast gr	ducetion eda completed)		16e. Dec	edent's Usue e kind of wor	Occup done	petion during most of world)	king	16b. Kind of	Business/In	dustry		
Be Comp		Elementery/Secondery (0-12)	College (				e retire	d)						
ပိ	1	unknown	unknow	1	unkn	own		12 11 11 11 11 11			nknow	1		
a	1	7. Fether's Neme (First, Middle, Last	)					18. Mother's Nen			eme)			
2	-	John Pheasant							wn" Dic					
		19a. Informant's Name/Reletionship Deb Sowers/Siste	and Number or Ru Street-Riv					075						
and a second control of the second sec	2	0a. Method of Disposition ⟨ N 1 □ Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Special Control of the Cont	ce)	Dete 20c. Location - City or Town, State			ta							
8	1	ADonetion 5 Dother (Specify) State rem.  Signature of Funeral Service Licensee Ronald S. Wade Pir.  22. Neme end Address of Facility State Anatomy Board-655 W. Baltimoer Baltimore, Maryland 21201-1559												
ian cai ner		Part 1. Enter the diseasa, or com- hock, or haert feilure. List only mmediate Cause (Finel disease or condition esulting in deeth)		quire		mu		defra			me	Onset	dimete al Between and Deeth	
an/Medical Examiner		Sequentially list conditions, fary, leeding to immediate causa. Enter Underlying Couse (Disease or Injury hat initiated events esulting in death) Lest												
by Physician/	F	ert II. Other significant conditions of	ontributing to d	eath but not res	suiting In the	underlying ce	use gh	ven in Pert i.	23b. Did	lobacco uss d	ontributs to	o the ce	use of death?	
ţ										Yes 25 No			4 Unknown	
by	-	Anem								,,,,,,				
Completed	-	madn	whiha						24a. Was perfo	an eutopsy rmed?	ev co	/ailable p	psy findings prior to n of cause	
E									10	res 2 No	1	Yes	2 No	
BeC	2	5. Was casa referred to medical						26. Plece of Dee		/				
ToB		examiner? 1 Yes 2 No	Hospitel:	Inpatient 2	ER/Outpatie	ent 3 DO	Oth		oma 5□ Rasio		than (Canali	6.1		
-	2	7. Menner of Deeth		of Injury	28b. Tima		Bc. Inju		28d. Dascribe			<i>y)</i>		
ţ		1 Naturel 5 Pending invastigatio		th, Dey Year)	Injury	М		rk?  Yes 2 □ No						
Certification:		3 Suicide 6 Could not b	e 28e. Place	a of Injury - At h ing, etc. (Speci	nome, ferm, s fy)	treet, fectory,	office		28f. Location (Street and Number or Rural Route Number, City or Town, State)					
Medical Certification: To Be Com	2	29a. Certifier 1 Certifying Pt (Check only one) 2 Medical Exam	niner: On the b	best of my kno asis of axemina nar stated.	owledge, dee ation and/or I	th occurred envestigation,	t the ti	me, dete end plece opinion, deeth occur	, end due to the rred et the time,	cause(s) end i dete end plece	manner as s s, and due to	tated. o tha ca	use(s)	
2	2	9b. Signeture end title of certifier	-			29c.	Licens	se number		29d. Dete sign	ned (Month,	Day, Ye	ear)	
		RAL	()				D	46478		6-2	0-9	6		
	3	0. Name end eddress of person who			m 23e) (Type	, Print)		Rd. :					24724	
State	3	Suresh A. Po 1. Date filed (Month, Day, Year)		Registrer's Sign		:	017	Not.	W 3 . Y .	U(1)	/ + ( ), (		2.3	



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

19280

	Physician
-	/Medical
	Examiner

1. Decedent's Neme (First, Middle, Last)

CHARLES OCTIVIOUS PITTMAN

Deys

10f. Zip Code

2. Dete of Deeth JUNE 1996 3 Time of Death 5:20 PM.

**Funeral** 

2000 E. NORTH AVE.

7. Age (In yrs. last birthday) 5. Sociel Security Numbar 1 X M 2 □ F

4e. Facility Neme (If not Institution, give street and number)

If Under 1 Yaar Months Yrs. 32

4b. City, Town, or Location of Death

BALTIMORE
If Under 24 Hrs.
| 8. Date of Birth (Month, Day, Year)
I AN 15, 1964 BALTIMORE CITY

9. Birthpleca (State or Foreign Country)
MARYLAND 10d. Inside City Limits

Director

BALTIMORE CITY

BALTIMORE

10c. City, Town or Location

1 □Yes 2 □ No

10e. Street end Numbar

10a Stata

MD

Director

Funeral

by

Completed

Be

the Medical Examiner

5

Hygiene.

. Pages 1 and 2 should be filk ment of Health end Mentel Hy lant: If Item 27 Is marked oth jury or other traumatic even

permit. Page Department of Important: If any Injury or once.

Maryland

Baltimore,

other

21218

UNITED STATES

10g. Citizen of What Country?

4c. County of Deeth

1507 EAST 36th STREET 11. Maritai Status

218-86-3890 Usuel Residence of Decedent

1 Naver Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:

 Was Dacedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ Yes 2 No Specify:

14. Race - Amarican Indian. Black, White, etc. Specify:

BLACK

15. Decedent's Education (Specify only highest grade completed)

16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired)

22. Nama end Address of Facility

16b. Kind of Business/Industry

Elementery/Secondery (0-12)

Coltege (1-4or 5+)

LABORER

CONSTRUCTION

17. Fether's Name (First, Middle, Last)

CHARLES E. FOSTER

18. Mother's Neme (First, Middla, Maiden Sumame) BERTICE PITTMAN

19e. Informent's Neme/Reletionship (Type, Print)

19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 1507 EAST 36th ST.

BERTICE PITTMAN / MOTHER 20e. Method of Disposition

20b. Piace of Disposition (Name of cematery, crematory or other place)

BALTO., MD 21218 20c. Location - City or Town, Stata

Immedieta Ceuse (Finei disaese or condition resulting in deeth)

1 XBurial 2 ☐ Crametion 3 ☐ Removel from State 4 ☐ Donation, 5 ☐ Othar (Specify)

MARYLAND NAT. MEM. PK 7-2-96 LAUREL, MD

Date

21. Signetura of Funerel Service Licensee

aloin 2. Willes

CALVIN L. WILLIAMS F.S. 23a. Pert1. Enter the disaasa, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrast, shock, or haart feilure. List only one ceuse on each lina.

Approximete Intervei Between Onset and Deeth

Physician /Medical Examiner

The law requires that the deeth certificate be executed

signed by t d be detect

After this certificete

in by the Director:

Attending Physician:

8

death.

To the Hospital o within 24 hours of To the Funeral D completely filled i

Completed by

Be

10

Certification:

Medical

Box 68760,

P.0.

Division of Vital Records.

Sequentially list conditions, if eny, leading to immediate causa. Entar Underlying Couse (Diseese or Injury that initiated events resulting In death) Lest pue ettending physician Physician/Medical the

Due to (or es e consequence of):

Due to (or es e consequence of):

Due to (or es e consequence of):

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 ☐ Yee 2 ☐ No 3 ☐ Probably

24e. Wes en eutopsy performed?

24b. Were eutopsy findings evaliable prior to completion of cause of death?

2□ No

STREET

25. Wes case referred to medical 1 X Yes 2 □ No

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 5 Pending Investigation

6/24/96

28b. Time of 1718

28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 Tes

26. Piece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 XOther (Specify) 28d. Describe how injury occurred

cet 860 1 281. Location (Straet and Number or Rural Routa Number, City or Town, State)

29a. Certifler

27. Menner of Deeth

1 Neturel

2 Accident

3 Suicida

4 Homicide

Duilding, etc. (Specify)

City or Town, State)

Author

Author

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end menner as steted. 29b. Signetura end title of certifier

29c. Licansa number

O.C.M.E.

29d. Date signed (Month, Day, Year) JUNE 27, 1996

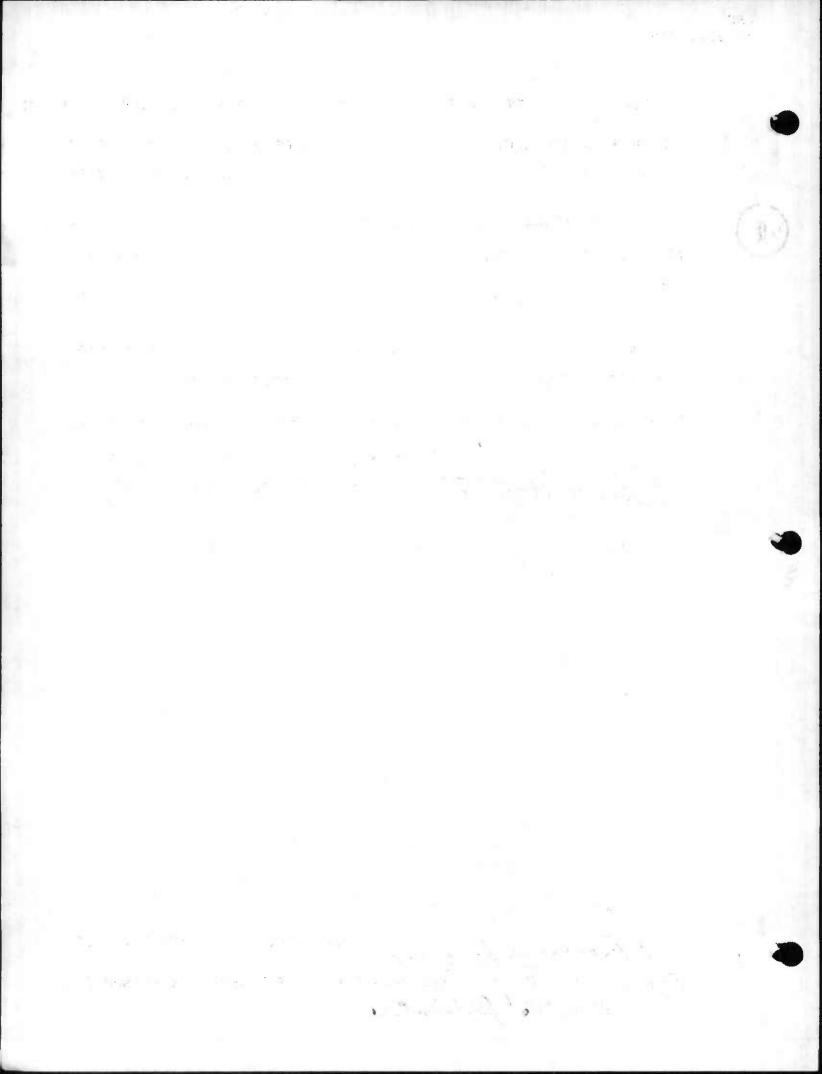
30. Name end address of person who completed cause of death (form 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 tem opt

State Registrar

Regular's Signetura 31. Deta filed (Month

6 Could not ba

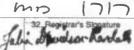


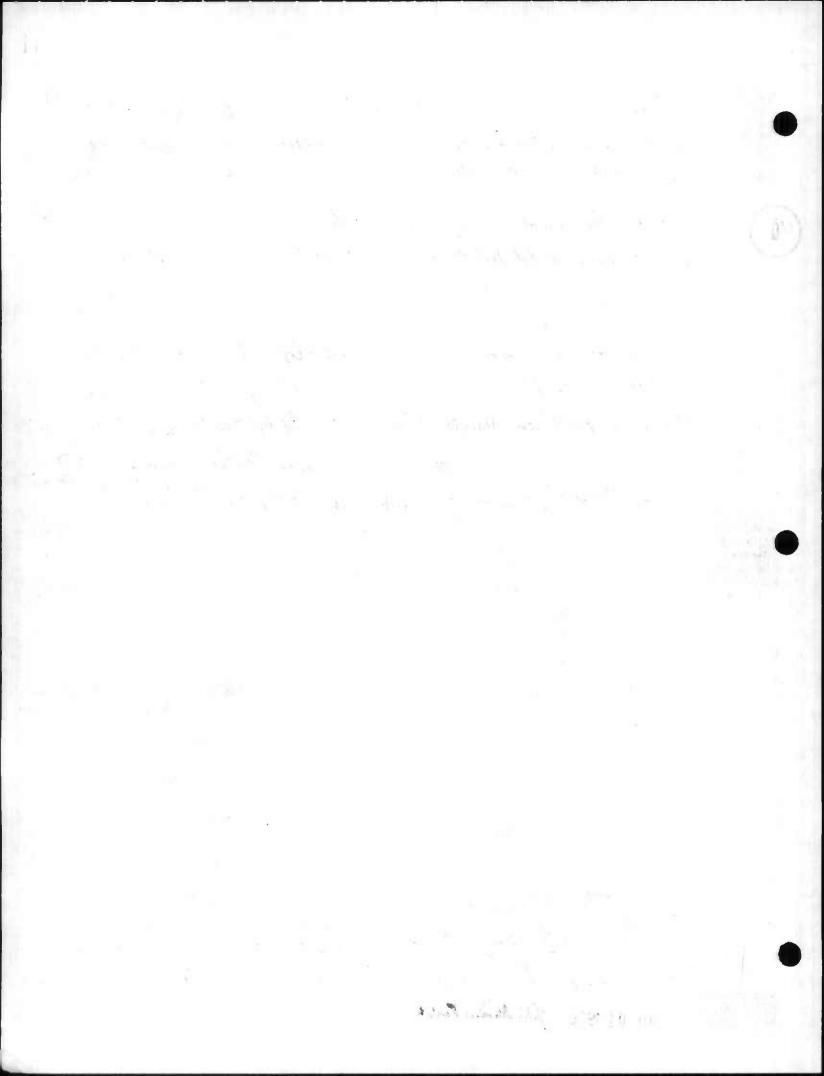
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Name (First, Middla, Last) 2. Data of Daath 3. Tima of Death Month **Physician** BANBANA PATTERSON /Medical 4a. Facility Nama (If not Institution, giva street end number) 4b. City, Town, or Location of Daath Examiner 4c. County of Deeth If Under 24 Hrs. 8 Day View Rd. OWINGS Bellimore 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) 8. Data of Birth (Month, Day, Year) 9. Birthpleca (Stata or Foreign Country) **Funeral** 1 M 2 F Months Days 214-62-9398 Yrs. NC Director Usual Rasidance of Dacadani 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits Ballimore 1 ☐ Yes 2 No Rems 23a or 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? Was Dacedent Ever in U.S. Armed Forces? 1 □ Yas 20 No If Yes, Give Yaar or Datas: Funeral 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Maxican, Puarto Ricen, atc.) Rece - Amaricen Indian, Black, Whita, etc. 2 Married natural, or 1 □ Yes 2 🕅 Baltimore, Maryland 21215-0020 Specify þ 3 Widowad 4 Sorvorced Block Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT yea ratired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Spacify only highast grada completed) ğ Elementary/Secondary (0-12) Collega (1-4or 5+) Clerk 17. Fathar's Name (First, Middla, Last) permit. Peges 1 and 2 should be fix Department of Health and Marital Hi Important: if item 27 is married oth any linjury or other traumatic even once. Be 1/1/am argarei 19a. Informant's Name/Ralationship (Type, Pnht) atterson - Daughter 2 Garrison Wings Mulls JMD 21117 20c. Location - City or Town, Steta 20a. Mathod of Disposition 20b. Piace of Disposition (Nama of cematary, cramatory or other place Burial 2 Cramation Long downe, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatura of Funeral Sarvice Licensas 638 N. Gilmon Street P.WYLie 7/H 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Batwaan Onset end Death **Physician** /Medical immediete Causa (Finel diseese or condition rasulting in death) **Examiner** Physician/Medical Examiner or Attending Physician: The law requires that the death certificate be executed ettending physician and for use es the bunal-transit Sequentially list conditions, if any, laading to immediata ceuse. Enter Underlying Causa (Diseesa or Injury that Initiated avents rasulting In death) Lest Due to (or as a consequence of): Box 68760. Due to (or as a consaquance of). Records, P.O. Part II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 10 Yes AND 3 Probably 4 Unknown þ 24b. Wara autopsy findings eveilable prior to completion of causa of death? page 2 should Be Completed 24e. Wes an autopsy performed? this certificate 1 🗆 Yas 25 PNo Division of Vital director. 25. Was casa rafarred to medical axaminar? 26. Pieca of Death (Check only ona) 2 100 1 Yas Other: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Inpetiant 2 ☐ ER/Outpetiant 3 ☐ DOA filled in by the funeral 27. Manner of Death 28e. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? After 5 Panding Invastigation Natural 24 hours after death. 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide the Hospital Conifying Physicfen: To the best of my knowledge, daath occurred at the tima, data and place, and dua to tha ceuse(s) end mannar as statad.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and menner stated. Medical 29a. Certifiar within 24 hou To the Fune completely fi 29b. Signeture and titla of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 508 30. Nama and address of person who completed cousa of death (Itam 23a) (Type, Print) Guyan Och Aux. Boltimon

State Registrar 31. Data filed (Month, Day, Year)

DUNCAT





## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Cel	TITICAT	e or	Deatr	7		Reg. No.				
	Dharaia		1. Decedent's Neme (First, Middle, L	.ast)							2. Dete of De Month	eeth Dev	Year	3. Time of Death		
	Physic /Med		RHODA M. RI	TMILLER							JUNE	29.	1996			
	Exami		4e. Fecility Neme (If not institution, g		ber)			4	4b. City, To	own, or L	ocation of Deat		ounty of De			
7	LAGIIII	Hei				D		m	OMEO	N M7	A DVT A N		ALTIM			
Н			SAINT JOSEPH 5. Social Security Number 6.		7. Age (In yrs. las		If Under			24 Hrs.	ARYLAN	D D				
	Funeral		212-01-2020	1 M 2 XF		Yrs.	Months		Hours	Min.	8. Dete of Bi (Month, Di July 2	ay, Year)	9. B	irthplace (State or Forei		
	Director		Usuei Residence of Decedent		86						July 2.	3, 190	09	Md.		
	pu *		10e. Stete 10b. County 10c. City, Town or Location											10d. Inside City Limit		
	aryle sho	-					oution							The second second second		
	ith the M or 28a-f	ct	Md. Baltim	ore	Tows	on								1 ☐ Yes 2 ☐ N		
		E	10e. Street and Number				10f. Zlp	Code				10g. Citize	Country?			
	h wi	100	2300 Dulaney Val	lev Rd.			2:	1204					U.S.F	λ.		
	deat	Funeral Director	11. Meritel Stetua	12. Wes Deced	dent Ever in U,S.	13. )	Ves Deced	dent of H	lispenic O	rlgin? (Sp	ecify Yes or N	p- 14	4. Rece - Ал	nerican Indien,		
0	ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours effer death with the Marylend if Health end Mentel Pyglene. Item 27 is marked other than "natural", or items 23s or 28s-1 show other traumatic event, the Medical Examinet must be notified at	E	1 Never Merried 2 ☐ Merried	Armed For						n, Puerto	Rican, etc.)		Bieck, Wh	ilte, etc.		
)20		þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or De	)		I□ Yes :	2 🔯 No	Specify	*		S	Specify:	24-		
ö		8	15. Decedent's I			16e Decer	lont's Lleue	al Occur	ation			16h King	W.r. d of Busines	nite		
15	n 72	Completed	(Specify only highest g	rede completed)	30.	16a. Deced	kind of woi	rk done	during mo	st of work	ding	100. Kint	u or busines	s/industry		
12	Mithi Than sie	E	Elementery/Secondery (0-12)	Coilege (1-					,			01/				
	Pygie 1	ပိ	12	41	P	ayrol	.1 Suj	perv			Dame - Landing	Olin				
Maryland	hould be filed within a Mentel Hygiene.  merked other than matic event, the Mentel Men	Be	17. Fether's Neme (First, Middle, Las	st)					18. Moth	ers Nem	e (First, Middle	, Meiden S	umeme)			
Va	nd 2 should be of the end Mente 27 is marked of traumatic ev	0	Henry B.	]	Ritmille	r			Augu	ısta		R.		Cooney		
a	or but	1	19a. Informent's Neme/Reletionship	(Type, Print)		19b. Mailin	g Address	(Street	end Numb	er or Rur	ral Route Numb	er, City or	Town, State	, Zip Code)		
	ond 2 lifth of r tra		Verna Mullen Wat	ts		6 Jul	iet 1	Lane	Unit	304	Perry	Hall	.1, Md. 21236 Location - City or Town, State .monium, Md.			
e,	of Health of Health of Health of Item 27 is		20e. Method of Disposition		20b. Pled	e of Dispo	sition (Nen	ne of			Dete					
٥	Peges nent of H int: if ite ury or of		1 Dourial 2 ☐ Cremetion 3		1010	etery, cren				1						
Ë	Ent.		4 Donetion 5 Other (Spec	rify)	Dula						7/3/96	Time	onium,	Md.		
Baltimore,	permit. Peges Department of Himportant: If ite any injury or of pice.		21. Signeture of Furnish al Service Licensee 22. Name and Address of Facility Ruck Towson Funeral Home, Inc.													
10			At all the	WK	_											
	_	23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line.												Approximete Intervel Between		
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth)  e. METASTATIC CARCINOMA OF THE COLON  Due to (or es a consequence of):													
		ē			Due to (or e	s a conseq	uence of):							1		
2	nsit ned	Examiner			2							<u> </u>				
	certificate be executed ding physician and use as the buriel-transit	Xa	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying		Due to (or es a consequence of):											
68760,	cian burie		Ceuse (Diseese or Injury													
87	the the	//Wedical	that initieted events resulting in deeth) Last		Due to (or es e consequence of):											
9	ng p	20														
XO														1		
m	that the death ad by the etter detached for u	Physicial	Pert II. Other significant conditions	contributing to des	th but not recultir	ag in the ur	derlying o	auea ak	on In Port	1	23h Did	tobacco u	ee contribu	to to the cause of deat		
0	t the d	hys		ig iii die di	raonying o	auso giv	on any one	1.		23b. Did tobacco use contribute to the cause of deati						
٩	es that the										ם ו	Yee 2X	No 3	Probably 4 ☐ Unkno		
ds,	8 6 8	d by									04-1111-	Tin Comment	246	. Were autopsy findings		
Record	v requires been sign should be	Completed									24e. Wes	en eutops: ormed?	y 240	availeble prior to completion of cause		
ec	ls t	di												of deeth?		
<u>m</u>	0 - 5	0									1 🗆	Yes 2	No	1 ☐ Yes 212 No		
of Vital	ician: The certificate rector, pay	Be C	25. Was case referred to medical						26 Plea	e of Doct	h (Check only	- 21	1	A		
>			examiner? 1 ☐ Yes 2127 No	Hospitei:	nationt OFF	/Outnotion	• • □ DO	Oth	05				To: (0-	/4-3		
o	Physical d	. To	27. Menner of Deeth	28e. Dete of		VOutpatien  Bb. Time of					ome 5 ☐ Resi 28d. Describe			еспу)		
5	ofing Ph h. After th funeral	5	1 Vetural 5 ☐ Pending	(Month	Dey Year)	injury		8c. Injur			200. 0000100	now injury	ocodiied			
Division		Certification:	2 Accident Investigetion 3 Suicide 6 Could not	25			М	ם י	Yea 2□	NO						
≥		투	4 Homicide determined	286. Placa c	of Injury - At home g, etc. (Specify)	e, ferm, stre	et, fectory	, office				Street end wn, Stele)	Number or I	Rural Route Number,		
	a after a series of the series	Ö			, , , , , ,							,				
	Mospital		29e. Certifier 1X Certifying P	hyeician: To the b	est of my knowle	dge, deeth	occurred a	at the tin	ne, dete er	nd plece,	end due to the	cause(s) a	nd menner	as stated.		
_		edical	(Check only 2 Medical Exa	miner: On the bas end manne	is of examinetion	end/or inv	estigetion,	In my o	pinion, de	eth occurr	red at the time,	date end p	eiece, and de	ue to the cause(s)		
	To the comple	Me	29b. Signeture and little of certifier	29c	. Licens	e number			29d. Dete signed (Month, Day, Year)							
1	8		1/4	00	1	/						1	20	01		
)	11		German	4 (j./	und	12		D 2	4710			6.	27	76.		
	5		30. Neme and eddress of person who	completed cause	of deeth (Item 23	Be) (Type, I	Print)									
			ARMANDO REAL,	M.D.,	7620 Y	ORK	ROAD	,	TOWS	ON,	MARYI	AND	2120	4		
		100	21 Date filed (Month Day Veer)	00 D	de of the order	-										

DHMH 16 Rev 6/95

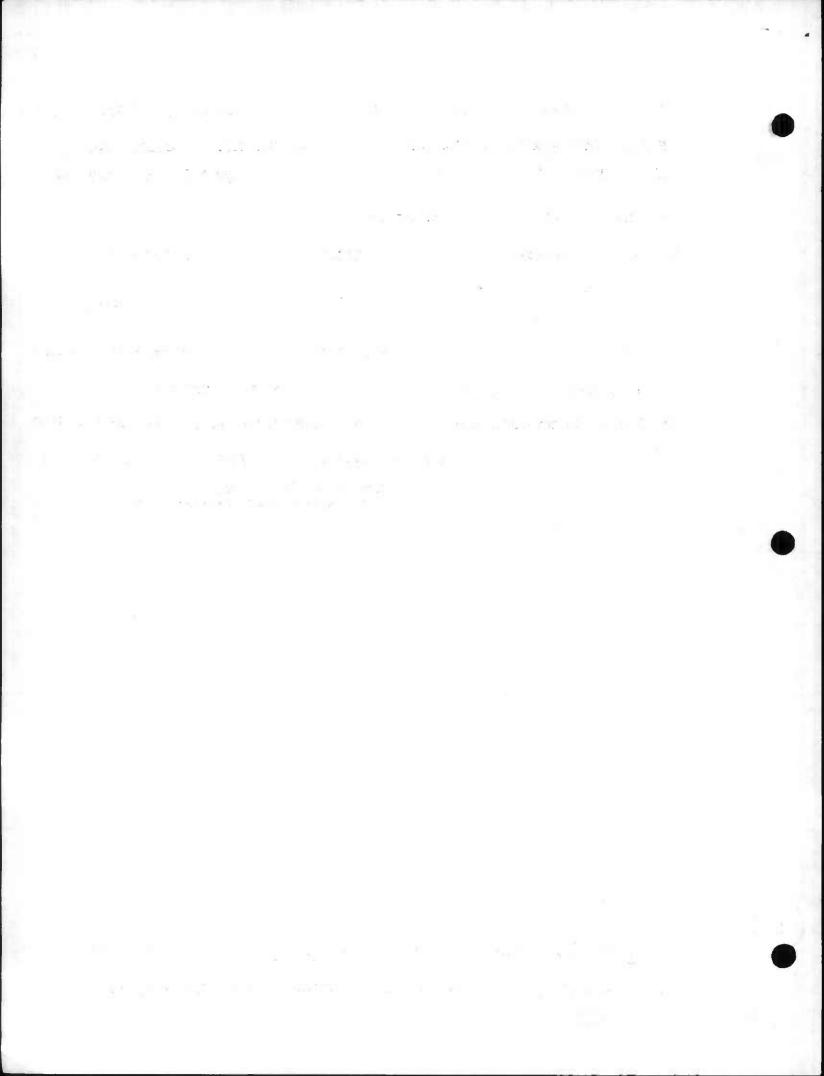
Registrar

serting on the PRODUCE OF THE SECOND S 

State of Maryland / Department of Health and Mental Hygiene 96

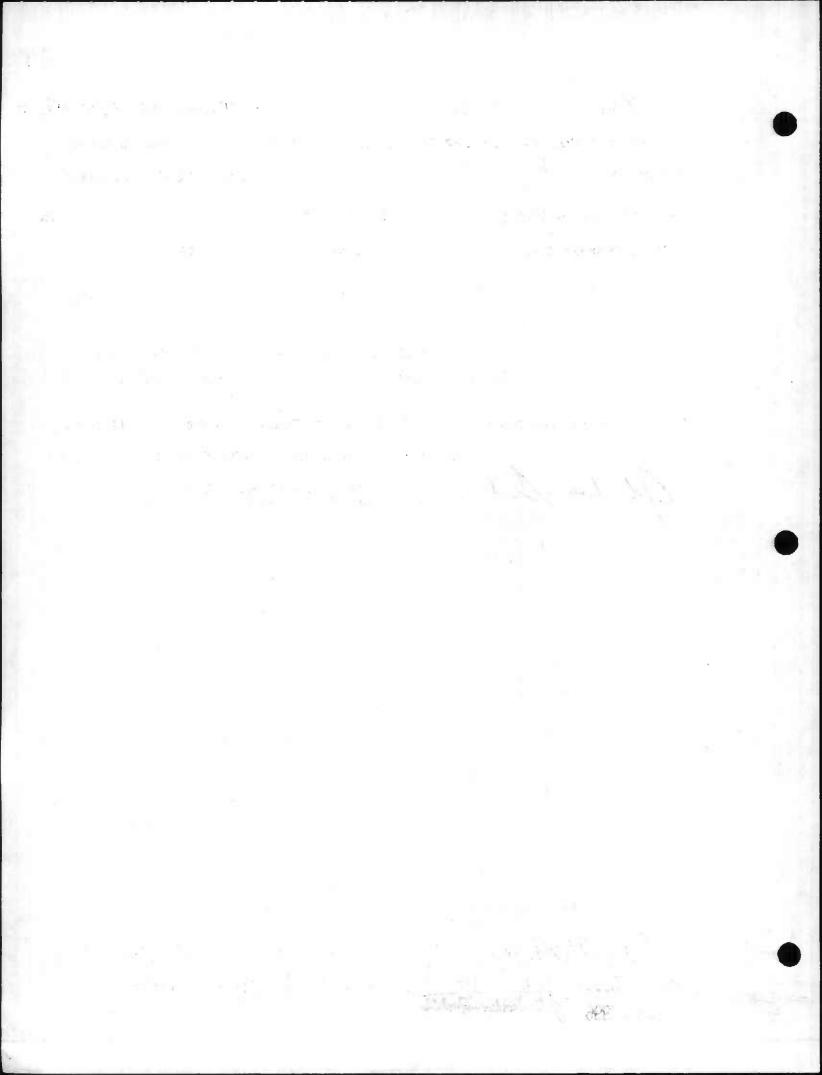
					Ce	rtificate	of l	Death		F	Reg. No.		
		1. Decedant's Nama (First, Middla,	Last)							of Dea	ath	Vana	3. Tima of Death
Physician /Medical		JOHN EDWARD ROBERTS				SR.			JI.	UNE	29 199		4:00 am
Examiner		4a. Facility Nama (If not institution, g					4	b. City, Town,	or Location o				1100 01
		SAINT JOSEPH	MEDIC	AL CENTE	R			TOWSO	N. MD.		BALT	TMOD	E.
Funeral			Sax	7. Aga (In yrs. last i		If Undar 1 Months E	Yaar Days	If Undar 24	Hrs. 8. Data	of Birth	h Veer!		ace (Stata or Foraign ry)_
Director		213-01-2969	1 <b>X</b> M 2□ F	80	Yrs.	MOILLIS	Jays	nouis	Augu	ist	5,1915		vland
rms 23s or 28s-f show r must be notified at	-	Usual Rasidance of Decedant											
a phow	. I	10a. Stata 10b. County	7.4	10c. City, To							10	d. Inside City Limits	
1 to 5	3	Maryland N/											1 X Yas 2 □ No
be nottled at		10e. Street and Number				10f. Zip Co					10g. Citizen of V	What Count	ry?
23a		3207 Woodring Av	renue			212	234				United	State	S
r items 234 niner must		11. Marital Status	12. Was Dec	edant Evar In U,S. orcas?	13.	Was Decedan If Yas, specify	nt of H	ispanic Origin n. Maxican. P	? (Specify Yas	s or No-	14. Rac	e - Amarica	
		1 ☐ Nevar Married 2 🕱 Married		2K No		1 ☐ Yas 2 🕽		Specify:		,	Specify		
Exar Exar	5	3 Widowed 4 Divorced	Yaar or D				•	open,			Specing	White	
nt, the Medical		15. Decedant's (Specify only highast)	Education arada complated)	16	(Giva	dant's Usual C	dona d	during most of	working		16b. Kind of B	usinass/Ind	ustry
ug de		Elamantary/Secondary (0-12)	Collaga (	1-4or 5+)	'lifa.	DO NOT usa	retirea	)					m
ther the	5	12				Fire C	)ff				Baltimore City		Fire Dep't.
		17. Fathar's Nama (First, Middla, La	st)								Maidan Sumen	na)	
	2	Rutherford	Rot	perts				Del	lia –	Co	nnell		
7 is merked of traumatic eve		19a. Informent's Name/Ralationship	(Type, Print)	11							or, City or Town,	Stete, Zip	Code)
		Mr. John E. Robe	erts, Jr.			41 Oak		een Ci	rcle /	Apt.	F Elli	icott (	ity, 21043
If item 27 or other		20a. Mathod of Disposition 1   Burlai 2 □ Cremation 3	□Removal from	come	of Dispo tary, cre	osition (Nama matory or otha	of ar plac	e)	Data		20c. Location -	City or To	wn, Stata
Z 11 2		4 Donation 5 Othar (Spec			book	Cemete	ery		7/3/9	96	Baltimo	re, M	laryland
Departmen Important: any injury once.		21. Signature of Funaral Sarvice Licensea 22. Nama and Addrass of Facility											
8 5 5 8	Paul L. Hartsock Leonard J. Ruck, Inc. 5305 Harford Road Baltin												014
	+	23a. Part1. Entar tha disaasa, or co shock, or haart fallura. List on	mplications that	ausad daath. D	o not an	tar tha moda d	Har of dyln	o, such as car	oad Ba	atory an	more, M	a. 21	214 Approximata
ysician		shock, or haart fallura. List on	ly ona causa on a	ach line								į	Intarval Batween Onset and Death
ledical		Immediate Causa (Final										į	
aminer		disaasa or condition rasulting in daath)	aCON	GESTIVE			IL	URE				-	
<b>1</b>	5			Dua to (or as	a conse	quence of):						ŧ	
min min			b. ———	Due to fee as		2-40						- 1	
physician and s the burial-transit	Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying									1			
sicla e bur	3	Cause (Disease or Injury that Initiated events	C	Dua to (or as a	000000	wassa of):				-		-	
physicial se the burner edical	3	rasuiting In death) Last		Dua to (or as a	a consec	(dance or).						- 1	
oftending phase of the set of the			d										
offer for	Physician	David Other of the Mercal and Market			at a market		-10.0		1		***************************************		
ed by the etterdetached for Physicia	2	Part II. Other significant conditions	contributing to a	eath but not rasulting	in tha u	indenying caus	sa givi	an in Part I.	23				the cause of death?
		COPD								1 🗆 1	res 2□ No	3 LI Prob	ably M Unknow
م مق									24	. Was	an autopsy	24b. Wa	ra autopsy findings
should should									_   -		med?	ava	ilable prior to
O N Q													leath?
page Com										1 🗆 Y	as 2 No	1	Yas 2 No
director, page	3	25. Was casa rafarred to medical axaminer?					Lau		Death (Check	k only o	na)		
T dis		1 Yas 2 XNo		Inpatiant 2 ER/	Outpatle		Oth	4 Nursir		_	lance 6 Oth		)
meral non:	:	27. Mannar of Deeth  1 Maturel 5 ☐ Panding	28a. Date (Mon	of Injury th, Day Year)	. Tima o fnjury	f 28c.	. Injun	rat c?	28d. Da	scribe h	ow Injury occur	red	
stor: Aff		2 ☐ Accident Invastiget				М	1 🗆 '	Yas 2 □ No					
Direct Jin by		3 ☐ Sulcida 6 ☐ Could not detarmine	d 258. Place	of Injury - At homa, ing, atc. (Specify)	farm, st	reet, factory, o	offica				Street end Numb m, State)	er or Rural	Routa Number,
O PER	5												
3 5 = 2	3			best of my knowledgasts of axamination a									
		one)	and man	nar stated.		- aonganon, m		zerozi, uddiil (	And all the	a serret, C	acta una piace,	una una 10	D. a. 00030(3)
To the comple	1	29b. Signatura and titla of certifiar	-			29c. L	icans	number		1	29d. Data signe	d (Month, L	Day, Year)
		M/ X/m	arina	- m/	)	D		46673			6/20	7/9	6
2		30. Nama and addrass of person wh	o completed caus	se of deeth (Item 23s	) (Type.			<b>300/3</b>			7,2	16	
0		A. H. GUARIN					דת	CAT C	ក្សាភាគ្នា បានការស្រា	m/	OWSON,	MD	
State		31. Data filed (Month, Day, Year)	10. 10. 1	legistrar menatura	7 7	ir it Pitti	DI	CAU C	MILLIN		MOCH	PH) .	
Registrar		JUL 01 1996	gunaising	econ-Markwen		4							
9		44-47 MAA	v										

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

i r	I. Decedent's vame (First, Middle, Las Lekoy ie. Fecility Name (If no institution, give Howard Cour	Ko	bects			2. Dete of Dea Month	th Dev	Year /	Time of Deeth	
i r		K O	Dects							
1		ctroot and number!	-012			- VIII	- 25	964	1.290	
- 1	Howard Com				4b. City, Town, or Lo		4c. County	of Deeth	1	
- 1	5. Sociel Security Number 6. So		al Ho:		Columbia  Year If Under 24 Hrs.			ard Cou	-	
_		X M 2□ F 8	2		ays Hours Min.	8. Date of Birth (Month, Dey January 8	Year) 3,1913	Maryl	(Stete or Fore	
	Maryland Howard		10c. City, Town		tt City				Inside City Lin	
Maryland Howard County Ellicott of the Street end Number 3370 N. Chatham Road 21042							0g. Citizen of 1 USA	Whet Country?		
2	1. Marital Stetus  1 Never Married	Armed Forces?		if Yes, specify	Cuben, Mexican, Puerto	ecify Yes or No- Rican, etc.)	Ble	ck, White, etc.	ite	
3	15. Decedent's Ed	ucation de completed)	16a.	Decedent's Usuel O	ccupetion	ina	16b. Kind of B	usiness/Industr	у	
	Elementery/Secondery (0-12)			life. DO NOT use n	etired)					
3			Dri	11 Press	-					
2	Salor S Hollie (First, Mildle, LASI)	William T	. Rober	ts	10. Mother's Name	Rosi	e Nusba	aum		
	19e. Informent's Neme/Relationship /7	ivne Printl	19b	Malling Address (S)	treet and Number or Pur	al Poudo Mumba	City of Tour	State 7in Con	fo l	
	Oe. Method of Disposition		20b. Place of	Disposition (Neme of	of					
	Commetery, cremetery or other piece)									
	21. Signatury of Funeral Service Licens	100/4	M00535	Slac	k Funeral H	Iome, P.	A.	,	100000	
	23e Part1. Enter the diseese, or comp	lications thet ceused t	he death. Do n					App	proximete	
- 0	m rediete Ceuse (Final disease or condition	. Archu	ith mi	9				(M)	ervel Between set end Deeth	
b. Hypertension up.										
										Ceuse (Disease or Injury that initiated events
(A)										
P	ert II. Other significant conditions co	23b. Did tobacco use contribute to the cause of des								
-	Hyperlipiden	61			1 🗆 Y					
-								avellebi	utopsy finding le prior to tion of cause 1?	
L						1 □ Ye	s 20 No	1 ☐ Yes	s 2D-No	
	examiner?	despitat.				(Check only on	e)			
	TE TOS ZE NO	1 Linpatient			4 LI Nursing Hot					
	1 ☑ Natural 5 ☐ Pending investigation	(Month, Dey	Year) In	М	1 ☐ Yes 2 ☐ No					
	4 Homicide determined	building, etc.	(Specify)			City or Town	, Stete)			
	9e. Certifier 1	ner: On the besis of e	xaminetion end	deeth occurred et th or investigation, in n	e time, dete end plece, e ny opinion, deeth occurre	end due to the ce ed et the time, da	euse(s) end me ate end plece, o	enner as steted. end due to the	cause(s)	
2	9b. Signature and title of certifier	0.0		29c. Lic	ense number	25	d. Dete signed	d (Month, Dey,	Year)	
	( Challen	KM			42998	J	Une 2	6,1991	6	
30	D. Name and address of person who co	empleted cause of dee	th (Item 23a) (1	ype, Print)	1	,		, , , ,		
To be combined by Luieia	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11. Marital Stetus  1	11. Marital Stetus    1	11. Marital Stetus    1	11. Martial Stetus   12. Wes Decedent Ever in U.S. Armed Porces?   1   Yes   28 No	11. Marial Stetus 1	11. Marital Stetus  11. Marital Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  11. Narial Stetus  12. Naria of Stephen	13. Narial Status   12. Was Decoder! Ever in U.S.   13. Was Decoder! of Hispanic Origin? (Specify Yes or Not   14. Rax Amed Forces?   1.   Yes   Yes	1.1. Martial Struck   12. Was Decodent Ever in U.S.   13. Was Decodent of Hispanic Origin? (Specify Yas on No-Tives Part of	



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. Film G737 item 24a per FH 8-8-96 rjaState of Maryland / Department of Health and Mental Hygiene ITEM#9 film g737 7/1/96ag perFH Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month 12:35pm Beryl Rohlem
4a. Facility Nama (If not institution, give street and number) June 96 28 /Medical 4a. Facility Nama (If not institution, give street and number)

Single Hospital 2401 Reliveders five Rathymore

5. Social Sacurity Number 6. Sax 7. Age (in yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth Month, Day, Year)

1 M 2 F 8 7 Yrs. Months Days Hours Min. F(Month, Day, Year) 4c. County of Death Examiner MD 21215 9. Birthplece (State or Foreign Country) GHYANA **Funeral** Director Usuei Residence of Decedent the Merylend 10a Steta 10b County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Moussi Examiner must be notified at Baltimore 1 Yes 2 No NIA Director Md 10f. Zip Code 10e. Street and Number 10g. Citizen of Whet Country? death with Mc Mechen 21217 301 USA Funeral 12. Was Dacedant Evar in U,S. Armed Forças? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marifal Stafus permit. Pages 1 and 2 should be filed within 72 hours effer c. Department of Heelth and Mentel Hyglene. Important: if Item 27 is marked other than "natural", or Item any Injury or other traumatic event, the Medical Examinations. 1 ☐ Navar Married 2 ☐ Merried 1 ☐ Yas 2 ☐ No If Yas, Give Yeer or Detes: 1 ☐ Yes 2 No Specify: aitimore, Maryland 21215-0020 þ Specify: Black 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Nurs Health 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumema) Soland toust ara 19e. Informent's Neme/Reletionship (Type, Print) 196. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) orter 9304 Lyons Drive Owings Mill, Ma sersha Wood 20b. Plece of Disposition (Neme of cematary, crametory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete Dafe 1 ☑Buriel 2 ☐ Cramation 3 ☐ Removel from Stata 7-1-96 Balh 4 ☐ Donetion 5 ☐ Othar (Specify) M+ Zion 21. Signeture of Funeral Sarvice Licensee 22. Name end Addrass of Fecility + Sons James A. Mor Balto. Tulm Md. 21217 mes 1701 Laurens 23a. Perful Enfer the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart feilure. List only one cause on each lift. Approximete fntervel Between Onsat and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) 130we Der foration Examiner Due to (or as e consequenca of) Sepsis physician and s the buriel-trans Sequentielly list conditions, if eny, leading to immediata cause. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in death) Last Due to (or as e consequence of) Dua to (or es e consequence of): the leckenia Division of Vital Records, P.O. Box 68760, Chronic Physician/Medical 980 Part ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 TYee 25 No 3 Probably 4 Unknown by 24b. Were autopsy findings evallable prior to completion of cause of death? 24e. Wes en autopsy performed? 1 ☐ Yes 20X No 1 ☐ Yas 2 ☐ No funeral director, 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 ☐ N6 1 Dipatient 2 ER/Outpatient 3 DOA this 26a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending Investigation 1 Waturel ofter deeth. Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident 6 Could nof be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide ò

1 Certifying Physician: To the best of my knowledge, deeth occurred et tha tima, date and place, and dua to the causa(s) and mannar as stated.

2 Medical Examinar: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, dete and pieca, and due to the cause(s) and manner steted.

29c. Licensa number

address of person who completed cause of deeth (Item 23e) (Type, Print)

1. CIAIVARA HID Since Hospital, 240 W. Belvedere Are, Baltomere

29d. Dafa signed (Month, Day, Year)

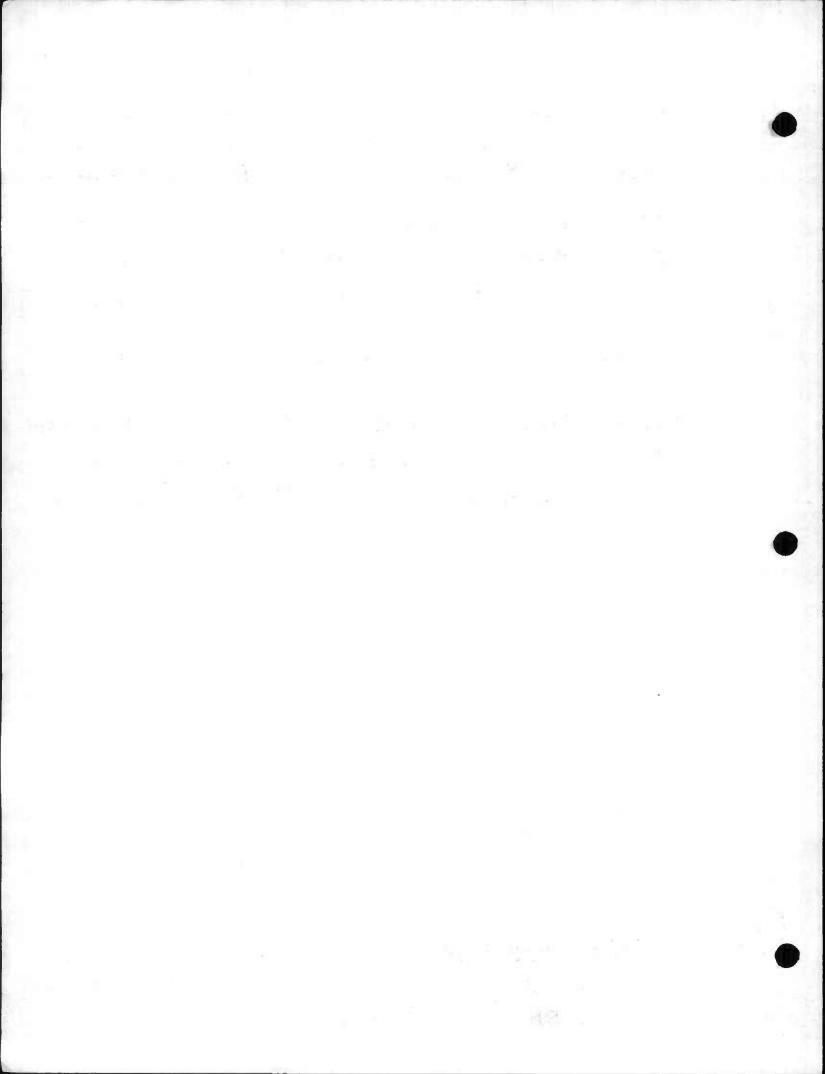
Registrar

29e. Certifiar (Check only one)

29b. Signature and fitle of cartifigur

31. Dete filed (Month, Day, Year)

JUL 01



#### Please Type or Print II Black Indelible lok Assure All Conic

lease Type Of F	THIL III DIACK HIGHIDIE HIK. ASSULE AL	il Copies Are Le	gibie.	
State of	Maryland / Department of Health and M	lental Hygiene	96	19286
	Certificate of Death	Reg. No.		
Middle (ast)		O Data of Dooth		O Time of Death

		Decedent's Name (First, Middle,		i iviai yia		rtificate o	Health and of Death	2. Date of De	Reg. No.	96	19201	
Physician /Medica	Rhonda Babylon Romero							Month JUNE	Day	996	3. Time of Death 09:18 Al	
Examine	_	4a. Facility Name (If not institution,		n <i>ber)</i>			4b. City, Town, or					
		101 GAY STRE				Milledge d Ma	BALTIM			0. C	-	
Funeral Director		218-98-9145	5. Sax 1 □ M 2 X F	7. Age (In yr. 27	s. last birthday Yrs.	Months Day		s. Date of Bir Sept	30°,196	9. Birth	nplace (Stata or Foreig Tyland	
	-	Usuai Residanca of Decedent  10a. State 10b. County		100 (	City. Town or L							
Se-f sho	201	100.000			nty, rown or c	ocation	Perry 1	ry Hall			10d. Inside City Limits	
feel Examinet must be notified at	ai Dire	10e. Street and Number 10006 Magledt	Road			10f. Zip Code	21234	10g. Citizen of What Country? USA			untry?	
- M		Maryland Baltin  10e. Street and Number  10006 Magledt  11. Marital Status  1 Never Married Marrie  3 Widowed 4 Divorced	12. Was Dece Armed For 1 Tes If Yes, Giv Year or Da	rces? XIXNo e	U,S. 13.	Was Decedent of if Yes, specify Co		Hispanic Origin? (Specify Yes or No- pen, Mexican, Puerto Rican, etc.)  Specify:  14. Race - America Biack, White, e  Specify: Whi				
"natural", porcal Exp	Det	15. Decedent's	Education		16a. Dece	dent's Usuei Occ	upation	41	16b. Kind of Busi		siness/Industry	
r than "r	Completed	(Specify only highest Elemantary/Secondary (0-12) 12	Collaga (1	-4or 5+)		no NOT use ret	ne during most of wo red) etary	rking	Hosp	ita1		
and Mantel Hygiena. s marked other than surratic event, tra N	0	17. Father's Name (First, Middle, Le John Babylo	*				18. Mother's Nat Frei	me (First, Middle da Ca	, Maiden Surnar asteel	me)		
Department of Heelth ar Important: If Item 27 Is any Injury or other trauonce.		19a. Informant's Name/Relationshi Freida Ford 20a. Method of Disposition 1 E Buriai 2 Cremation 3 4 Donation 5 Other (Spe	□Removal from S	State	1000 Placa of Dispocemetery, creadowr	06 Magle position (Name of matory or other p idge Me 2 Name end Ado Burgee	emorial Perss of Fecility Henss F	Baltimor Date 6/29 uneral	20c. Location Dorse	rland - City or T y, M 212	21234 Fown, State Caryland	
ysician		23a. Part1. Enter the disease, or conshoot, of heart failure. List or	omb cetions that cally one cause on ea	aused the decach line.			alls Roa ying, such as cardia			, Mar	Approximete interval Between Onset and Deeth	
Medical aminer		immediate Cause (Finei disease or condition resulting In death)	a	50	relations	t we	and a	of 16	ad		8	
physician and sthe bunal-transit	Yall Id	Sequentially list conditions,	b. ———		or as e conse							
		Sequentially list conditions, if any, laading to immediate causa. Enter Undarlying Cause (Disaase or injury that initiated avants	c	c								
CD 66		resulting in death) Last  Dua to (or as a consequence of):										
d by tha		Part II. Other significant conditions	contributing to dea	ath but not re	sulting in the u	nderlying cause	given in Pert I.	23b. Did	- 1		to the cause of death?	
2 should								24a. Was	an autopsy rmed?	a c	Vere eutopsy findings vailable prior to completion of causa death?	
ate h								M.	Yes 2□No	1	Yes 2□ No	

25. Was case referred to medical examinar?
1 ☒ Yea 2 ☐ No

Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

5 Panding investigation 6 ☐ Could not be datarmined

28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

Othar: 4 Nursing Home 28c. Injury at Work? 1 Yes

O.C.M.E.

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

4 Homicida 29e. Certifier

5 ☐ Residenca (Specify) SCENE

JUNE 25, 1996

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piaca, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and piaca, and due to the causa(s) and menner stated. 29c. License number 29d. Date signed (Month, Day, Year)

26. Placa of Daath (Check only ona)

(Itam 23a) (Type, Print)
111 Penn Street, Baltimore, Maryland 21201

State Registrar

Be

27. Manner of Death

1 Natural

2 Accident

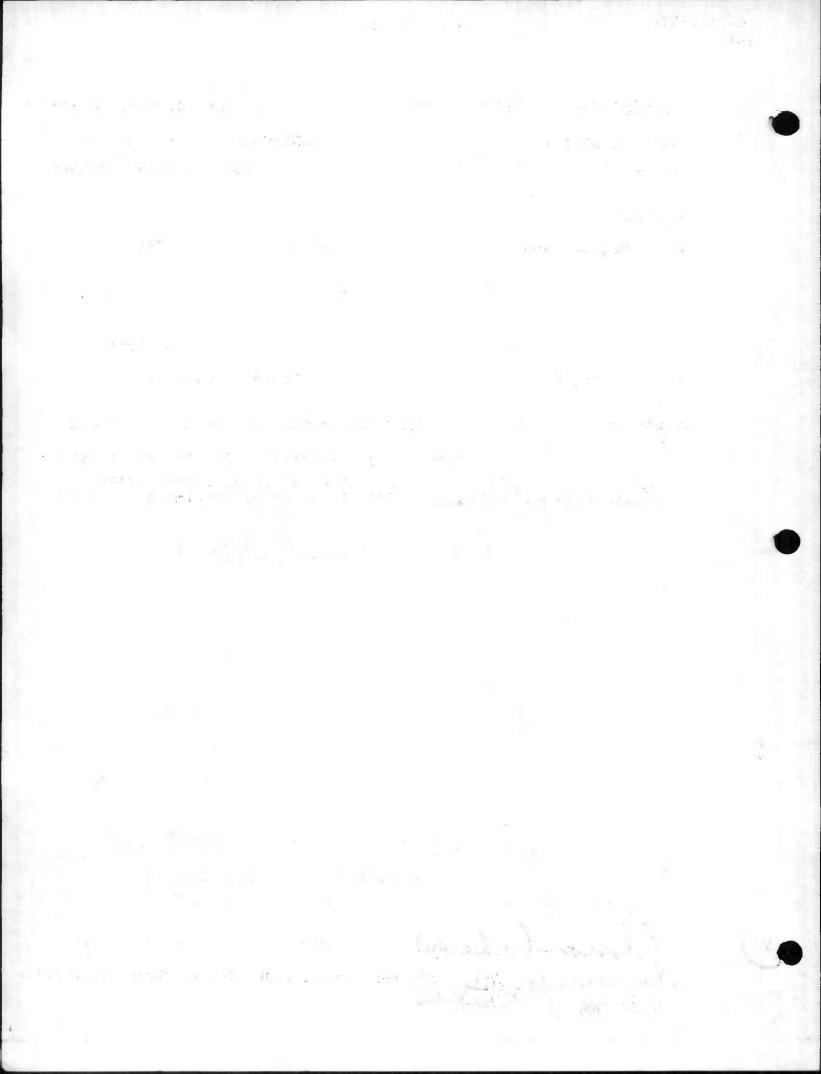
3 Suicide

29b. Signature and

Medical Certification: To

After this certifi

Division of Vita



19287

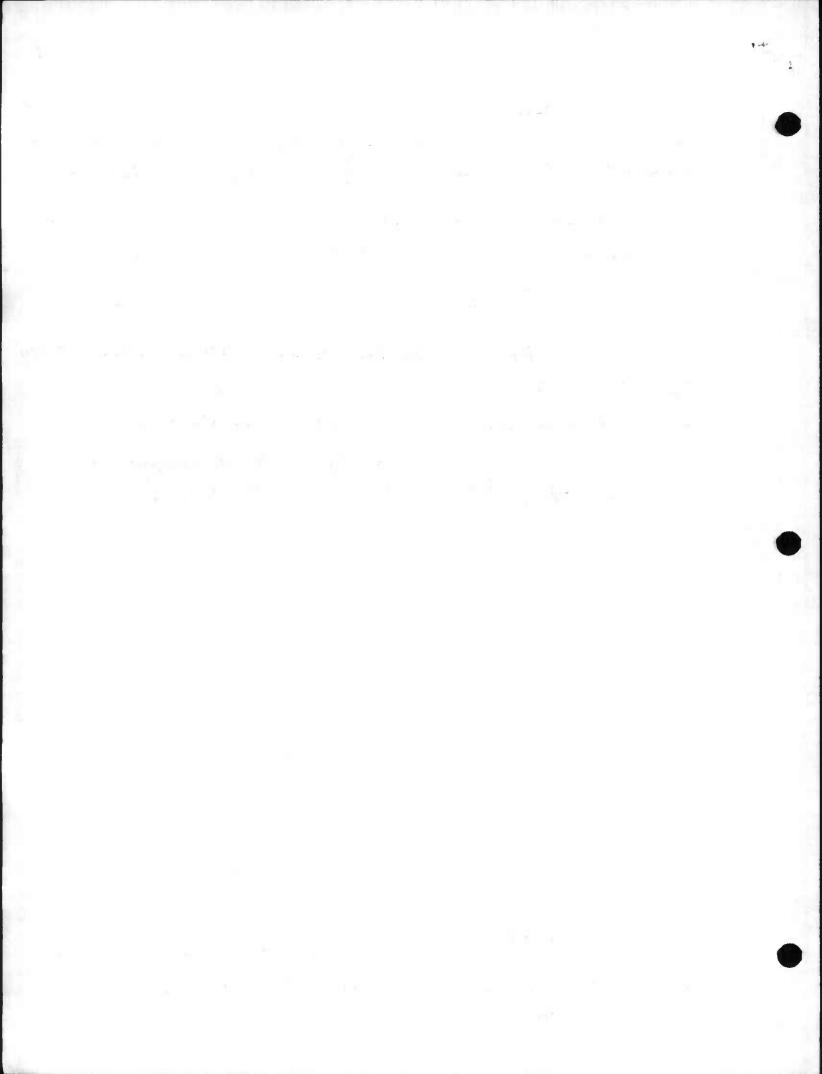
CENTER Baltimore, Maryland 21225

				,	Certific	cate of	Death	F	leg. No.				
	Discrete:		1. Decedent's Neme (First, Middle, Last	")				2. Dete of Dee Month		Voor	3. Time of Death		
	Physic /Medi		JOHN HAM	ILTON	R	OBIN	ETTE	June	77	Year 96	11:15PM		
	Exami		4a. Fecility Neme (If not institution, give	street end number)			4b. City, Town, or	Location of Deeth	4c. County	of Deeth	-		
1			HARBOR HOSPITHL	CENTER, 3001	S. HANOU	ERST.		MORE		IMOR	RE CITY		
	Funerai Director		5. Sociel Security Number 6. Se	7. Age (In yrs		Inder 1 Yeer oths Deys	If Under 24 Hrs Hours Min	8. Dete of Birth (Month, Dey SEP† 30	, Year)	9. Birthpi Count	lace (State or Foreign try)		
	P.		Usuel Residence of Decedent										
	anylar	_	10a. Stete 10b. County		ity, Town or Location					10	Od. inside City Limits		
	M and M	octo	MD AAC.	C	Econsvill						1 ☐ Yes 2 ☑ No		
	igh th	F	364 Kuly RJ		10	f. Zip Code		1	log. Citizen of V		iry?		
	ath v	rai	17.0			9102			USI				
21215-0020	s within 72 hours after death with the Maryland ilene. Then "natural", or ferms 23a or 28a-f show the Medicel Examiner must be notified at	by Funeral Director	11. Meritei Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced	2. Wes Decedent Ever in U.S. Ampd Forces?  12 Yes 2 □ No If Yes, Give Yeer or Detes: KERA				Specific			an Indien, etc.		
0-10	2 ho	ted	15. Decedent's Edu	cation	16e. Decedent's	Usuai Occu	pation		16b. Kind of Bu	siness/Ind	lustry		
21	within 7 ene. than "n	Completed	(Specify only highest grad	College (1-4or 5+)			during most of wo						
		Con	12	5+	CHASE M	PANHA	HEN LOI	W OFFICER	CHASE 1	MANK	AHEN MORIPAGE		
pu	be filed tal Hygi d other	Be (	17. Father's Neme (First, Middle, Last)				18. Mother's Ne	me (First, Middle,			, ,		
yla		To	John H. Robinette	Jr				LARU.	= 50	mm	ERS		
Maryland	N 40 0 0		19e. informent's Neme/Reletionship (T)		_ A			Tural Route Numbe	-		Code)		
			MAUREEN RobINEH				CROWNS	ville ME					
Baltimore,			20e. Method of Disposition	Ramoval from State	Piece of Disposition cemetery, cremetory	or other ple		7-1-9C	20c. Location -				
Balt	permit. Pages Department of Important: If it any Injury or once.		21. Signeture of Funerel Service Listens		22. Nan	end Addre	ess of Fecility	nenal Hem	•				
	-		23e. Pert1. Enter the disease, or compl shock, or heert failure. List only or	ications that causes the dea	ath. Do not enter the	mode of dyi	ing, such es cardle	oc or respiretory en	est,		Approximete Intervel Between		
ä	Physiclan										Onset and Deeth		
П	/Medical		immediete Cause (Finei diseese or condition	pulmon	aum En	nboli	8m				4days		
	Examiner		Immediate Cause (Finel disease or condition resulting in death)  Dua to (or as consequence of):  Gastric CANCER  4 Manth										
-	by it	lne		Gastric	CANCE	FR					4 months		
	tificate be axecuted ig physician and as the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate	Due to (	(or es e consequence	of):					-		
60,	oe ax		cause. Enter Underlying Couse (Discose or Injury										
68760,	Shys!	edical	thet initiated events resulting in deeth) Last Due to (or es e consequence of):										
	5 0 4	/Me	d										
Вох	v requires that tha death cer been signed by tha attendir should be detached for usa	Physician/M	Don't Other of Misses and Marin		and the control of the		G. 40	1 000 00144		- 1			
P.0.	tha d	hysi	Part ti. Other eignificant conditions con		sulting in the underly	ing cause gi	ven in Pert I.		obacco uee cor ee 2□No	_/	the cause of death?		
	that ned b	by P	lung CAN	CER				101	00 2LIN0	3 M P100	ably 4 Unknown		
Records,	requires that tha seen signed by the hould be detache		0					24a. Was a			re autopsy findings		
00	iaw rec as bee	Completed	Emplyseme					perfor	med?	con	nliable prior to inpletion of cause death?		
Re	The ia ata has page 2	E O						1 D Y	es 200 No		Yes 200		
	in: T	BeC	25. Was case referred to medical				OF Diese of De	eth (Check only or	Ø	1	7165 241740		
of Vital	Physician: this cartific ral director,	0	examiner?	lospitei:	BER/Outpatient 3[	DOA Ot	hor	Home 5 ☐ Resid		er (Snacih	()		
0	arahi arah	L ii	27. Manner of Death	28a. Dete of injury	28b. Time of	28c. fnju Wo		28d. Describe h			/		
lo	Attending in death.  ector: After by the fune	atlo	1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Year)	Injury M		Yes 2 No						
Division	al or Atte s aftar de l Directo d in by th	Certification:	3 Suicide 6 Could not be determined	28e. Piece of injury - At h building, etc. (Spec	home, ferm, street, fe		28f. Location (S City or Tow	Location (Street and Number or Rurel Route Number, City or Town, State)					
	To the Hospital or Attending Physician: The iaw within 24 hours after death.  To the Funeral Director: After this cartificate has completely filled in by the funeral director, page 2	edical C	29e. Certiflar 1 Certifying Physical Check only one) 2 Medicat Examination	elcten: To the best of my known on the basis of examination and mennar steted.	owladga, daath occu etion end/or investiga	rred at tha ti ation, in my	ime, dete end plec opinion, deeth occ	a, end due to the c urred et the time, o	ause(s) and ma late and piece, e	nnar as st	ated. the ceuse(s)		
	To th To th	Me	29b. Signeture end titla of cartifier	MD		29c. Licen:	se number	2	9d. Dete signed	Month, I	Day, Year)		
			Sol	11.0		AS:	244-1614	4 - 50 J	June 1	27	196		
1	15		30. Nama end address of person who co	ompleted cause of deeth (Ite	m 23a) (Type, Print)								

State Registrar

SOE SOE

DHMH 16 Rev 6/95



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 5 19288

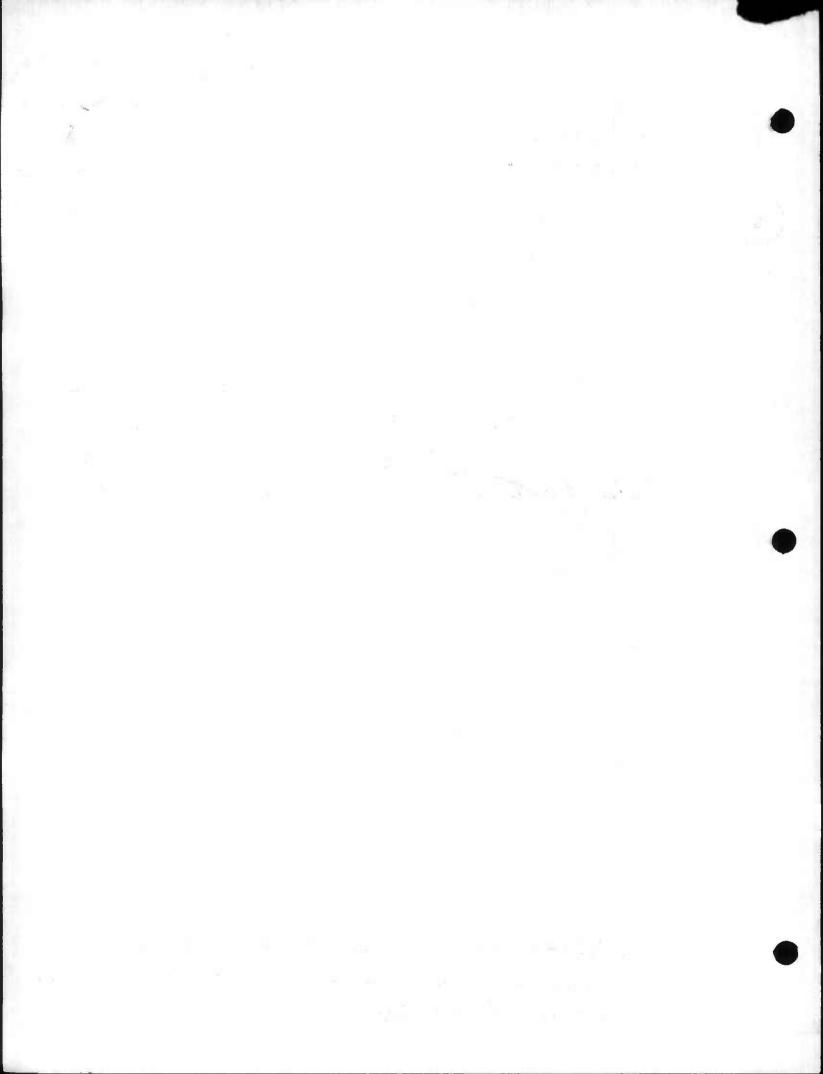
					Ce	rtificate	of Death		Reg. No.				
Physici	an	1. Decedent's Neme (First, Middle, Last)					2. Dete of Dee	eth Dey	3. Time of Death				
/Medic			ANNA		SKUŁ	1R		JUNE	27 1	996	8:20	A.M.	
Examin	er	4a. Fecility Neme (If not institution, giv 1316 Walker Roa		r)			4b. City, Town, o	r Location of Deeth		of Deeth timor	0		
Funeral	-	5. Social Security Number 6. S		Age (In yrs. las	t birthdev)	If Under 1 Y						or Foreign	
Funeral Director			□M 20X(F	77	Yrs.	Months D	eys Hours Mi		, 1919	Mari	ace (Stete of try) yland	or r oreign	
ylend		10a. Stete 10b. County		10c. City, T	own or Lo	cation				10	d. Inside C	ity Limits	
a-fab	ctor	Maryland N/A				Baltim	ore			1 ⊠ Yes			
h with the 23a or 28	ai Director	10e. Street end Number 3327 McElderry S	treet			10f. Zip Co	de 21205		-	zen of Whet Country?			
2 should be filed within 72 hours after death with the Meryland and Mental Hygiene. Is marked other than "natural", or items 23s or 28s-f ahow raumatic avent, the Medical Examinar mant be notified at	by Funeral	11. Meritei Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. Wes Deceden Armed Forces 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Dates				of Hispanic Origin? Cuban, Mexican, Pue No Specity:	(Specify Yes or No- erto Rican, etc.)	ify Yes or No- lican, etc.)  14. Rece - American Indian Bleck, White, etc.  Specify: White				
n 72 hours *natural*,	Be Completed	15. Decedent's Ed (Specify only highest gre	lucation de completed)	1	8e. Dece	dent's Usuei O	ccupation one during most of w etired)	orkina	16b. Kind of B	of Business/Industry			
ne.	mpie	Elamentery/Secondery (0-12)	College (1-4or	r 5+)			etired)		Tuester	7			
her ti	S	17. Fether's Neme (First, Middle, Last)	2		1 4	pist	10 Mathada N	Insurance Company  Der's Neme (First, Middle, Meiden Sumeme)					
ad be and and and and and and and and and and		Peter J		Skuhr			Marie	C.	Pae.				
Shoul nd Me mark	2	19a. informant'e Neme/Reletionship (			19b. Mailir	na Address (S	reet end Number or				Code)		
and 2 beith a n 27 is		Diana B. Meineck	e (daught	ter)	1316		r Rd., Fra		l, MD 21053-9534				
permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiere. Important: If itam 27 is marked other than any injury or other traumatic avent, ITA MODE.		20e. Method of Disposition  1 A Buriel 2 ☐ Cremetion 3 ☐  4 ☐ Donetlon 5 ☐ Other (Specify	Dete 6/29/96	Dete 20c. Location - City or Town, Stele  /29/96 Baltimore, Maryland									
permit. Pages 1 and 2 should be filed within 72 hours aft Department of Health and Mental Hygiene. Important: If fram 27 is marked other than "natural", or any injury or other traumatic avent, the Medical Exampone.		21. Signeture of Funeral Service Licensee  22. Name end Address of Fecility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236											
		23a. Part i. Enter the disease, or com- shock, or heart fellure. List only	olicetions thet cause	ed the deeth.	Do not ent	er the mode of	dying, such es card	ec or respiretory er	rest,	1230	Approximatintervel Bet	te	
Physician /Medicai Examiner		Immediata Cause (Finel disease or condition rasulting in death)	e(	VE	R	FA	ILUK	Œ_			Onset end		
n #	Der			Dua to (or es	CH	R	SF C	060	N				
icata be executed physician and s the burial-transit	Examiner	Sequentially list conditions,	Ь.	Due to (or es	s a consec	juence of):	0						
be ex ician burial	<u>E</u>	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	C										
ntificata ng phys es the	Medical	that initiated events resulting in death) Last		Due to (or es	e conseq	uenca of):							
attending for use	N/W		d										
death e atte	sicia	Pert il. Other significant conditione o	ontributing to death	but not resulting	na in the u	nderlying caus	e given in Pert I	23h. Did t	obacco use co	ntribute to	the cause	of death?	
by th	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contribute to the contribution of the contrib											
es that the de igned by the a be detached	by 6							-					
requir been s should	Completed			24e. Was perfo							re autopsy ilieble prior inpletion of d leeth?	to	
The lev ate hes page 2	E							101	es 2 No	10	Yes 2	] No	
certificate	Be (	25. Wes case raferred to medical axaminer?						eeth (Check only o	na)				
hys I di	2	1 ☐ Yes 2 ☑ No		tient 2□ER				Home 5 Resid			)		
Attending Physician: r deeth. ector: After this certifica by the funeral director,	ation:									red			
D Part	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28f. Location (Street and Number or Rural Route Number, City or Town, State)										
24 hours Puneral pletely filled	edicai	29e. Certifier (Check only one) 2   Medical Example	vaicien: To the best liner: On the basis and menners	of examinetion	dge, daeth end/or inv	occurred et the vestigetion, in i	ne tima, data end pla my opinion, daeth oc	ce, end due to the courred at the time, o	ceuse(s) end ma date end place,	anner as sta and due to	ited. the cause(:	s)	
20 lwos	Σ	29b. Signature/and 106-of certifier				29c. Li	cense number		29d. Dete signe	d (Month, L	Day, Year)		
10		1 Tolle &	he oa	ore	h	1) (	14165		6/0	7/0	16		
8	Ī	30. Neme and eddness of person who					O+imes -	10 01004	1	1	-16		
Cia	20	Dr. Roger, Theodor	2, 6565 N	varie on the	Les S	st., ba	comore, 1	ND 21204					
Sta Registra		JUL 01 1996	o tri distrib	amply Grand									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

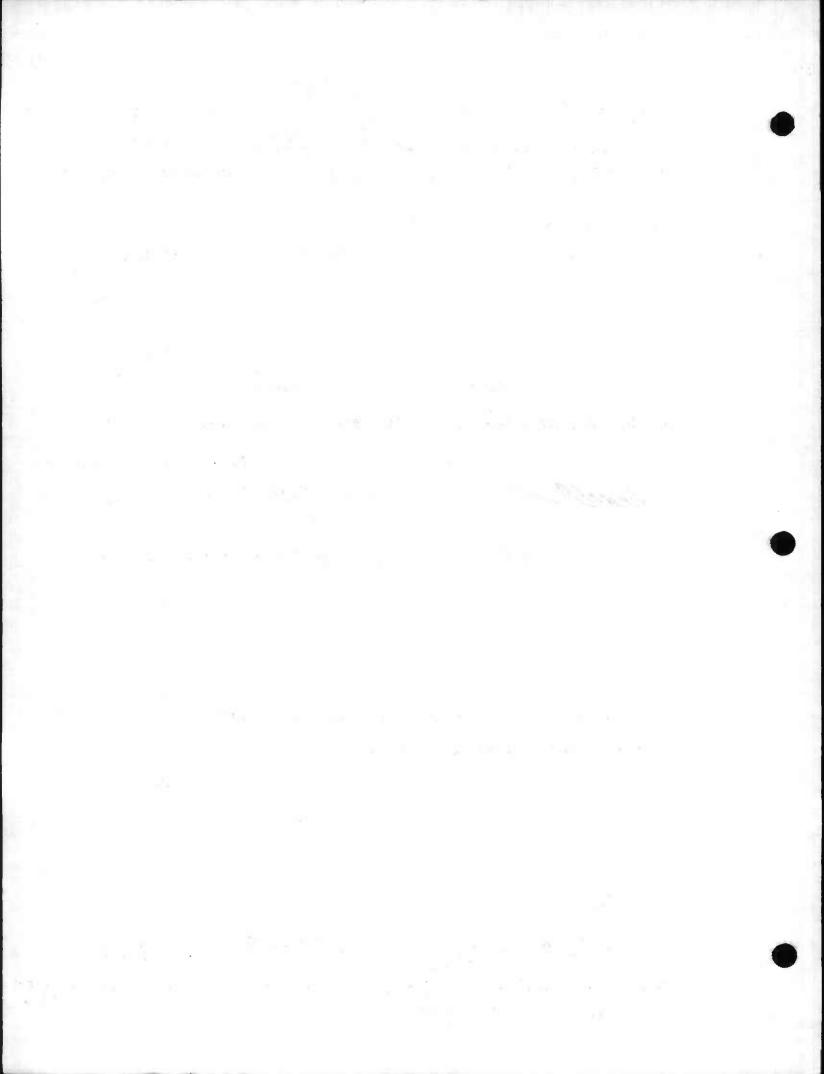
State of Maryland / Department of Health and Mental Hygiene Q 6 1 Q 2 R Q

		ITEM: 20b, per Fall.	G-737 7/2/96					Death		Reg. No.	0 1	34	
Physicia	n	Decedant's Name (First, Middla,)	*	. FV					2. Data of De Month	eth Day	Year		of Death
/Medica	al -	NETTIE	SAL					41- ON T. T.	JUNE		996	6.2	10 pm
xamine	er	4a. Facility Name (If not institution, g						4b. City, Town, or		1		D 07	
		CHURCH HOME  5. Social Sacurity Number 6			lest birthdey)	If Unde		BALTIMO If Under 24 Hrs	RE B Date of Bir	BALT	1MOR		
eral ctor		248-58-2354 Usual Rasidence of Decedant	1□M 2ØF		58 Yrs.	Months		Hours Min.	AUG.	y. Year) 15,193	9. Birthp Coun	S.C.	or Foreign
	-	10a. State 10b. County		10c. Cit	ty, Town or Lo	cation					1	Od. Insida	City Limits
	ğ	MD BALTIM	ORE CITY	BA	LTIMO	S E						1 🗀 Ya	s 2 No
	Funeral Director	10e. Street and Number					p Coda			10g. Citizen of	What Coun	itry?	
	0	2008 KENNEDY	AVE			21	218			UNITED	STA	TES	
	ner	11. Marital Status	12. Wes Decedent Armed Forces	Evar in U	,S. 13. V			lispenic Origin? (S en, Maxican, Puar	Specify Yas or No		e - Americ	an Indian,	
	þ	1 Naver Married 2 Married 3 Widowed 4 Divorced		No				Specify:	o riidan, ato.)	Specifi	ck, Whita,	ACK	
	Completed	15. Decedent's (Specify only highast)	Education		18a. Deced	ent's Usu	el Occup	pation during most of wo	ede les -	16b. Kind of B	usiness/Ind	dustry	
		Elemantary/Secondary (0-12)	Collega (1-4or	5+)				d) d)	rking				
	5	11			DOI	1EST	IC			PRIVA	LE DI	UTY	
1	Be	17. Fathar's Nama (First, Middle, La	st)					III A STATE OF THE	ma (First, Middla,				
i	P	MILLEDGE LEE							LEE A				
		19a. Informant's Name/Ralationship						and Number or Ro					
	-	ISAAC SALLEY  20a. Mathod of Disposition	/ HUSBANI	) 20h F	2008	KE	NNE	DY AVE	BALTO	MD 20c. Location	2121	B	
		1 Burlal 2 Cramation 3	Ramoval from State	200.1	EDAR	atory or	other pla	CALVARY	7 5 00				3.630
	-	4 ☐ Donetion 5 ☐ Other (Special Service Big						ess of Facility	7-5-96		-		
any injury once.		Malvin A	Blind					. WILLI	270 AMS F.S	FREDH:		N PAS	
		23a Part Lenter the disease, or co	mplications that cause y ona cause on each I	d tha deet	h. Do not ante	ar tha mo	da of dyir	ng, such as cardia	c or respiratory a	rrest,		Approxima	ata
ian	1											Onset and	d Death
cal ner		tmmedieta Causa (Finat disease or condition rasulting in deeth)		MULTI	PLE	ORG	AN	FAILU	RE			5 WE	CES
-	_	rasuming in deedily		-	or as e conseq						l		i
	들		ı b/		reaton			ne				5 We	
	Examiner	Sequantielly list conditions, if any, leading to immediate			or es e conseg					- 0	t	5 Ne	
		Sequantielly list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disease or Injury that initiated avants	c	Aduit			tory	A) is	Cross -	yndie"	e	J 20	'e KS
	edicai	rasulting in death) Lest		Due to (o	r es e consequ	uance of).					1		
1	Ž		d										
13	Physician/M	Part II. Other eignificant conditions	contributing to death i	and one	ulting in the con	dodulos		on In Doct I	22h Did	tobacco use co	ntelbute to	the enter	and death 2
	hys	rait ii. Other eigniticant conditione	contributing to death t	out not ras	ulung in the ur	idanying	causa giv	en in Pait I.		Yee 2 No	3 Prof		Unknown
	Dy P									2010	0	and the second	_ onknown
	8								24a. Was	an autopsy	24b. Wa	are autopsy ailabla prior	y tindings
	Completed								perio	milear	COI	mpletion of death?	cause
	E								10	Yas 200 No	10	Yas 2	e No
		25. Was case ratarred to medical						26. Place of De	ath (Check only o	one)			
	0	axaminer? 1 Yas 2 No	Hospital:	ent 2	ER/Outpatien	3 D	OA Oth	ACC.	loma 5□ Rasi		ar (Specifi	y)	
- F	2	27. Manner of Death	28a. Date of Inju	ıry	28b. Time of		28c. Injur Wor			how Injury occur		,	
D 6	Certification:	1 ☑Natural 5 ☐ Pending 2 ☐ Accident Investigat		19 / 021/	injury	М		Yas 2□No					
1919	1110	3 Sulcida 6 Could not datermine		jury - At h	oma, tarm, stra	at, factor	y, offica		28f. Location (	Street and Numi	oer or Rura	I Routa Nu	mber,
200	5		- January, a		,,								
100	Medical	29a. Certifiar 1 ☐ Certifying I (Check only one) 2 ☐ Medical Ex	thysician: To the best aminar: On the basis of and manner st	f axamina	wiedga, death tion and/or inv	occurred	at tha tir n, in my o	ma, data and place pinion, daath occu	e, and due to the urred at the time,	causa(s) and madata and place,	annar as si and dua to	ated. tha causa	(s)
3	ž –	29b. Signature end title of certifiar	and menned 30			29	c. Licens	e number		29d. Dete signe	d (Month,	Day, Year)	
,			han ma	-		-	D	26594		June 2			
	-			d 45 - 414	n 02a) /T	Doint\							
1	-	30. Nama and addrass of person wh	Completed cause of a		(Type, I	3 Ro	ADW	14 1.	BACTIM	ore m	0	212	3/
Ctot		31. Data fited (Month, Day, Year)						•			_		
State	_	1111 0 1	1006 41:	As	lun Cal								



State of Maryland / Department of Health and Mental Hygiene 96

Physician					Certific	cate of	Death		Reg. No.		
Dhycician	1. De	cedent's Neme (First, Middle, La	ist)					2. Date of De	eath	900	3. Time of Dea
	8	Vin about	VITA aura	)				Month	Day	Year	4:000
/Medical	40. F	cility Name (If not institution, gh	re street end number)				4b. City, Town, or	Location of Deel	h 4c. Count	of Death	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Examiner	M		60.0	1			B 11		B	111	w
	ILL	ordian Are	nolin K	100d	2 H I	Index 1 Vee	If Under 24 Hrs	nore	Kac	10.	11.0
Funeral Director	24	1-40-6337	Sex 7. Age	(In yrs. last bi		onths Deys			3.06	9. Birthpi Count Mary.	ace (Stete or Fo
2	10a.	Residence of Decedent State 10b, County		10c. City, Tow	n or I continu					Tar	
23a or 28a-f show ust be noofled at ral Director										10	d. Inside City Li
be notified Director	Ma	ryland Harfor	d	For	rest H.	ill					1 Yes 2
r 22	10e. 5	Street and Number			10	of. Zip Code			10g. Citizen of	What Count	ry?
38		Colgate Drive				2105	0		u.s.	A.	
r tems 234 piner must Funeral	11. M	arital Status	12. Was Decedent Ev	rer in U,S.	13. Was [	Decedent of	Hispanic Origin? (S een, Mexican, Puer	Specify Yes or No	o- 14. Rec	ce - America	in Indian,
iner m	1/	Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 X No		If Yes	, specify Cut	oen, Mexican, Puer	to Rican, etc.)	Ble	ck, White, e	itc.
ye. or		Widowed 4 Divorced	If Yes, Give Yeer or Detes:		1 🗆 Y	es 2X No	Specify:		Specif	v: Wh	ite
	-			1							
nt, the Medical Completed		15. Decedent's E (Specify only highest gra	ducation ade completed)	180	. Decedent's (Give kind	of work done	during most of wa	rking	16b. Kind of B	usiness/Ind	ustry
than Me	Ele	mentery/Secondery (0-12)	College (1-4or 5+)	)		OT use retire	ed)				
ther tha			4		Nurs	e			Hosp.	ital	
d otherward, event, Be C	17. F	ther's Name (First, Middle, Last	)				18. Mother's Na	me (First, Middle	, Meiden Sumen	ne)	
arked To E		John	Urban				Marth	а	D	uffy	
Is marked other traumatic event, to	190	informant'a Name/Relationship (	Type Pridt)   DOAR	100	Melling Ad	drace (Strac	t and Number or R	urel Route Numb		005	Code
7 is marke traumatic TO		tho B. Zimmer,							*		
other tr			Jr. Gualata	_			peake Av			2120	
or othe	208. 1	Method of Disposition ☐ Burial 2X☐ Cremetion 3 ☐	Removel from State	20b. Piece o cemete	or Disposition ary, cremetor	y or other ple	oce)	Date	20c. Location -	- City or Tov	vn, State
2 2 2		□ Donetion 5 □ Other (Specific	y)	Green	Mount	Crema	tory	7/2/96	Baltim	ore. I	Marulano
in in	21. 5	igneture of Funeral Service Lice									
Importa any inju once.	1	1.1.18			Sch	imunek	ess of Fecility Funeral	Homes,	Inc.		
		Part1. Enter the diseese, or comshock, or heert fallure. List only					ir Rd., i			21236	
s the burial-transit	Sequif eny causi Caus thet ii resui	entielly list conditions, , leading to immediate . Enter Underlying e (Disease or Injury titleted events ing in death) Lest	C	ue to (or es e							
E S		L	d								
		Other elections and tions									
sic se	Part II	Outer eigniticant conditions of	contributing to death but	not resulting I	n the underly	ring cause g	ven in Pert I.	23b. Dld	tobacco use co	entribute to	the cause of de
by the at ached for thysici	Part II		contributing to death but		-	-					
etached etached Physi	Part li				-	-	ven in Pert I.			entribute to	
igned by the be detached by Physi	Part II	LEFT SID	EO STR	OKE,	ATA	21 14		ATION 10	Yee 2□No	3 ☐ Prob	ably 42 Unk
igned by the be detached by Physi	Part II		EO STR	OKE,	-	21 14		24e. Wes		3 Prob	re autopsy findir ilable prior to
igned by the be detached by Physi	Part II	LEFT SID	EO STR	OKE,	ATA	21 14		24e. Wes	Yee 2 No	3 Prob	ably 42 Unk
hes been signed by the ge 2 should be detached mpleted by Physl	Part II	LEFT SID	EO STR	OKE,	ATA	21 14		24e. Wes	Yee 2 No	3 Prob	re autopsy findir ilable prior to
ate has been signed by the page 2 should be detached Completed by Physi	25. W	LEFT SID	EO STR	OKE,	ATA	21 14	FIBRIL	24e. Wes	Yes 2 No Yes 2 No	3 Prob	re autopsy findir illable prior to apletion of cause eath?
eriticate has been signed by the sctor, page 2 should be detached Be Completed by Physi	25. W	LEFT SID	EO STR	oke, T F.	ALU	RE	FI BRIL	24e. Wes perfe	Yes 2 No Yes 2 No Yes 2 No One)	3 Prob	re autopsy findingliable prior to poletion of cause eath?  Yes 2 No
nts certificate has been signed by the il director, page 2 should be detached.  To Be Completed by Physi	25. W	LEFT SID	Hospital:	OKE,	ALU/	ZIAL RE	26. Place of De	24e. Wesperful	Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 6 Oth	3 Prob  24b. We ava con of d  1 □	re autopsy findingliable prior to poletion of cause eath?  Yes 2 No
his certificate has been signed by the il director, page 2 should be detached.  To Be Completed by Physi	25. W ey 1   27. M	as case referred to medical aminer?  Yes 20 No anjuer of Deeth Naturel 5 Pending	Hospital: 1 Inpatient 28e. Date of Injury (Month, Day)	OKE,	A L L L L L L L L L L L L L L L L L L L	DOA OI 28c. Inju	26. Place of De her: 4 Nursing I	24e. Wesperful	Yes 2 No Yes 2 No Yes 2 No One)	3 Prob  24b. We ava con of d  1 □	re autopsy findingliable prior to poletion of cause eath?  Yes 2 No
for: After this certificate has been signed by the the funeral director, page 2 should be detached catlon: To Be Completed by Physication:	25. W e) 11 27. M	as case referred to medical aminer? Yes 22 No angrer of Deeth Nature 5 Pending Investigation	Hospital: 1 Inpatient 28e. Date of Injury (Month, Day)	2 ER/O	ALU/  utpatient 3l  Time of Injury	DOA OI	26. Place of De her:  A Nursing I invet int?  Yes 2 \( \sum \text{No} \)	24e. Wesperful 1 ath (Check only) Home 5 Res	Yes 2 No Yes	3 Prob  24b. We ava con of d  1 D  ner (Specify red	re autopsy findin illable prior to apletion of cause eath?
tor: After this certificate has been signed by the the funeral director, page 2 should be detached catlon: To Be Completed by Physication:	25. W 9) 1  27. M 1 2/ 3	as case referred to medical aminer?  Yes 20 No anjuer of Deeth Naturel 5 Pending	Hospital: 1 Inpatient 28e. Date of Injury (Month, Day)	2 ER/O	ALU/  utpatient 3l  Time of Injury	DOA OI	26. Place of De her:  A Nursing I invet int?  Yes 2 \( \sum \text{No} \)	24e. Wesperful 1 ath (Check only) Home 5 Res	Yes 2 No Yes	3 Prob  24b. We ava con of d  1 D  ner (Specify red	re autopsy findin illable prior to apletion of cause eath?
Director: After this certificate has been signed by the in by the funeral director, page 2 should be detached in by the funeral director. To Be Completed by Physist Ification: To Be Completed by Physis	25. W 9) 1  27. M 1 2/ 3	as case referred to medical aminer?  Yes 2 No anjure of Deeth Naturel 5 Pending Investigation Accident Investigation Suicide 6 Could not be	Hospital: 1   Inpatient  28e. Date of Injury (Month, Day)	2 ER/O	ALU/  utpatient 3l  Time of Injury	DOA OI	26. Place of De her:  A Nursing I invet int?  Yes 2 \( \sum \text{No} \)	24e. Wesperful 1 ath (Check only 1 ath (Check only 2 ath 2 a	Yes 2 No Yes	3 Prob  24b. We ava con of d  1 D  ner (Specify red	re autopsy findin illable prior to apletion of cause eath?
eral Director: After this certificate has been signed by the filled in by the funeral director, page 2 should be detached filled in by the funeral director. To Be Completed by Physial Certification: To Be Completed by Physia	25. W 99 11 27. M 1 1 28 3 4 29a. (	as case referred to medical aminer? Yes No anjer of Deeth Nature   5   Pending Investigetion   Suicide   Gould not be determined   Certifler   Certifling Ph	Hospital: 1 Inpatient  28e. Date of Injury (Month, Day)  28e. Piece of Injury building, etc.	2 ER/Out  2 ER/Out  28b.  (At home, fe (Specify)	A LUA  utpatient 3I  Time of  Injury  M  erm, street, fa	DOA Of 28c. Inju. Wo	26. Place of De her:  4 Nursing I live at http://www.pess.com/deleand.plece.	24e. Wesperful  24e. Wesperful  1	Yes 2 No  Yes 2 No  Yes 2 No  One)  Idence 6 Oth  how injury occur  (Street and Numburn, State)	3 Prob  24b. We ava con of d  1 Description of d  24b or or Rural	re autopsy findin lilable prior to appletion of cause eath?  Yes 2 No
eral Director. After this certificate has been signed by the filled in by the funeral director, page 2 should be detached at Certification: To Be Completed by Physi	25. W 99 11 27. M 1 1 28 3 4 29a. (	as case referred to medical aminer? Yes No anjer of Deeth Nature   5   Pending Investigetion   Suicide   Gould not be determined   Certifler   Certifling Ph	Hospital: 1 Inpatient 28e. Date of Injury (Month, Day) 28e. Plece of Injury building, etc.	2 ER/Order) 28b.	A LUA  utpatient 3I  Time of  Injury  M  erm, street, fa	DOA Of 28c. Inju. Wo	26. Place of De her:  4 Nursing I live at http://www.pess.com/deleand.plece.	24e. Wesperful  24e. Wesperful  1	Yes 2 No  Yes 2 No  Yes 2 No  One)  Idence 6 Oth  how injury occur  (Street and Numburn, State)	3 Prob  24b. We ava con of d  1 Description of d  24b or or Rural	re autopsy findin lilable prior to appletion of cause eath?  Yes 2 No
ereit Director: After this certificate has been signed by the filled in by the funeral director, page 2 should be detached if Certification: To Be Completed by Physi	25. Wey 11 27. M 11 29 3 4	as case referred to medical aminer?  Yes 20 No  Injury of Deeth Naturel   Suicide   Investigetion   Suicide   Homicide   Certifying Pheck only 20 Madical Example   Certifying Pheck only 20 Madical	Hospital: 1 Inpatient 28e. Date of Injury (Month, Dey) 28e. Piece of Injury building, etc.	2 ER/Order) 28b.	A LUA  utpatient 3I  Time of  Injury  M  erm, street, fa	DOA Of 28c. Inju. Wo	26. Place of De her:  Nursing I yet ok?  I've 2 No	24e. Wesperful  24e. Wesperful  1 ath (Check only)  1 ath (Check only)  28d. Describe  28d. Describe  28f. Location (City or To	Yes 2 No  Yes 2 No  Yes 2 No  One)  Idence 6 Oth  how injury occur  Street and Numb  wm, State)  cause(s) and m  dete end place,	3 Prob  24b. We ava con of d  1 Description of d  anner (Specify med)  anner es ste and due to	re autopsy findin illable prior to apletion of cause eath?  Yes 25 No  Route Number, ated. the cause(s)
The Funkers Director: Affecting Secriticate has been signed by the neletely filled in by the funeral director, page 2 should be detached redical Certification: To Be Completed by Physis	25. Wey 11 27. M 11 29 3 4	as case referred to medical aminer?  Yes No anjer of Deeth Naturel Accident Suicide Homicide  Certifler Check only one)  LEFT Sto	Hospital: 1 Inpatient 28e. Date of Injury (Month, Dey) 28e. Piece of Injury building, etc.	2 ER/Order) 28b.	A LUA  utpatient 3I  Time of  Injury  M  erm, street, fa	DOA Of 28c. Inju. Wo	26. Place of De her:  Nursing I yet ok?  I've 2 No	24e. Wesperful  24e. Wesperful  1 ath (Check only)  1 ath (Check only)  28d. Describe  28d. Describe  28f. Location (City or To	Yes 2 No s an eutopsy ormed?  Yes 2 No one) Idence 6 Oth how injury occur  (Street and Numburn, State)  causa(s) and modete end place, 29d. Date signe	3 Prob  24b. We ava con of d  1 Denote (Specify red  anner es alta and due to	re autopsy findin illable prior to opletion of cause eath?  Yes 2 No  Route Number, ated. the cause(s)
eral Director: After this certificate has been signed by the filled in by the funeral director, page 2 should be detached at Certification: To Be Completed by Physi	25. Wey 11 27. M 11 29 3 4	as case referred to medical aminer?  Yes No anjer of Deeth Naturel Accident Suicide Homicide  Certifler Check only one)  LEFT Sto	Hospital: 1 Inpatient 28e. Date of Injury (Month, Dey) 28e. Piece of Injury building, etc.	2 ER/Order) 28b.	A LUA  utpatient 3I  Time of  Injury  M  erm, street, fa	DOA Of 28c. Inju. Wo	26. Place of De her:  4 Nursing I invet ink?  Yes 2 No	24e. Wesperful  24e. Wesperful  1 ath (Check only)  1 ath (Check only)  28d. Describe  28d. Describe  28f. Location (City or To	Yes 2 No  Yes 2 No  Yes 2 No  One)  Idence 6 Oth  how injury occur  Street and Numb  wm, State)  cause(s) and m  dete end place,	3 Prob  24b. We ava con of d  1 Denote (Specify red  anner es alta and due to	re autopsy findin illable prior to opletion of cause eath?  Yes 2 No  Route Number, ated. the cause(s)
eral Director: After this certificate has been signed by the filled in by the funeral director, page 2 should be detached if the funeral director. To Be Completed by Physical Certification: To Be Completed by Physical Certification in the completed by Physical Certification in the completed by Physical Director Certification in the completed by Physical Certification in the completed by Physical Certification in the completed by Physical Certification in the complete control of the complete control of the complete control of the complete control of the co	25. We see that th	as case referred to medical aminer? Yes 22 No anner of Deeth Naturel Investigation Accident Suicide Homicide Certifler Check only 2 Madical Examiner and tale of certifier	Hospital: 1 Inpatient  28e. Date of Injury (Month, Day)  28e. Piece of Injury building, etc.  1 yelician: To the best of aninar: On the basis of end menner stete	2 ER/Ou 28b.  y - At homa, fe (Specify)  my knowledge xamination and	A LUI  utpatient 3[ Time of Injury M  erm, street, fa  e, death occud/or investig	DOA Of DOA Of DOA Of DOA Of DOA Of DOA Of DOA Of DOA Of DOA OF DO	26. Place of De her:  Nursing I yet ok?  I've 2 No	24e. Wesperful  24e. Wesperful  1 ath (Check only)  1 ath (Check only)  28d. Describe  28d. Describe  28f. Location (City or To	Yes 2 No s an eutopsy ormed?  Yes 2 No one) Idence 6 Oth how injury occur  (Street and Numburn, State)  causa(s) and modete end place, 29d. Date signe	24b. We ava con of d 1 □ ner (Specify red anner es ste and due to sed (Month, L	re autopsy findin illable prior to opletion of cause eath?  Yes 2 No  Route Number, ated. the cause(s)



State of Maryland / Department of Health and Mental Hygiene

96

					Certifi	icate of	Death		Reg. No.		
D		1, Decedent's Neme (First, Middle	Last)					2. Dete of D	eeth	V	3. Time of D
Physic /Med		Louis	SMITH					June	29, Dey 1996	Year	11:20
Exami		4a. Fecility Neme (If not institution,	give street and number	r)			4b. City, Town	, or Location of Dec	th 4c. Count	y of Deeth	
		FRANKLIN SQUARE	HOSPITAL				N/A		Balt	timor	e Co
Funeral			6. Sex 7. A	Age (In yrs. last bi		Under 1 Yeer onths Deys	If Under 24	Hrs. 8. Dete of B			plece (Stete or I
Director	ž.	217-09-3369	1 M 2 □ F	79	Yrs.	Julius Doyo	110010		5, 1916	VIRG	INIA
*		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City, Tow	m or Loontin				•		
S H	5			Too. Oily, Ton	III OI LOCATIO	""					10d. Inside City
288-1	Director		IMORE CO.	M		RIVER					
0 8		10e, Street end Number			1	Of. Zip Code			10g. Citizen of	Whet Coul	ntry?
23	era	701 Gladway Road	12, Wes Deceder	t Tues la II C	40 14400	212		0.40	U.S		ican Indian.
5 8	Funeral	11. Meritel Stetus  1 ☐ Never Married 2 ☐ Merrie	Armed Forces	5?	If Yes	s, specify Cut	en, Mexican, F	1? (Specify Yes or Noverto Rican, etc.)		eck, White,	
"natural", or items 23a or 28a-f show notical Examiner must be notified at	by	3 Novel Married 2 Merried	I Yes 25 If Yes, Give Yeer or Detes	•	101	Yes 2 🕅 No	Specify:		Speci	fy: DI	ACK
무별	Pe	15. Decedent			Decedent's	s Usuel Occu	netion		16b. Kind of E	-	
	Completed	(Specify only highest	grede completed)		(Give kind	of work done	during most of	f working	TOD. TOTAL	743111033/111	oustry
The Man	E	Elementery/Secondery (0-12) 8th grade	College (1-4o	r 5+)		tence			Mant	inc M	larietta
d other then event, the M		17. Fether's Neme (First, Middle, L	est)		nann	relice_	18. Mother's	Name (First, Middl			arietta
0 0	To Be	James Smith					Vi	ola Smith	1		
traumatic	-	19e. Informant's Neme/Reletionsh	p (Type, Pnint)	198	o. Meiling Ad	ddrass (Stree		or Rurel Route Num		, Stata, Zij	p Code)
CV -		Shirley Davis/Da	ughter					altimore,			
f Hem 2 v other		20e. Method of Disposition		20b. Plece o	f Disposition			Dete	20c. Location		
		1 N Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp.		0				7 2 00	Dellas		Marria
Important: If any injury or once.		21. Signeture of Funeral Services		потт	у П I I	me end Addr	ess of Fecility	7-3-96	Baltim	ore,	Marylan
any i		11/	2/ 1			WIL	LIAM C.	BROWN CO	MMUNITY	F/H	
-		23a. Pert1. Enter the disease, or o	omplications that cause	ed the death. Do	not onter th	120	5 W. NO	RTH AVENU	E		Approximete
7.6		shock, or heart feilure. List o	nly one cause on each	line.	not enter (in	e mode or dy	ing, such es ce	diec or respiretory	arrest,		Interval Betwee
ician dical		tmmedlete Ceuse (Finel	1	LUNG	00						
iner		diseese or condition resulting in deeth)	е				K				9 mont
	è			Dua to (or as a	consequenc	ce of):				1	
ansk	Examiner		b	Due to (or es a		, an				- 1	
burial-transit	Exa	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying		Due to (or es a	consequant	2 <del>0</del> 01).					
the buria	Medical	Ceuse (Diseese or Injury that Initiated events	c	Due to (or es e	consequenc	e of):					
- 24	pey	resulting In deeth) Lest								į	
2		) ·	d						·	-	
hed for un	Sicia	Pert II. Other significant condition	s contributing to death	but not resulting l	n the under	ving cause of	ven in Pert I.	23b. Dte	i tobacco use co	ontribute t	to the cause of
the Co	Physician		•					10	Yes 2□ No	3 □ Pro	bably 4 Ur
98	by F										
should be								24e. We	s en autopsy formed?		ere autopsy fine vellable prior to
5	Completed							_   Per	ioimed r	00	ompletion of cau deeth?
8	E							10	Yes 20X No	1/	☐Yes 2☐N
rsctor, pe	Be C	25. Wes cese referred to medical					28 Place of	Deeth (Check only			2100 2011
direct	To B	examiner? 1 ☐ Yas 2 ☒ No	Hospitel:	tient 2 ☐ ER/Ou	itnetient 3	□ DOA Ot	hor	ng Home 5 Re		her /Sneci	(fv)
100		27. Menner of Deeth	28e. Dete of In	jury 28b.	Time of	28c. Inju			how Injury occu	- ' '	9/
fune fune	유	1 X Naturel 5 ☐ Pending 2 ☐ Accident investiga	(Month, D	19 Year)	Injury N		ork? ]Yas 2∐ No	6			
Director: I in by the	Certification:	3 ☐ Suicide 6 ☐ Could no	Ad Zoe. Flece of I	njury - At homa, fa	arm, street, f	lectory, office		28f. Location	(Streat and Num	ber or Run	el Route Numbe
, <u>s</u>	Seri	4 Homicide	building, a	atc. (Specify)				City or 1	own, Stete)		
To the Funeral Director: completely filled in by the		29a. Cartifier 1 Certifying	Physician: To the bes	t of my knowledge	e, daath occ	urred et the t	ime, dete and p	place, end due to the	a causa(s) and m	annar as s	stated.
Setel	edical	(Check only 2 Medical E	caminer: On the basis end menner s	of examinetion en stated.	id/or Invastiç	gation, in my	opinion, daeth	occurred at the time	, dete end plece	, end due t	o the ceusa(s)
comple	Σ	29b. Signeture end title of cartifier				29c. Licen	se number		29d. Date sign	ed (Month,	Day, Year)
		> 7Kluin	am Mys	nl		R021	122		June 29	9, 19	96
7)		30. Neme end addrass of person w			(Type, Print	)					
7		Dr. Khin Myint	9000 Fran				Baltimo	ore, Mary	land 212	37	
St	ate	31. Dete filed (Month, Day, Year)		trer Signature	-			Lo, Hary	zunu 212	.57	
ى Regist		JUL 01 1996	guia Davidso	n-panders							
		T 1000	U	Mark Street, S	-						

	21	
	02	
	0	
	0	
	-	4
	10	
	2121	
	N	
	-	
	OI.	
	04	1
		1
	7	
	_	
	YLAI	
	7	
	_	
	>	١,
	., MARYLAND 21215-00	
	ш.	
	A	
	4	
	5	
	-	
	щì	4
	ш	
	CC.	
	=	
	0	-
	$\equiv$	
	>	
	=	7
		1
	_	
	1	
	AL	
1	3AL	
l	BALTIMORI	
1	BAL	
9		
9		
9		
9		
9		
9		
9		
9		
9		
9		
9		
9		
90	BOX 6876	
90	BOX 6876	
90	O. BOX 6876	
90	O. BOX 6876	
90	O. BOX 6876	
90	O. BOX 6876	
90	O. BOX 6876	
90	BOX 6876	

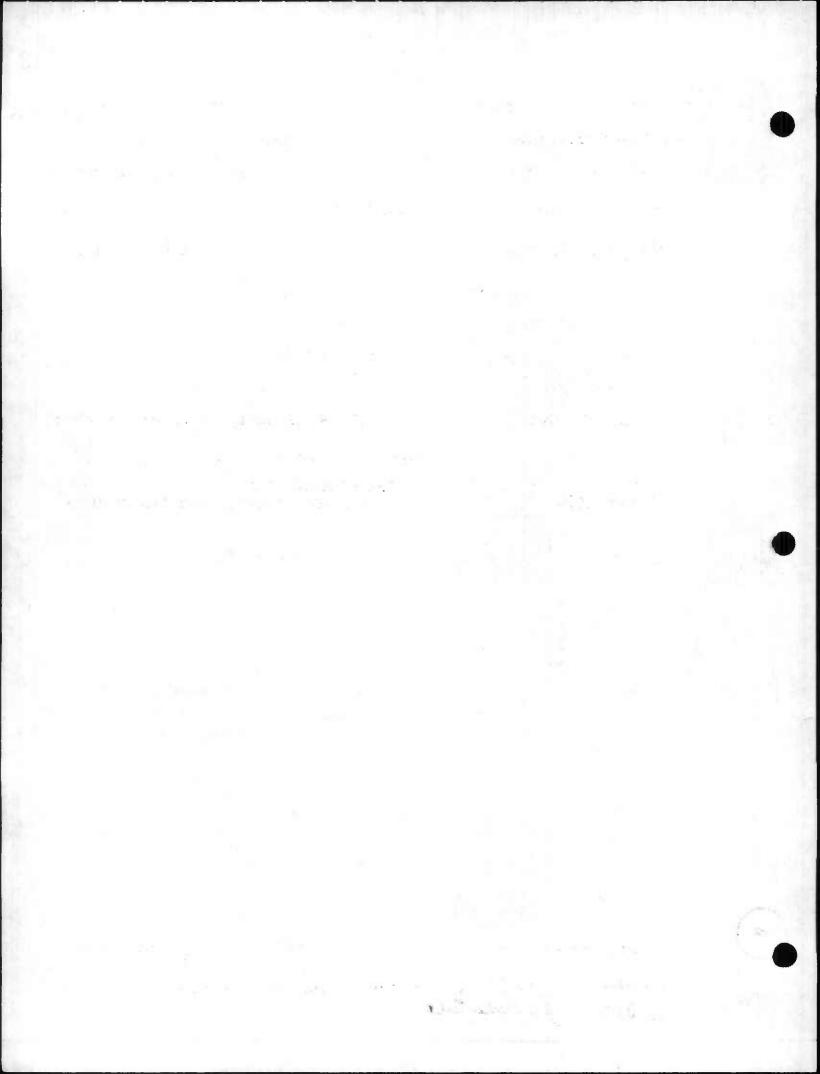
DIVISION OF VITAL RECORD

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ARTMENT OF I		MENTA	L HYGIENI REG. NO.	E			
	DECEDENT'S NAME (First, Middle, Last)     Chong	Ik		Sc		2. DATE	of DEATH	<b>1</b> 9	956	3. TIME OF DEATH 1:43 A M	
	4. SOCIAL SECURITY NUMBER 499-74-7150	5. SEX 8. AGE (II	n yrs. last birthda YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH h, Dey, Year) . 22,1		6. BIRTNI Country KOY		
TOR	9e. FACILITY NAME (If not institution, give s HOWard County Ge		1	96. CITY, TOWN Colum	or location of de	ATN			vard	EATH	
DIRECTOR	10e. STATE 10b. COUNT Md. Howa	_	10c. (	CITY, TOWN OR LOCA						10d. INSIDE CITY LIMITS? 1 YES 2X NO	
FUNERAL	10o. STREET AND NUMBER 8972 Furrow Ave	•		10	1. ZIP CODE 21042			10g. CITIZ	USA		
B≼	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2- NO	It yes, s	CENDENT OF HISPAN Health Cuben, Mexicon 3 2 1 NO Specify	n, Puarto I		14. RACE — American Indian, Black, White, atc. Specify: Korean			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		(Give kind life. Do NO	T'S USUAL OCCUPATION of work done during many transport of the properties of the company of the	ost of working		elf Em		177		
BE COM	17. FATNER'S NAME (First, Middle, Last) Young	Duk		So	18. MOTNER'S NAI	ME (First, )	Middle, Maiden :	_		Chang	
TO B	190, INFORMANT'S NAME (Type/Print) OK HWA SO			Furrow A						12	
	20a, METHOD OF DISPOSITION  1 CX Burlat 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	noval from Stata centr		TEOFDISPOSITION (N	Cemetery		96 Tim		n, Mo	1.	
	21. SIGNATURE OF FUNERAL SERVICE LI	200	_	22. NAME A	nd address of fac 1050					e, Inc. d. 21204	
	immediate cause (Final disease or condition resulting in death)	List only one cause on ea	och line.	ar Car		h ae cere	diac or raspl	ratory arm	eat,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A c. DUE TO (OR AS A d	CONSEQUENCE	E OF):							
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition			YES NO	g cauae given in	_	24e. WAS AN PERFOR 1 TYES 2	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF D	OTHER:							
	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		TIME OF 28c. IN	JURY AT DRK? YES 2 NO		SCRIBE NOW II	NJURY OCC	CURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stelle)								loute Number,		
COMPLET	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  DATE SIGNED (Month, Day, Year)										
BE										(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEA	ATN (ITEM 27) (I		کهره دهد		enter				
	31. DATE FILED (Month, Day, Year) JUI 01 1006	32. REGISTRAR'S SIGN	ATURE								



State of Maryland / Department of Health and Mental Hygiene 96 19293

	_					Ce	rtificate	e or	Death			Reg. No.			
Physiciai /Medica	_	Decedent's Name (First, M     BEN		SMI							2. Dete of De Month JUNE	28 <sup>y</sup> ,	1996	3. Time of Deeth	
Examine	er	4a. Facility Neme (If not instituted Hamilton Nurs	7.1		mber)				4b. City, To Balti		ocation of Deet	h 4c. Count			
uneral irector		5. Social Security Number 217–14–5706		1 <b>X</b> /1 2□ F	7. Age (In ye	rs. lest birthday, 2 Yrs.		Deys .	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, De APR . 1	y, Yeer)	9. Birthple Count N . C	ece (Stete or Foreign ry) AROLINA	
f show	or	Usuel Residence of Decedent 10a. Stete 10b. Cou MD			10c.	City, Town or L BA	ocation LTIMOR	ξE					10	d. Inside City Limits	
3a or 28a	Funeral Director	10e. Street end Number 6116 ST. R	EGIS	ROAD			10f. Zip (	Code 2120	)6			10g. Citizen of united		ry? .tes	
-	2	11. Marital Status  1 Never Married 2 Nidowed X X Divor	Married	12. Wes Dece Armed Fo 1 Tes If Yes, Giv Year or D	2(X) No		Was Decede if Yes, special	fy Cub	dispanic Orl en, Mexicar Specify:	igin? (Sp n, Puerto	pecify Yes or No Rican, etc.)	Ble	ce - Americe ck, White, e by: BLAC	tc.	
than "natur	Completed	(Specify only high Elementery/Secondery (0-1		cetion completed) College (1	I-4or 5+)	(Give	dent's Usuel kind of work DO NOT use	done retire	during mos d)		king	16b. Kind of E		ustry	
d othe event,	PETER SMITH  19e. informent's Neme/Reletionship (Type, Print)  19b. Meiling Address (St.							L				, Meiden Sumei	various		
27 Is		19e. informent's Neme/Releti DELORES	19b. Meili 611			end Number	ROA		er, City or Town		21206				
it. Page rtment o rtent: If i		20e. Method of Disposition 1 ☐ Buriel 2 🌣 Sremati 4 ☐ Donation 5 ☐ Other	on 3 Ro		Plece of Dispo cemetery, cre GREENM	matory or oth	ner pla	<sub>сө)</sub> MATOR	Υ	7-2	20c. Location BALTI	- City or Tov			
any in		21. Signature of Funerei Serv	W	Du	A	N .	2. Neme and MARCH I L101 E	FUNI NO	ERAL I	HOME AVEN	UE, BAL	TIMORE,	MD 2]	1202	
sician edical miner	liner	23a, PerfT. Enter the disease shock, or heart failure. I Immediate Ceuse (Finel disease or condition resulting in deeth)	e		Probab		ute 1			-	Infon			Interval Between Onset and Deeth	
ding physicia se es the bur	/Medic	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest	(or as a consec												
	Z L	Pert II. Other significant cond	esulting in the u	sulting In the underlying ceuse given in Pert I.					tobacco use co Yas 2 No		tribute to the cause of death				
has been sign je 2 should be	сощріетей ру										24e. Wes	en autopsy ormed?	com	re eutopsy findings leble prior to pletion of cause eeth?	
certificate har rector, page		25. Wes cese referred to med	licel						28 Diace	of Deat	1 🗆		10	Yes 2□ No	
director,	0	exeminer?	He	ospitel:	npatient 2	☐ ER/Outpetier	nt 3 DOA	Oth	er .				ner (Specify)		
or: After the	1 Inpatient 2 ER/Outpetient 3 DO						c. Injur Wor	y et k?  Yes 2 \square No							
		4 ☐ Homicide det	ermined	buildir	ng, etc. (Spe						City or To				
Fundately 1		29e. Certifier 1 Certification (Check only one)	lying Phyel cal Examin	er: On the ba	isis of exami	nowledge, deetl nation end/or in	h occurred et vestigation, i	the tin	ne, dete en pinion, deel	d plece, th occurr	end due to the red et the time,	ceuse(s) and m dete end piece,	enner es sta and due to t	ted. the cause(s)	
							29c.					0			
Comp	29b. Signeture and title of certifin					D16619									
Сотр	(Check only one)  2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and dend menner stated.  29b. Signature and title of certifier  29c. License number  29d. Date signed (Mo							8,199	6						

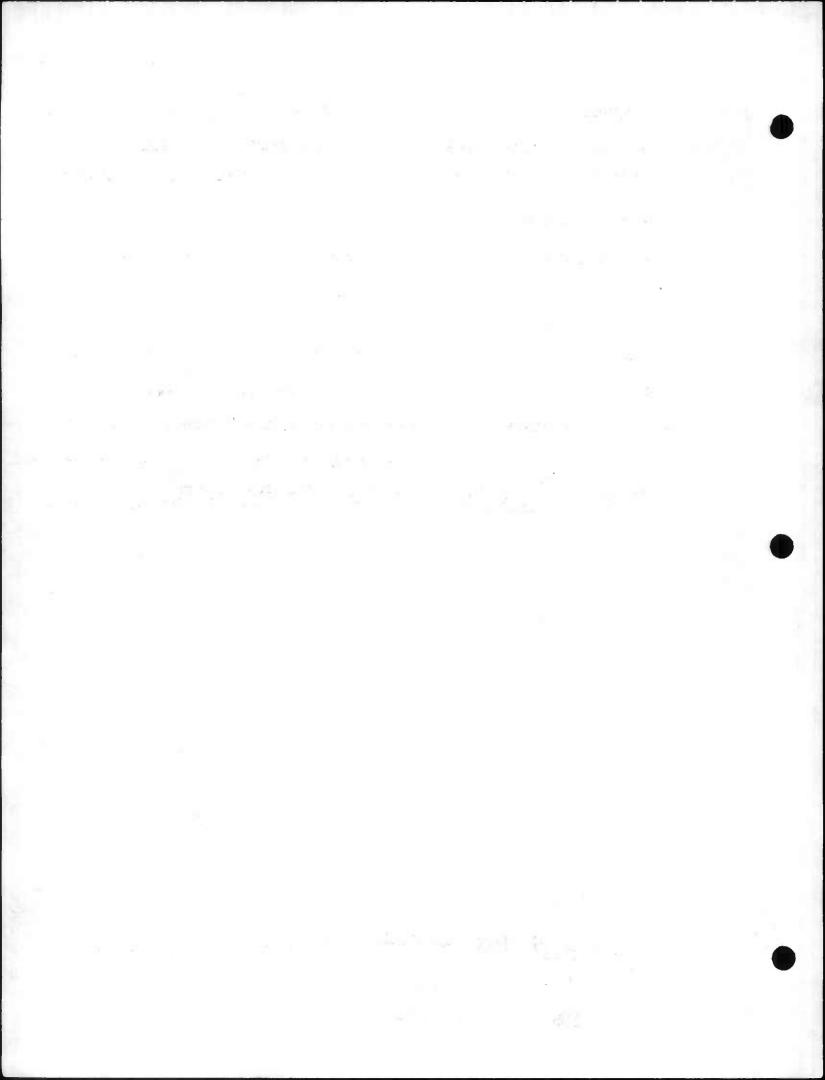


State of Maryland / Department of Health and Mental Hygiene 96

19294

					Certificat	e of	Death		Reg. No.		
Discontinu		1. Decedant's Nama (First, Middla,	ast)					2. Data of Da Month		Yaar	3. Tima of Death
Physici /Medi		ELEANORA	F	3		9	SMITH	JUNE		1996	6:49PM
Examir		4a. Facility Nama (If not institution, g	iva street and numb	ber)			4b. City, Town, or L				0113111
		NORTH ARUNDEL HOSE	PITAL ASSOCI	TATION			GLEN BURNIE		A.A.	COUNT	Y
Funeral			Sex 7	. Aga (in yrs. last	birthday) If Under		If Undar 24 Hrs.				
Director		216-44-9023	1□M 2ဩF	94	Yrs. Months	Days	Hours Min.	October	th ly, Year) 3,1901	Mary	land
g ,		Usual Rasidance of Decedant									
within 72 hours after death with the Meryland ene. Than "netural", or Nems 23e or 28e-f ehow he Medical Examiner must be notified at		10a. Stata 10b. County	. 7 . 7		own or Location					1	Od. Inside City Limit
	cto	Maryland Anne Ar	undel	Glen E	urnie						1 ☐ Yas 2 ☐ N
20	Dire	10a. Street and Number			10f. Zip	Coda			10g. Citizen of	What Coun	itry?
8 1	a	210 4th Ave., S.	E.		210	061			United	State	ès .
"natural", or Nems 23a or 28a-f ehow edical Examiner must be notified at	by Funeral Director	11. Marital Status  1 ☑ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forc	⊠ No			Hispanic Origin? (Spean, Maxican, Puarto Specify:	pecify Yas or No Rican, atc.)	Specif	ck, Whita,	atc.
E S	ted	15. Decedant's	Education	16	Sa. Decedant's Usua	cordent's Usual Occupation 16h Kind of Rusiness/Industry					
iene. than netur	Completed	(Specify only highast s Elemantary/Secondary (0-12)	rada complatad) Collega (1-4	loc 5 .\	(Giva kind of wo lifa. DO NOT u	rk dona sa ratire	during most of worl	king			
	E	12	College (1-4	F (10154)	urchasing	asing Agent U.S. Government					
ad other event,	BeC	17. Fathar's Nama (First, Middla, La	st)				18. Mothar's Nam	na (First, Middla,	, Maidan Sumar	na)	
200	To E	Frank Smith					Ivah Eli	zabeth	Burckhe	ad	
h and Mer 7 is marks treumatic	-	19a. Informant's Name/Ralationship	(Type, Print)	1:	9b. Mailing Addrass	(Stree	t and Number or Ru	ral Routa Numb	er, City or Town	, Stata, Zip	Code)
= 22 =		Michael B. Lee/	Nephew	4	23 Phirne	e Ro	d., W, Gle	en Burni	ie, Mary	land	21061
ě E E		20a. Mathod of Disposition		20b. Place	of Disposition (Nar	na of		Data	20c. Location		
t: If I		1 ☐ Burial 2 ☑ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec			tary, cramatory or o		Inc., Jul	lv 1. '96	Catons	ville	. Marvla
Department of H Important: If its any injury or of once.		21. Signature of Funeral Service Lic									, , , , , , , , , , , , , , , , , , , ,
Dep			7.	0			ass of Facility Iddick Fur				
		10 m		~			Hwy., S.I			, MD	21061
		23a. Part1. Enter the disease, or co shock, or heart failure. List on	mplications that cau ly ona causa on aac	usad tha daath. D ch lina.	o not antar tha mod	la of dyl	Ing, such as cardiac	or raspiratory a	rrast,	- 67	Approximata intarval Batween
nysician			0	4-	11	4-	1	2		i	Onsat and Death
Medical kaminer		Immediata Causa (Final disaasa or condition rasulting in daath)	a conq	eller	year	/	Fun	MX		0	2 days
		rasulting in daatin)	n	Dua to (or ms	popsaguance of):	n	Fail			i	2 Veers
ar a	Examiner		Caron	very 10	Acery	0	weare			1	dleers
end-tran	Кап	Sequentially list conditions,		to (or as	a consequance of):					1	
nding physician end use es the buriel-transit		Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or injury	6								
physician end s the buriel-transit	Medical	that initiated events resulting in death) Last	C	Dua to (or as	a consaquence of):						
0 0	Me									- !	
D Sh			d			-				1	
ed for	sici	Part II. Other significant conditions	contributing to deat	th but not rasuiting	in the underlying o	ausa gi	ivan in Part I.	23b. Dld	tobacco use co	entribute to	the cause of deati
ed by the a	Physician/							10	Yes 26-No	3 Prol	bably 4 Unkno
gned be de	by F										
s been si 2 should	Completed I							24a. Was perfo	an autopsy ormed?	av	are autopsy findings allable prior to mpletion of cause daath?
	NO.							10	Yas 2 10	10	JYas 2□No
certificete rector, pa	Be (	25. Was casa rafarred to medical					26. Piaca of Dea	th (Check only o	ona)	1	
S Ce	ToE	examinar? 1 ☐ Yas 2 ☐ 110	Hospital: 1 □ Inp	patient 2 ER/	Outpatient 3 DC	OA Ot	har		dance 8 Ott	nar (Specif	v)
er th		27. Mannar of Death	28a. Data of (Month,			8c. Inju			how injury occur		
: After e funer	atio	1 ☐ Matural 5 ☐ Panding 2 ☐ Accident invastigati		Day rear)	Injury M		Yas 2 □ No				
ector: A	3 Suicida 6 Could not be 28s. Place of Injury - At home, farm, street, factory, office 28f. Location									ber or Rura	al Routa Number,
Direct d in by	ert	4 Homicida	building	, atc. (Specify)				City or To	wn, Stata)		
e Funeral	edicai C	29a. Cartifiar 1 Certifying F (Check only one)	hysician: To the be miner: On the basi and manna	is of axaminati <i>on</i> a	ga, daath occurred and/or invastigation	at tha ti	ima, data and place, oplnion, daath occur	and dua to tha red at tha tima,	causa(s) and m data and place,	annar as s and dua to	lated. tha causa(s)
omo de ta	Me	29b. Signatura and titla of certifiar			290		se number		29d. Dala signe	d (Month,	Day, Year)
		1 ( rhomas	1) Att	ending .	voca		21684	4	7.1	. 9	-
		1-0-1-	-					1	, ,	-	
10		30. Nama and addrass of person wh			(Type, Print)	CI.I #	106 CLENI	DIDNIE M	21061		

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2 Date of Deeth 3. Time of Deeth **Physician** Scaggs **BYND** 2 Bey Howard Trwin 1996 9:30 AM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore Towson Greater Baltimore Medical Center If Under 1 Year 8. Dete of Birth Month, Day, Year) July 04 1921 9. Birthplece (State or Foreign Balt, Md. 7. Age (In yrs. lest birthdey) If Under 24 Hrs. **Funeral** 1 M 2□ F Deys 74 Yrs. Director 217-14-1766 Usuel Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland. Department of Health and Mental hygiene. Important: If Item 27 ie marked other than "natures" ~ 1000.000. 10e Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Timonium Md. Baltimore 1 ☐ Yes 2 E No Director 10e. Street and Number 10g. Citizen of What Country? USA 10f. Zip Code 21093 215 Belmont Forest Ct. # 202 Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

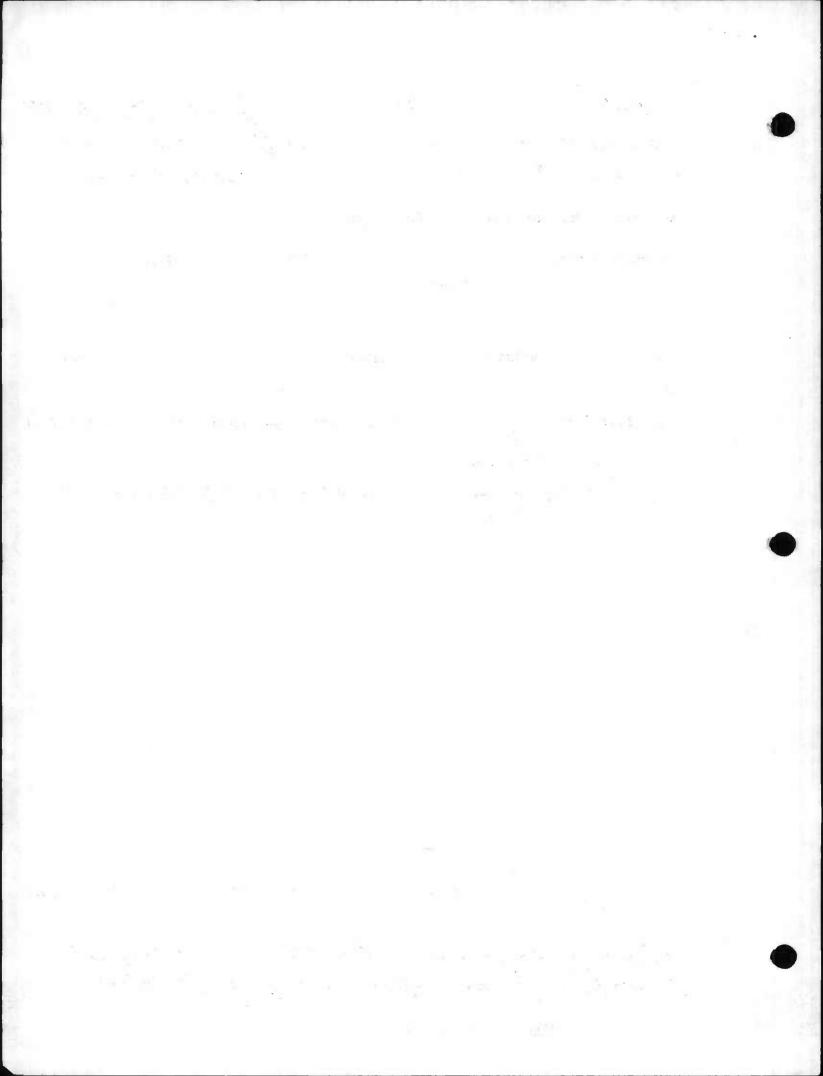
1 ∑ Yes 2 □ No
If Yes, Give 2/15/43
Yeer or Date 2/15/43 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Never Married 2√2 Merried White 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Busineas/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) President/ Chair. Of The Board Banking 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Mitchell Scaggs Margaret Howard Trwin 0 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)
215 Belmont Forest Ct. #202 Timonium, Md. 21093 19a. Informent's Neme/Reletionship (Type, Print) Grace Scaggs/ Wife 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Dulaney Valley Cemetery 6-29-96 Timonium, Md. 4 □ Donetion 5 € Other (SpecifyEntombment 21. Signeture of Funerel Service Licensee 22. Name and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart future. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Fine) Hero Scherofie CHolo MS Will - Direce disease or condition resulting in deeth) Examiner Examiner physician and the buriel-transit The law requires that the deeth certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated eventa resulting in deeth) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): ettending p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. ed by the detached 23b. Did tobacco use contribute to the cause of death? Obstration Pulmono signed by t 1 → Yes 2 No 3 Probably 4 Unknown Deseso þ 24b. Ware autopsy findings aveilable prior to complation of cause of death? Completed 24a. Wea an autopsy performed? peed page 2 s nec. 1 Yea 2 No 1 Yea 2 No certificata Attending Physician: 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 10 1 Yes 2 No 2 ER/Outpatient 3 DOA 1 Inpatient this 27. Manner of Death Certification: 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide b Medical 29e. Certifian 1 Certifying Physician: To the best of my knowledge, deeth occurrad et tha tima, date and plece, end due to tha cause(s) and manner es stated. 2 Medical Examinar: On the besis of examinetion end/or investigetion, in my opinion, daeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signeture and title of certified 29c. License number 29d. Dete signed (Month, Dey, Year) 11/11 30. Name end address of person who of daath (Itam 23a) (Type, Print) Nothern (000 W) mi) 31. Dete filed (Month, Dey, Yeer) Registrer'a Signeture 8 1996 all Studies K 2 Registrar

DHMH 16 Ray 6/95

Section 1988 to 1988 to 1988 to 1988 to 1988 to 1988 to 1988 to 1988 to 1988 to 1988 to 1988 to 1988 to 1988 to 

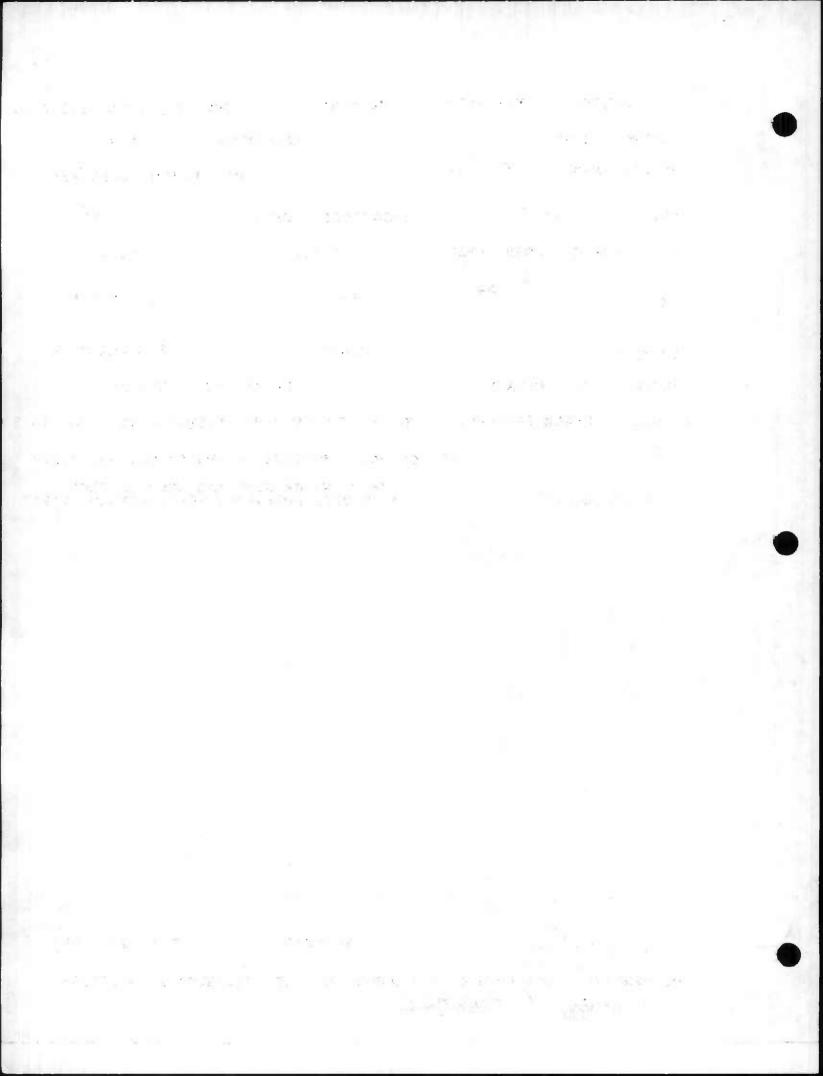
		LTE	M#28b £ilm g737 1. Decedent's Nema (First, Middle, L		laryland erME		artment of rtificate of	Health and I Death		giene :	10	19296
	Physici /Medi	an	1. Decedent's Nema (Filst, Middle, Le	kif / Jug		Sm	14		Month	14 199	Year	Time of Deeth
7	Examir		4e. Facility Nama (If not institution, gir	va straat and number,	)			4b. City, Town, oct	Scation of Death	4c. County	of Death	
			Prince George's	Hospital	Cente	r		Cheverky		Prince	Geor	ge's
	Funeral Director			Sax 7. Ag	ge (In yrs. Ia 58	st birthday) Yrs.	Months Days		8. Date of Birth (Month, Day July 17	, 1937 I	9. Birthple Countr	ece (Steta or Foreign ny) ork
	pu ×		Usual Residence of Dacedant  10a. Stete 10b. County		100 City	Town or Lo	postion					
	Maryla H sho	tor	Maryland Prince	George's			Heights				100	d. Inside City Limits 1 ☐ Yas 2√☐ No
	r 28	Director	10e. Street and Number				10f. Zip Coda			10g. Citizen of W	hat Countr	y?
	th will	aiD	96 Euclid Avenue					20743		U.S.A.		
	dea	Funeral	11. Marital Status	12. Wes Decedent	Ever in U,S	13.	Wes Decedent of	Hispenic Orlgin? (Sp ben, Mexican, Puert	pecify Yas or No-	14. Rece	- Amarica	
21215-0020	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28e-f show he Medical Experienc must be notified at	þ	1 Never Marriad 2 Married 3 Widowed 4 Divorced	Armed Forcas?  1  Yes 2  If Yes, Give Yeer or Detes:	Hnknoi	VIL	1 □ Yas 2 ☑ No		o nican, etc.)	Specify:	k, White, et Whi	
5-0	n 72 ho natur	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)		16a. Dece	dent's Usuel Occu	petion	kina	16b. Kind of Bu	siness/indu	ustry
121	within ene.	hple	Elementary/Secondery (0-12)	College (1-4or	5+)	life.	DO NOT use retir	during most of worled)				
	pe in the		UNRNOWN 17. Father's Neme (First, Middle, Last	unknown		un	rnown	10 Mathada Nam	o /First Middle	Maldan Cumpus		nown
Maryland	a la b	Be C	unknown	,				18. Mother's Nam		Melderi Sumame	1)	
7	d 2 should th and Mer 7 is marks traumatic	10	19e. informent's Neme/Reletionship	Type, Print)		19b. Mellir	no Address (Stree	et and Number or Ru		or City or Town	Steta Zin (	Code)
	0 5 5 0		Laura Smith/Moth					ord Road-1				
Baltimore,	at of He		20e. Method of Disposition  1  Burial 2  Cremetion 3  4  Donation 5  Other (Special	in  Removel from State  NStato nom	Cer	ce of Dispo	sition (Neme of metory or other pl	T	Data	20c. Location - (		
Balti	permit. Pa Departmen Important any injury once.		21. Signatura of Fuheral Service Lice				Name and Addi	ress of Fecility tomy Board Maryland	1-655 W.	Baltimo	ore s	treet
-		-	23a Part1. Enter the disaasa, or com nock, or haart tailura. List only	plications that cause	d tha daath.	Do not ent	ar tha mode of the	, Maryland ring, such as cardiac	or raspiratory an	- 1559		Approximete
	Physician /Medical Examiner	Examiner	Immediate Ceuse (Finel disease or condition resulting in deeth)	Left Tu	Due to (or o	es e consec	luence of):	Us con	plus	lion 5		Onset and Deeth
,	axecun and nandial-tra	Еха	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or e	es e conseq	juence of):				į	
Box 68760,	death certificate be axecuted e attending physiclan and od for use as the burial-transit	Physician/Medical	Cause (Disease or Injury that inflieted events resulting in death) Last	d	Due to (or a	is a conseq	uence of):					
	death e atte	sicia	Pert II. Other significant conditions of	contributing to death b	out not result	ing in the u	nderiving cause o	iven in Pert I	23b. Did t	obacco une con	tribute to	the cause of death?
, P.O	the the	by Phys										ably 4 Unknown
Records,	aw requir ts been s 2 should	Completed b			_				24e. Wes a	an autopsy med?	aval	re autopsy tindings liable prior to spletion ot cause eath?
	0 - 5	COL							1 🗆 Y	es 2 No	10	Yes 2□ No
Vital		Be (	25. Wes case-reterred to medical examiner?					26. Place of Dee	th (Check only or	ne)		
of	hy hy	2	11 Yes 2 □ No	Hospitel: 1 Inpatie		R/Outpatler	I SU DON		oma 5□Rasid	lance 6 Othe	r (Specify)	
		on:	27. Manner of Deeth 1 □Netural 5 □ Pending	28a. Deta of Inju	y Year) 2	28b. Tima of injury	P W		28d. Dascribe h	low injury occurre	be	
Division	Attending pr death. ector: After by the fune	Certification:	2 Accident investigation 3 Suicida 8 Could not be	11-116		÷11:4		Yes 2 Ho	/	Street and Number	na na Dumi	Paula Marchae
<u>≥</u>	or A after Direction by	ertit	4 ☐ Homicide determined		ic. (Specify)		eat, fectory, office	1	City or Tow	m Stale)	y II.	il. Nel
	To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	_ r	29a. Certifier 1 Certifying Ph	ysician: To the best	of my knowl	edge, death	occurred et the t	time, dete end place,	and due to the	cause(s) and mer	nner as sta	100721 ated.
	the H hin 24 the Fi	ledical	ana) 25 Medical Exter	niner: On the basis o end manner st	ated.	end/or inv	restigetion, in my	opinion, deeth occur	red et the time, t	dete end piece, a	na aue to t	ne cause(s)
	To the within 7 To the comple	Σ	29b. Signature and title of certifier	0:		20	29c Licar	sa number		29d. Dete signed	(Month, D	ey, Year)
			Orygun Y	Hugues	ww	7	100	130	$\nabla$	une 14	0/19	96
			30. Name and address of person who	completela cause of a	South (Item 2	(3a) (Type)	my burn	et. G.	Spr. 7.	Nd 20,	748	
	Sta Registr		31. Dete filed (Month, Dey, Yaar)	32. Registr	rar's Signatu	re		/	V			

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 19297

THE REAL PROPERTY.	1 Dec	edent's Na	ame (First, Middl	lo I set)			C	ertifica	te of	Death			leg. No.		
Physician /Medical		M	ILDRED			ABETI	Ħ	SULL				2. Date of Dea Month JUNE	Day	Year 1996	3. Time of Deeth 1:45 P.1
Examiner	(	HURC			et and num	ber)				BA	LTI	MORE	4c. Count	y of Deeth	
uneral rector	70		Number 3-4809 of Decedent	6. Sex 1□ M		7. Age (In yrs	s. last birthde Yrs	Months	er 1 Year Days	if Under Hours	24 Hrs. Min.	8. Date of Birth (Month, Day 01-10-	, Year)	Coui	place (State or Foreign ntry) RYLAND
28a-f show notified at rector	10a. S	itete	10b. County	N/A		10c. C	City, Town or	Location ALTI	MORE	C	ITY			1	10d. inside City Limits
r flems 23a or 28a-f s sher must be nothed Funeral Director	10e. S	treei and N	NORTH	во	ND	STRE	ET	10f. Z	ip Code 21	231		1	Og. Citizen of	What Cour	
by	10		erried 2 Marr	ied 1	Vas Deced Armed Ford Yes X Yes, Give Year or Dat	<b>X</b> No	U,S. 1	3. Was Dece if Yes, spo 1 \( \text{Yes} \)	ecify Cub	lispanic Orien, Mexican	gin? (Spo , Puerto	ecify Yes or No- Rican, etc.)		ck, White,	can indien, eic. HITE
of the Medical Exercision Completed by		7. Father's Name (First, Middle, Last)					16a. De (Gi	cedent's Usi ve kind of w DO NOT	uei Occup ork done use retired LERK	1)	t of work	16b. Kind of Business/Industr			
Be Se	AUGUST G DREXEL  19a. Informant's Name/Relationship (Type, Print)										(First, Middle, I		ne)	ī	
5	AUGUST G. DREXEL  19a. informant's Name/Relationship (Type, Print)  SAMUEL B.TEMPLE (FRIEND)											al Route Number			Code)
any Injury or other tri	20a. M	ethod of Di Buriai 2 Donation		3 🗆 Remo		20b.	Place of Dis	position (Na remetory or PARI 22. Name a	ame of other please  K CE	METE	RY	Date 7-1-96	20c. Location	- City or To	own, State 0 - , 21229
E & 8	220 5	R.	H. Ru	ST.	AtA			4905	YOR	K RO	AD, I		DRE, MA		ND, 21212
ician dical niner	i <i>mm</i> ed	hock, or he	tion			C.V.I	).			g, such as	cardiac d	r respiratory err	est,		Approximate interval Between Onset end Death  YEARS
se es the burial-transit  //// Medical Examiner	trist in	ntially list of leading to i Enter Und Chisease of tieted even ng in death	conditions, immediate derlying or Injury ats ) Last	c		Due io (	or es a cons	equence of)	ĸ						
be detached for u				ns contribut	ting to deat	th but not res	sulting in the	underlying	cause giv	en In Part i.			23b. Did tobacco use contribute to the		
2 should be pleted by	Part II. Other significant conditions contributing to death but not result  DEMENTIA												24a. Wes an autopsy performed?		ere autopsy findings allabie prior to mpletion of cause death?
rector, page 2	25 We	e cara rata	errod to medical									1 □ Y€			Yes 2□ No
D P	1 Yes X2X No Hospital: 1 Inpatient 2 ER/Outpatient 3 DO/				OA Oth	er: XX Nur		(Check only on ne 5 ☐ Reside		er (Specif)	v)				
ed in by the funeral di	XX 20 30	7. Manner of Death  XXNatural 5 Pending investigation 3 Suicide 6 Could not be determined 28e. Placa of injury - At hom						М		/at ⟨? Yes 2□N	40	28d. Describe how injury occurred  28f. Location (Street and Number or Rural Route Number.			
Medical Cert							oth occurred	at the tim	e, date and	I pleca, a	City or Town	use(s) and m	enner as st	ated.	
Mec		0	d title of certifier	Con	nd manner	siaied.	٥		c. License				od. Date signs	d (Month, i	
State	Of Detailed Man Con Van			101	101 NORTH BOND STREET, BALTO., MD.,					D.,2	21231				



20c. LOCATION - City or Town, State

FREDERICA, DELAWARE

A

K BALLIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	<ul> <li>by the funeral director, page 5 should be detached for use as the burial-transit pern removal.</li> </ul>	dical examiner must be notified at once.
1	10	nilled ion, or	he m
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, CM BALLIMORE, MARYLAND 21215-0020	DOWS ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pern hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLET

BE

THE FUNERAL D THE FUNERAL D filed within 72 h TO THE LOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 19a: INFORMANT'S NAME (Type/Print)

DOTTIE SMERBECK

20e. METHOD OF DISPOSITION
1 | XBurlel 2 | Cremetion 3 | Removel from State
4 | Donation 5 | Other / Owner.

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, 1947)

JUL 01 1936

74

Bearon both

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

170

Michael Bienenfeld, M.D. 100 Brown St.

22. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GRACE SCOTT JUNE 20. 1996 4:00 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS 221-20-5572 1 M 2 F 07-27-1906 FELTON, DEL. 9e. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHESTERTOWN NURSING & REHB. CENTER CHESTERTOWN KENT RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10a STATE 10d. INSIDE CITY DELAWARE KENT DOVER 1XXYES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 104 COUNTRY FIVE DRIVE 19904 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried ecify Cuban, Mexican, Puerto Rican, atc.) IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: BY 3 Widowed 4 X Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sne Elementary/Secondary (0-12) College (1-4 or 5+) 10 00 FLOOR WALKER INTERNATIONAL PALYTEX 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) HARRY CLARK ALMEDA MOORE BE

20b. PLACE AND DATE OF DISPOSITION (Name of

BARRETT'S CHAPLE 06-22-1996

TRADER FUNERAL HOME INC.
12 LOTUS STREET, DOVER, DELAWARE 19901 4 omes 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or hasrt failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final **Onset and Dasth** disesse or condition resulting in dasth) DIE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Drovescu lar 011 1 YES 2 NO OF DEATH? angina 1 □ YES 2 □ NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29e. CERTIFIER
(Check only one)

The properties of the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner se stated.

29c. LICENSE NUMBER

033514

19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)

22. NAME AND ADDRESS OF FACILITY

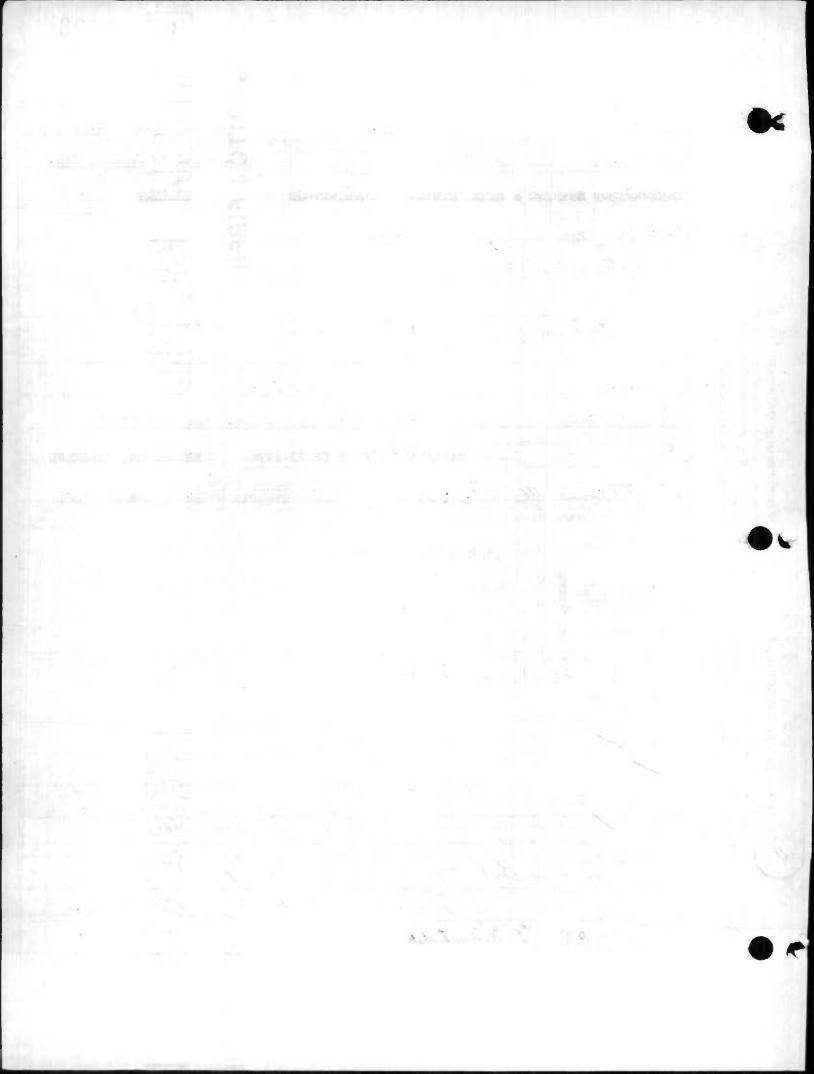
2123 TARAILA ROAD, HARTLY, DELAWARE 19953

DATE

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

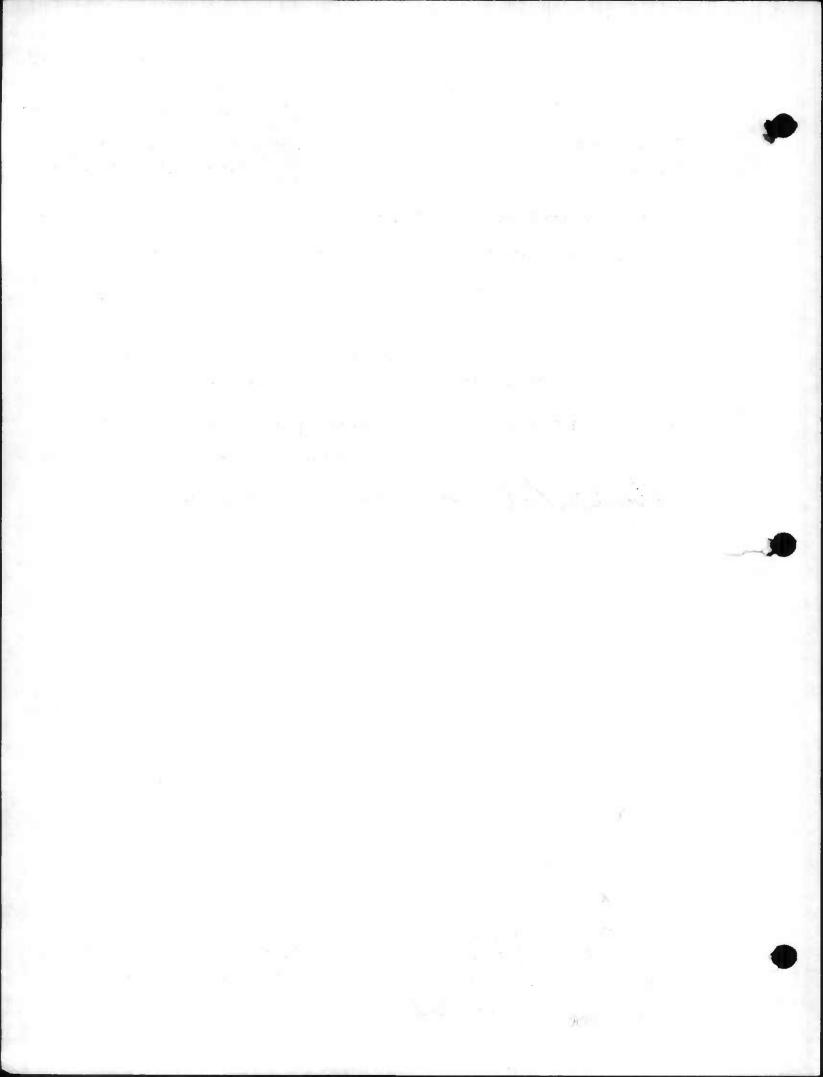
6-26-96



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

							Cen	iticat	e or	Deatr	7		Reg. No.			
	Physic		Decedant's Nama (First, Middle, The:	Lasi) resa May	npson				2. Data of Da Month	Day	Yaar 996	3. Tima of Death 1:30 HM				
	/Medi Exami		4a. Facility Name (If not institution,	give street and n	umber)		-			4b. City, T	own, or L	ocation of Deet		ty of Deeth	,	
	EXAIIII	ilei	Lorien Nursing							Colu	mbia			rd Co		
	Funeral Director			6. Sex 1 □ M <b>XX</b> F		In yrs. last birt	rhday) Yrs.	if Under Months	1 Yeer Days	If Unda	r 24 Hrs. Min.	8. Deta of Bit May 4,		9. Birth	place (State or Foreign Tornia	
72			Usuel Rasidance of Decedant											-		
Marylar	fled at	tor	Maryland Howa:	rd Count		Oc. City, Towr E1k	rid								10d. Inside City Limits 1 ☐ Yas 2 ☑ No	
4	22	lrec	10e. Street and Number					10f. Zip	Code				10g. Citizan of	What Cou	intry?	
×	238	al	7248 Montgomer	y Road	# 3-4	1			2122	27			USA			
5-0020 72 hours after death with the Maryland	f Health and Mental Hygiene. Item 27 is marked other then "natural", or Items 23e or 28a-f show other traumatic svent, the Medical Examinar must be notified at	by Funeral Director	11, Marital Status  1 Never Married 2 Married  3 Widowed 4200ivorced	12. Was Der Armed F 1 Tes If Yas, G Yeer or	forcas? 25 No iva	ar in U,S.		es Deced Yas, spec				pecify Yas or No Rican, etc.)	Spec	ack, Whita	ican Indian, i, atc. nite	
20-0	a la	pe	15. Decedent's	Education		16a.	Deceda	nt's Usue	ol Occu	pation			Businass/I	ndustry		
215	Med	Completed	(Specify only highast Elamantary/Secondary (0-12)		(1-4or 5+)		(Give ki	nd of wo	rk dona sa retire	during mo	st of wor	king				
d 2121	Hygiene. ther then ent, the M	Nom	12	00094	(1 101 01)	ho	mema	aker					own h	ome		
Maryland 21215-0020	and Mental Hygie is marked other r aumatic svent, tr	To Be (	17. Fathar's Name (First, Middla, L George	George Raymond Farl						18. Moth	here:	na (First, Middle Sa LaCo	, Maiden Suma ste			
aryla	N pur		19a. Informant's Name/Raiationship (Type, Print)  Mr. D. Michael Thompson/son  728 Fannie Dorsey  20a. Method of Disposition  20b. Place of Disposition (Nama of								ber or Ru	n, State, Z	ip Code)			
· c	Health 8										Road	, Sykes	ville,	MD 21	1784	
ore.	permit. Pages 1 and Department of Haalth Important: If New 27 any injury or other tr once.		20a. Method of Disposition 20b. Piece of Disposition (Nama of cametary, cramatory or other place									Date 20c Location - City of				
THO Page			4 □ Donation 5 □ Other (Spe		n Stata	Good S		-		,	y :	6-29-9	6 Elli	cott	City, MD	
			21. Signetural f Funeral Service Li	e, P.A.	21042											
	_		23a Port 1. Entar tha diseesa, or call ock, or haart fallura. List o	omnications that		100535						ryland		1	Approximete Interval Batween	
E	hysician and busician and street private street busicial stree	Examiner	Immediate Causa (Finel disaasa or condition resulting in daath)  Sequantially list conditions,	a	Du	a Sta ne to (or as a c	consequ	ance of):	ui	ng (	ar	ocer			1 year	
000	ian a		Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury											1		
X 68760, certificate be executed	nding physic usa as the b	/Medical	that initiated events resulting in death) Last	с	Du	e to (or es e c	onseque	ence of):						1		
0	E 3	l bo	`	d												
. 8	9 %	sic	Pert II. Other significant condition	s contributing to	death but r	not rasuiting In	tha und	larlying c	ausa gi	ven in Part	1.	23b. Dld	tobacco use c	ontribute	to the cause of death?	
P.O.	igned by the be detached	by Physicia										10	Yes 2□ No	3 🗆 Pr	obably 4 Unknow	
of Vital Records, P.O	s been sign 2 should by	Completed b										24e. Wes	en autopsy ormed?	8	Vara autopsy findings vailable prior to compiation of causa of death?	
E 100	- 0	EO										10	Yes 2 No	1	□Yas 2 No	
E E	s certificata director, pag	Be	25. Was casa rafarrad to medical							28. Plac	e of Dea	th (Check only	one)			
of Vita Physician:	di se	To	axaminar? 1 ☐ Yas 2 No	Hospital:	Inpatiant	2 ER/Ou	tpatient	3 D DC	DA Ot	her: 4 N	lursing H	oma 5 🗆 Ras	idance 8 🗆 O	thar (Spec	eify)	
			27. Manner of Death  1 Natural 5 Pending	28a. Data (Mo	of Injury	28b. T	ima of	2	8c. Inju				how Injury occu			
Vision	leath. for: Af tha fu	atic	2 Accident invastiga	ition				М		Yas 2	] No					
5 6	불충드	Certification:	3 Suicide 6 Could not be datermined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)										Street and Nun wn, Stata)	nber or Ru	ral Route Number,	
Hospital	.,	edical C	29a. Certifier (Check only one) Certifying 2 Madical Ex	Physician: To the caminar: On the lead me	a best of m basis of ax nnar stated	amination and	death o	occurred stigetion,	at tha ti	lma, data a oplnion, da	nd piace, ath occu	, and due to the rred at tha tima,	cause(s) end n data and place	nanner as , and dua	stated. to the cause(s)	
10	Within To the	Ž	≥ 29b. Signature and title of certifier 29c. License number 29d. Det									29d. Dete sign				
All ratio and			30. Nama and eddrass of person w		lle	b (Item 22a) (	Tuna D	rint)	D:	266:	15		Ju	re ?	27 1996	
	3		GALYAMILLES 34W EIIKOTT CIRDR "103 EIIICOTT CITY MO 21043													
	Sta Regist		31. Data filed (Month, Day, Year)  JUL 01 1996	Julia Do	Midden	Mandall		,								



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. T **Physician** WILLIAM CATTELL TRIMBLE 06 24 -1996 2:15 /Medical 4a. Fecliity Nema (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 1021 GREENSPRING VALLEY RD. BROOKLANDVILLE BALTIMORE # Under 24 Hrs. Hours Min. 8. Date of Birth 5-2-07 (Month, Day, Year) -05-20-1907 If Unit 1 Year 5. Sociel Security Number 7. Aga (In yrs. lest birthdey) 9. Birthpleca (State or Foraign **Funeral** 1 MM 2 F Days 1907 MARYLAND 577-60-5096 Yrs Director 89 Usuei Residence of Decedant 72 hours after death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Show 7 is marked other than "natural", or items 23s or 28s-f shot traumatic event, the Modical Examinations to be notified at 1 ☐ Yes 2 No Director MD. BALTIMORE BROOKLANDVILLE 10e. Street and Number 10f. Zln Code 10g. Citizen of What Country? 21022 1021 GREENSPRING VALLEY RD. U.S.A. Funeral 12. Wes Decedant Ever in U,S. Armed Forcas? 1 ☐ Yes 2 € No If Yes, Giva Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: WHITE 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuei Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) filed within 7 Hygiene. Eiementery/Secondery (0-12) College (1-4or 5+) FOREIGN SERVICE OFFICER AMBASSADOR 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Sumeme) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othe any Injury or other traumatic event stice. Be ISAAC RIDGEWAY TRIMBLE MARGARET E. JONES 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Coda) 250 W. PRATT ST. BALTO., MD. 21201. WILLIAM C. TRIMBLE JR. 20b. Plece of Disposition (Neme of cemetary, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Burlel 2 Cremetion 3 Removel from Stete 6/27/96 OWINGS MILLS, MD. 4 □ Donetion 5 □ Other (Specify) THOMAS G.F. 22. Name and Address of Facility
HENRY W. JENKINS & SONS CO. 21. Signature of Funarel Sarvice Licensae 4905 YORK RD. BALTO., MD. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel UNKNOWY diseese or condition resulting in death) Examiner Examiner that the death certificate be axecuted Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Diseesa or injury that initieted events resulting in deeth) Last and Due to (or es e consequence of): Box 68760, attending physician for use as the buria Physician/Medicai Due to (or es a consequanca of) P.O. ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Cinknown Records, þ The law requires 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an eutopsy performed? RIAL FIB peen certificate has page No 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Physician: 25. Wes case referred to medical axaminar? director Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 4 Residence 6 Other (Specify) 2000 P 1 Yes 1 Inpatient 2 ER/Outpetient 3 DOA After this 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. fnjury af Work? 28d. Describe how Injury occurred Hospital or Attending 5 Pending invastigation 1 Neturel 1 Yes 2 No death 2 Accident Director: 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Routa Number, City or Town, Stete) in by after 4 Homicide • Funeral 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, data and placa, and due to the causa(s) and manner as stated. edicai (Check only one) 2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and dua to the causa(s) To the 29b. Signature and Titleyof certified 29c. License number 29d. Data signed (Moeth, Day, Year) 2 W 30. Neme end eddress of person who completed cause of teath (Item 23a) (Type, Print) DANIEL G. SAPIR 10755 FALLS RD. SUITE 320 TIMONIM, MD.

State Registrar

M.D. 31. Dete filed (Month, Dey, Yeer)

JUL 01 1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

		Decedentic No	ıma (First, Middla, La	-41		Cer	illicate c	n Dealli		0.0-440	Reg. No.		A TIME MADE	
Physician /Medical	L		SANDRA	HUNTER		SEFF					22, 19	96	3. Time of Deel	
Examiner	4	MERID	(If not institution, giv							MORE	th 4c. Count	y of Deeth		
Funeral Director	5	Social Sacurity	Number 6. S		ge (In yrs. las	st birthday) Yrs.	If Under 1 Ya Months Da	er If Undar	24 Hrs. Min.	8. Date of Bi (Month, D 01-27	rth ay, Year) -1931	9. Birth	placa (State or For ntry) <b>DIANA</b>	
2	_	sual Rasidance 0e. Stete	of Dacedent		100 City	Town or Loc	otion							
23s or 28s-f show		MD.	N/	A	TOC. CRY,		IMORE	CITY					10d. inside City Li	
or 28a-f si be notified Director	1	0e. Street end N					10f. Zlp Cod				10g. Citizen of		intry?	
	_	115 E			ENUE	40.14		21212				S.A.	and the state of	
Eramination to the same same same same same same same sam			urried 2 Married	12. Was Decedant Armed Forces  1  Yes XX  If Yas, Giva Yeer or Dates:	? [No							ack, Whita,	can fndian, , etc. <b>HITE</b>	
natural', dical Exp			15. Dacedant's Ed	lucation		16a. Daceda	ant's Usuai Oc	cupation			16b. Kind of 8	Businass/Ir	ndustry	
- 4	-	(Sp.	conderv (0-12)	de completed) Collega (1-4or	5+)	lifa. D	O NOT use ra			ing				
rgiene.				2 YEARS		S	ALES	AGENT			AIR	LINE	S	
Be sver	1	7. Fathar's Nam	a (First, Middla, Last)  S  E	HUNTER					ORO		o, Maidan Suma MCCLAI			
halth and Mer 127 is marke or traumetic To			Name/Ralationship (  - deMUT)									City or Town, Stata, Zip Coda) IORE, MD., 21212		
nt: If itsm ry or oth	2		isposition MCramation 3 □ 5 □ Othar (Specif		cen	natary, crem	ition (Nama of atory or othar UNT C	piace) REMATO	RY	Data 6-24	20c. Location BALTO		own, Stata . , 21202	
Department of Health ar important: if itsm 27 is any injury or other trauonce.	21. Signeture of Funeral Service Licensea  P. H. Rury W. JENKINS AND 4905 YORK ROAD, BALTIN													
ysician	2	23a. Pert1. Entar shock, or he	r tha disaase, or com aart failura. List only	plicetions thet cause ona causa on aach l	od tha death. line.							KILE	Approximata Intarval Batwe Onset and Dec	
Medical		mmediata Cause liseesa or condit		W.		Ros	206	zilare					80	
aminer	r	asulting In daath		a	Due to (or a		_	mu					Q U	
sit sit				h										
burlet-transit		equentially list of eny, laading to ausa. Entar Un- ausa (Diseasa o	conditions, immadiate darlying or injury	C	Dua to (or a	s a consequ	ence of):							
g phys as the ledic	that initiated evants rasulting In death) Last Dua to (or as a consaquence of):													
for use				d										
ys.	P	art fl. Other afgr	oiffcant conditions o	ontributing to death t	but not rasuiti						_/		to the cause of de	
igned by be detected		dementia, meningiomas, sezure disorder							lev	1	1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Un			
od blu										24a. Was an autopsy performed? 24b. Wara autopsy fi available prior to		ara autopsy findi		
s been si	-											ompletion of caus		
page 2										10	Yes XX No	1	□Yas 2□No	
certificate rector, pag		5. Was case refe exeminar?	arred to medicat					26. Place	a of Death	(Check only	one)			
5 P		1 □ Yes X	<b>X</b> No	Hospital: 1 Inpati	ient 2 EF	VOutpatient	3□ DOA	Othar: Nu	irsing Ho	me 5 🗆 Res	idence 8 🗆 Ot	thar (Speci	(fy)	
		7. Mennar of Der XXX Neturel 2 Accident	5 Pending Invastigation		ury ay Year)	8b. Time of Injury	28c. ii	njunyat Work? I□Yas 2□			how injury occu			
i Directord in by the control of the		3 ☐ Sulcide 8 ☐ Could not be detarmined 28a. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)								28f. Location (Street and Number or Rural Routa Number City or Town, Stata)				
Within 24 hours ared death.  Forthe Funeral Director: Affert completely filled in by the funeral Medical Certification:	2	9a. Certifiar (Check only ane)	XX Cartifying Ph 2 Medical Exam	ysician: To the best inner: On the basis of end manner si	of axaminetion	adga, daath n end/or inva	occurred at the astigation, in m	a tima, deta an ny opinion, dea	d place,	and dua to the ed et the tima	causa(s) and m	nannar as : , and dua i	stated. lo tha causa(s)	
Med Med	2	9b. Signature an	detitle of certifier	2			29c. Lic	ense number			29d. Date sign			
		1 /2	necles	Mar			P2	8987			JUNE	24,	1996	
7	30	). Name and and	dress of person who	complated cause of	death (Itam 2	3a) (Type, P	rint)			15				
2		CARL	SPERLI	NG, M.D	.,560	1 LOC	H RAV	EN BL	VD.,	BALTI	MORE, M	IARYI	LAND, 21	
State	3	1. Data filed (Mo	onth, Day, Yaar)	32 Regist	rar's Signatur	600								
Registrar		JOT (	01 <b>1996</b> ,	7										

The figure of the first of the and the state of t a a Control of the second of the s 

State of Maryland / Department of Health and Mental Hygiene

19302

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Daath Month **Physician** Ana Maria Vieta June 1996 8:45 pm /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Baltimore Towson Stella Maris 7. Aga (In yrs. last birthday) If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 8. Data of Birth Month, Day (Year) July 25 1916 Birthpiaca (Stata or Foraign County)
 Cuba **Funeral** Days 1 M 2 KF 79 267-72-6491 Yrs. Director Usual Rasidence of Decedant the Maryland x 28a-f show 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Baltimore City Md. N/A 1 XYas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 r than "natural", or items 23a or the Medical Examiner must be 21239 USA 5904 Loch Raven Blvd. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No. If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Maritai Status 72 hours after 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1⊠ Yas 2□ No Specify: Cuban þ Specify: White 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast greda completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry filed within 7 Hygiene. Eiamantary/Secondary (0-12) Coilega (1-4or 5+) permit. Pages 1 and 2 should be filed wit. Department of Health and Mental Hygiene Important: If Item 27 is marked other tha any injury or other traumatic event, the ORGE. Home Maker Own Home 12 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Malden Sumame) Be Delgado Angela Pons Emiliano 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Raiationship (Type, Print) Rolando Vieta/Son 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata Druid Ridge Cemetery 7-1 -96 Pikesville, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funarai Sarvice License 22. Nama and Addrass of Facility Ruck Towson Funeral Home, 1050 York Rd. Towson, Md. 23e. Part1. Entar tha disaasb, or complications thet caused tha death. Do not anter tha mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarvai Between Onsat and Death **Physician** /Medical immadiata Causa (Finai disaasa or condition rasulting in death) Congestive Heart Failure Examiner Dua to (or es a consequance of): Examiner physician and the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Disaasa or injury that initiated evants rasulting in deeth) Last Due to (or es a consequance of): Box 68760 Physician/Medical Dua to (or as a consequence of) attending p P.O. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributa to the causs of death? signed by t 1 Yes 2 No 3 Probably 4 Onknown Records, þ been sig Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of causa of death? page 2 : certificate 1 ¥Yas 2 □ No 1 ☐ Yas 2 ☑ No Division of Vital Hospital or Attending Physician: 44 hours after death. Funeral Director: After this certifical left filled in by the funeral director, I Be 25. Was casa rafarred to medical 26. Piaca of Death (Check only ona) Other: 4 Sunursing Homa 5 Residence 6 Other (Specify) P 1 Yas 2 No 1 inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Selaturai 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) y- At homa, farm, street, factory, office (Specify) 4 Homicide 18 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and hanner stated. 29e. Certifier Medical 29c. License number 29b. Signature and titla of certifian 29d. Data signed (Month, Day, Year) 6.28.96 30. Nama and address of person who complated causa of daeth (Itam 23a) (Type, Print) Eddie Nakhuda, M.D. 2300 Dulaney Valley Road, Towson, MD 31. Data filed (Month, Dey, Year) 32. Registrar's Signatura State Kson-Randell JUL 01 Registrar

**DHMH 16 Ray 6/95** 

The second of th

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 19303

	Ι	ITEM#26 film g737 7/1/96ag perDOCTOr Certificate of	Death	Re	g. No.	1 3 3 0 0			
Physici /Medic		DOROTHY MARY VONDERSCHMIDT		2. Data of Death Month June 14	Day Yaa	3. Time of Death 8:30 AM			
Examir	er	4a. Facility Nama (If not Institution, give street and number)	4b. City, Town, or Loce		4c. County of De	ath			
Funeral Director		4914 LaSalle Ave.  5. Social Security Number 218-12-3277  6. Sax 1 M 2 F 7. Aga (In yrs. last birthday) 72 Yrs.  6. Sax 72 Yrs.	Hours Min.	B. Data of Birth (Month, Day, Ugust 31,	N/A 9. 8 1923 M	irthpiaca (Stata or Foreign Country) aryland			
death with the Maryland ms 23a or 28a-f show must be notified at	or	Usual Rasidanca of Decedant  10a. Stata 10b. County 10c. City, Town or Location  Maryland N/A Baltimore City				10d. Insida City Limits 1   Yas 2 □ No			
or 28a-	Director	10e. Street and Number 10f. Zip Coda		10g. Citizan of What Country?					
23a o			06						
_ pi	by Funeral	3 ☐ Widowed 4 ☐ Divorced Yaar or Datas:	Hispanic Origin? (Specioan, Maxican, Puarto Ri Specify:	ify Yas or No- can, atc.)	14. Raca - Ar Black, WI Specify:	narican Indian, nita, atc. White			
Maryland 21215-0020 d 2 should be filed within 72 hours efter th and Mental Hygiene. 7 is marked other than "natural", or its traumatic event, the Medical Examina	Completed	15. Decedant's Education (Specify only highast grade complated)  Elamantary/Sacondary (0-12)  8 vr's  16a. Decedant's Usual Occu (Giva kind of work done lifta. DO NOT usa ratin  Homemake		6b. Kind of Busines					
at Hygiene.	Be Co	17. Fathar's Nama (First, Middla, Last)	18. Mothar's Nama (	First, Middle, M		olle			
Maryland 12 should be f n and Mental H is marked of raumatic eve	To B	Raymond M. Ermer	Bert	ha	Her	z			
Maryland of should be filed to and Mental Hyg 7 is marked other traumatic event,		19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street	t and Number or Rural i	Routa Number,	City or Town, State	, Zip Code)			
		Mr. Roy A. Vonderschmidt Same as #10  20a. Mathod of Disposition 20b. Place of Disposition (Nama of		Data 2	0c. Location - City	or Town, Stata			
Pages nent of l		1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify)  Cematary, cramatory or othar plants of Sacred Heart of		17/96	Baltimore	Md.			
Baltimore, permit. Peges 1 ar Depertment of Hea Important: If item? any Injury or other		21. Signatura of Funaral Sarvice Licensaa 22. Nama and Addr	F IIIA	ltimore	, Md. 212 Harford	14			
Physician /Medical Examiner	er	23a. Part1. Enter the disease, or complications **Louised the death. Do not enter the mode of dy shock, or heart feiture. List only one cause of each line.  Immediate Cause (Final disease or condition resulting in death)  Due to (or as a consequence of):	of Col	m		Approximate Interval Batween Onset and Deeth			
Box 68760, sath certificate be executed attending physician and for use as the burial-transit	clan/Medical	8	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disassa or injury that inflisted evants rasulting in daeth) Last  b. Dua to (or as a consequence of):  c. Dua to (or as a consequence of):	3-					
Box death cert attending for use			Part II. Other significant conditions contributing to death but not resulting in the underlying cause g	ivan in Part I	23b Did tot	acco usa contribu	ite to the cause of death?		
Is, P.O. Box es that the death certi igned by the attending be detached for use a		anyendor of ling	,	1 □ Y•	-1	Probably 4 Unknow			
requir peen s hould	Completed by	4		24a. Was an perform		Ware autopsy findings available prior to completion of causa of deeth?			
Vital Rec				1 □ Yas	/ 0	1 ☐ Yes 2 ☐ No			
of Vita Physician: this certific	To Be	25. Wes case rafarred to medical axaminer?  1 □ Yas 2 □ No  Hospital: 1 □ Inpetiant 2 □ ER/Outpatient 3 □ DOA	26. Place of Death (		) nce 6 ⊡Other (Si	necify)			
<b>□ ₽ ₽ ₽</b>	Certification: T	27. Mannar of Deeth 1 Zestatural 5 □ Pending (Month, Day Year) 1 Zestatural 5 □ Pending (Month, Day Year) 1 Zestatural 5 □ Pending (Month, Day Year)	ork? 28 ork? 28 ork? 28 ork?	ld. Dascribe how	w injury occurred				
Divi	Certifi	28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)  28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)							
Divisio  To the Hospital or Attendil within 24 hours after death.  To the Funeral Director: A completely filled in by the fu	edicai	29a. Cartiflar (Check only one)  Certifying Physician: To the best of my knowledge, deeth occurred at the temperature of the control of the property of the control of the property of the control of the	ima, data and piace, an opinion, daath occurred	d dua to tha car s at tha tima, da	usa(s) and mannar ta and place, and d	as stated. ua to tha cause(s)			
To the To the Com	2	Hardw. lite mo, D-	707-65	29	d. Data signed (Mo	nth, Day, Year)			
15		30. Nema and addrass of person who completed cause from (Itam 23a) (Type, Print)  Donald W. Mintzer, M.D. 3009 Evergreen Av	Α	V					
Sta Registr	te ar	31. Deta filed (Month, Day, Year)  32. Registrary Signatura  32. Registrary Signatura  Authority Divides Registrary							

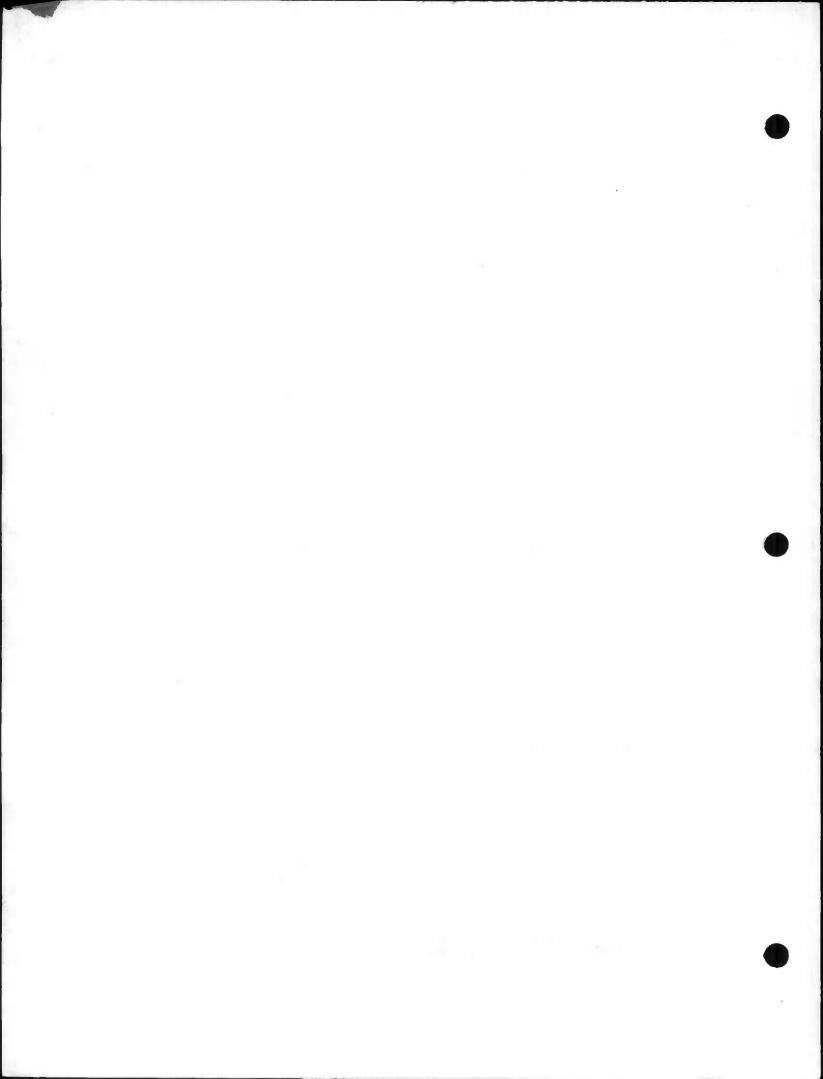
\_ v ex apart \_ T \_ T \_ vec \_ after to

Strands I was the

O THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a hours the death. Page 6 may be retained by the hospital or attending physician,	rtificate has been signed by t	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burital, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DI	TO THE FUNERAL DI	be filed within 72 hor	IMPORTANT: If Ite

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND	MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н	3. TIME OF DEATH			
	Frances Wilkes					JUNE		1996 11:53 AM			
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (II	n yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		I. BIRTHPLACE (State or Foreign			
	239-18-2679 1	□ M 2 XF 76	YRS.	MONTHS DA	YS HOURS MIN.	Month, Day, You	1, 1919	Country) N.C.			
	9e. FACILITY NAME (If not institution, give stree			9b. CITY, TO	WN OR LOCATION OF DE			Y OF DEATH			
5	Union Memorial Hos	spital		Balt	imore City		NA				
5	RESIDENCE OF DECEDENT						1 20 11				
DIRECTOR	10e. STATE 10b. COUNTY		_	Y, TOWN OR L				10d. INSIDE CITY LIMITS?			
	Md NA		Bai	4, more				1 NES 2 NO			
M	10e. STREET AND NUMBER	1 61 1			101. ZIP CODE		EN OF WHAT COUNTRY?				
FUNERAL		+ Street			2/2/8			· S.A			
3	11. MARITAL STATUS  1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		DECENDENT OF HISPAI s, specify Cuben, Mexico			4. RACE — American Indian, Black, White, etc.			
BY	3 D(Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES /	1 🗆	YES 2 NO Specif	y:		Specify: Blade			
	15. DECEDENT'S EDUCAT	/ION	16e. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OI	BUSINESS/INDU				
E	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)		work done durin	g most of working						
2	4th grade NA		Custo	dian		Sch	00/5				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		010070		18. MOTHER'S NA	ME (First, Middle, Ma	aiden Surneme)				
C	William Thompson	3			Lucy						
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St.	reet and Number or Rural	Route Number, City o	r Town, Stete, Zip C	Code) 24502			
2	Clarence W. Th	10mpson St	1004	Long	Mendow	Driva 6	unchk	DING Va			
	200 METHOD OF DISPOSITION 200 I OCATION City of Town State										
	1 A Buriel 2 Cramation 3 Removal from State 4 Donation 5 Other (Specify) Tun Tun Tun Tun Tun Tun Tun Tun Tun Tun										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March F. H. West  21215										
	1 Mlades 4	Janes		Ma	11200	Mahas	h Am	na Balting			
	23. PART I. Enter the diseases, or con	nplications that caused		not enter the	mode of dying, suc		eapiratory arres	at, Approximate			
	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final										
		1 Hour									
	resulting in death) . a	VD G-I		T TOOL V							
z	C 6.	COAGULO	PATH	Y				5 DAYS			
TIC	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):							
2	CAUSE (Disease or Injury	SEPSIS		_				8 DAYS			
Ë	that initiated avents resulting in death) LAST	DUE TO (OR AS A	CONSECUENCE	ej:							
CERTIFICATION	d			_				1			
4	PART II. Other algorificant conditions	contributing to death be	ut not resulting	in the under	lying causa givan in		S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
DIC.						1 🗆 YI	ES 2 NO	COMPLETION OF CAUSE OF DEATH?			
ME								1 TYES 2 NO			
ä	DID TOBACCO USE CONTRI					N 🔼					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:	one)						
PHYSICIAN: MEDIC		X Inpetient 2 ☐ ER/Outpe		4 🗆 Nursing	Home 5 - Reeldence	8 Other (Specify	)				
F	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. Till IN	JURY	WORK?	28d. DEŞCRIBE H	OW INJURY OCCU	RED			
ВХ	2 Accident investigation	28e. PLACE OF INJURY			YES 2 NO						
	3 Suicide 8 Could not be datermined	Office	City or Town,		r Rural Route Number,						
COMPLETED	29e. CERTIFIER				·						
MP	(Check only										
00	0	On the basis of examination	end/or investigati	on, in my opini	on, death occured at the	time, date end plac	e, end due to the	ceuse(e) and menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	reserve			29c. LICENSE NU			SIGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF SE	TH OTEN AT C	- O-1-11	A1245	8946	JU	NE 27, 1996			
	ELEANOR DEGUZMA				SITY PARL	want 121	M TIMACIO E	MD 21218			
	31. DATE FILED (Month, Day, Year)	L.32. REGISTRAR'S SIGNA	777 777	MINEK	-117 PARK	VVI Y DP	MINUTCE	, IND TIMO			
	JUL 01 1996 Julie	Savidson-Rand									
	130	The same and only									



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

19305

			Certif	icate of	Death		Reg. No			00
						Month	Da	v Yaer	3. Tima	of Death
1						June	30,	1996	11:0	2 A.M
_	the state of the s		~ .							
	213-22-0535					(Month, De	th ay, <i>Year)</i> 25,1	9. Birt Co .912 Mar	hpiace (Stati untry) yland	t or Foraign
$\vdash$		10c. Cit	v. Town or Location	on					10d Inside	City Limite
	Service Contract					es 2½ No				
1	10e. Street and Number 10f. Zip Code							izan of What Co	untry?	
,	7876 Severn Tree	Blvd.		21144			Uni	ted Stat	ces	
5	Marital Stetus     □ Nevar Married 2  Married     3  Widowed 4  Divorced	12. Wes Decedent Ever in U Armed Forcas? 1 ☐ Yes 2 ☒ No If Yas, Giva Yaar or Dates:	If Ya			pecify Yes or No Rican, etc.)	>-	Black, White	e, etc.	
	15. Decedant's Ed (Specify only highest gra Elamantary/Secondary (0-12)	de complated)	(Give kind lifa. DO f	of work done VOT usa ratin	pation during most of work ad)	16b. K	ind of Businass/	Industry		
	8		Homemak	cer			Own Home			
3 1								Sumama)		
					Vertie 0	riffith	1			
'										
-					ree Blvd.					4
2		Dames of from Chate	semetery, cremeto	ry or other pla						
			en Haven	Mem. I	k., July	3,1996	Gler	n Burnie	, Mar	yland
1	21. Signatura of Function Service Licen	lu "	22. Ne Kirk 421	me end Addr ley-Ru Crain	ass of Facility Iddick Fun Hwy., S.E	eral Ho	ome 1 Bur	cnie, MD	210	61
	23a. Part1. Entar the disaasa, or comp	plicetions that caused the deal						1		ata
	,									d Death
	diseese or condition	ARTERIBS	CLIER	orie	CARD	OVA	-5 CL	LAR	5 YE	SYME
	asuning in deam)	Dua to (c	or as a consaquan	ce of):		1.	2)(5)	3758		
	_	h.——————								
	Sequantially list conditions,	Dua to (c	r es a consequan	ce of):						
	ceusa. Entar Undartyling Cause (Disease or Injury									
1	nat initiated avants	Dua to (o	r es e consequenc	e of):						
		d								
P	art II. Other significant conditions co	ontributing to death but not ras	ulting in tha undar	lying ceuse g	ivan in Pert I.	23b. Did	tobacco	use contribute	to the caus	of death
	RENAL	FAILURE				1 🗆	Yes 2	□ No 3□ Pi	robably 4	Unknow
						04-144-		24h J	Mara autono	u findinge
						perio	ormed?		available pric	r to
$\cdot$								•	of death?	
						10	Yas 2	⊠ No	1 ☐ Yas 2	□No
	5. Was casa refarred to medical				28. Placa of Deal					
2	axaminar?	Hospital:						6 Other /Sne	cify)	
2	axaminar? 1 ☐ Yas 2 🖾 No		ER/Outpetient 3	LIDOA	har: 4 Nursing Ho					
2	axaminar? 1 ☐ Yas 2 ② No  7. Mannar of Death 1 ② Natural 5 ☐ Panding	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Inju	iry at ork?	oma 5 Rasi 28d. Dascribe				
2	axaminar? 1	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Inju Wo M	iny at ork? ] Yas 2 No	28d. Dascribe	how Inju	ry occurred		
2	axaminar? 1 □ Yas 2 ② No  7. Mannar of Death 1 ② Natural 5 □ Panding	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Inju Wo M	iny at ork? ] Yas 2 No	28d. Dascribe	how Inju	ry occurred		mber,
2	axaminar?  1	28a. Data of Injury (Month, Day Year)  28a. Piece of Injury - At he	28b. Tima of Injury Inj	28c. Inju Wo	iny at str.?  ] Yas 2 No	28d. Dascribe 28f. Location ( City or To	Street ar	nd Number or Ru	ural Routa No	
2	axaminar?  1	28a. Data of Injury (Month, Day Year)  28a. Piece of Injury - At he building, atc. (Specification)  28a. To the best of my known the series of axamina	28b. Tima of Injury Inj	28c. Inju Wo 1 [ factory, office surred at that gation, in my	iny at str.?  ] Yas 2 No	28d. Dascribe 28f. Location ( City or To	Street ar wn, State ceusa(s data and	nd Number or Ru	ural Routa No	a(s)
2	axaminar?  1	28a. Data of Injury (Month, Day Year)  28a. Piece of Injury - At he building, atc. (Specification)  28a. To the best of my known the series of axamina	28b. Tima of Injury Inj	28c. Inju Wo 1	ing at oxic?  ] Yas 2 No	28d. Dascribe 28f. Location ( City or To	Street arwn, State ceusa(s data and	nd Number or Ru a) ) end mannar as d place, and dua	stated. to the cause	a(s)
		IVA G. Warfiel  4e. Facility Nema (It not institution, givenesis Eldercare)  5. Social Security Number 213-22-0535  Usual Rasidance of Decedant  10a. Stata 10b. County  Maryland Anne Arm  10e. Street and Number  7876 Severn Tree  11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced  (Specify only highest grave)  Elamantary/Secondary (0-12)  8  17. Fether's Nama (First, Middla, Last)  Nicholas Stinche  19a. Informant's Name/Ralationship (Italian)  1 Signatura of Disposition  1 Burial 2 Cramation 3 Decedant  20a. Mathod of Disposition  1 Burial 2 Cramation 3 Decedant  21. Signatura of Final Service Upon  23a. Part. Enter the disease, or companion, or conditions and cause (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate causa. Enter Undartyling Cause (Disease or Injury that initiated avants rasulting in death) Last	4e. Facility Nema (If not institution, giva street and number)  Genesis Eldercare - Severna Pk  5. Sociel Security Number 213-22-0535	IVA G. Warfield  4e. Facility Nema (If not institution, giva street and number)  Genesis Eldercare - Severna Pk. Center  5. Sociel Security Number 213-22-0535	IVA G. Warfield  4e. Facility Nema (if not institution, giva street and number)  Genesis Eldercare - Severna Pk. Center  5. Sociel Security Number	Iva G. Warfield	1. August   1. A	IVA G. Warfield   June 30,	Inc. County   Section	Iva G. Warfield   4e. Facily Norma (**Inot historication give street and number*)   5. Social Socientes Social S

State Registrar 31. Data filed (Month, Day, Year)

# Amended item #9, g-738, 8/14/96emh per fh Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate o	f Death		Reg. No.		5000		
	Dhuala	! a.u.	Decedant's Nema (First, Middle, Last)     Deta of Daath								Yeer	3. Tima of Death		
	Physic /Medi		Dorothy		Zi	mmer			June	16. 19		12:00 p.m		
	Exami		4e. Fecility Nama (If not institution, give	straet and number,	)			4b. City, Town, or Location of Daeth 4c. County of Death						
			4703 Luerssen Ave	nue				Baltimo	re	n	/a			
П	Funeral Director		210-01-7720	х Эм 2 Д F	ga (In yrs. last 77	birthday) Yrs.	If Under 1 Yac Months Dey			irth ay, Year) , 1919	9. Birthple Countr	ece (Stata or Foraign y) unknows		
aryand	9 8		Usuel Rasidance of Dacedant  10a. Stata 10b. County		10c. City, T	oum or Lo	nation				140	11-14-00-11-0		
	arya ad at	2	Maryland n/a			imoe					10	d. Inside City Limits 11 Yas 2 □ No		
n Y	B S	Director	10e. Street and Number		bucc	· cino e			1	10. 001		17 111		
	23a or	rai Dir	4703 Luerssen Ave				10f. Zip Coda 2 1	206		10g. Citizen of Un	γ?			
Maryland 21215-0020	rai', or items Examiner.m	by Funeral	11. Meritei Stetus  1 □ Never Merried 2 □ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedant Armed Forcas?  1  Yas 2  If Yes, Giva Yeer or Datas:	Evar in U,S. Punknou No	un 13. v	Ves Decedant of Yes, specity Cu	Hispenic Origin? iben, Maxican, Pue o Specify:	Specify Yes or Norto Rican, atc.)	o- 14. Rec Ble Specif	ce - America ck, Whita, a y: Wh			
500	natur dical	Completed	15. Decedant's Edu (Specify only highest grad	cation	1	6a. Daced	ant's Usuai Occ	upation a during most of w red)	nakina	16b. Kind of B	usinass/Indu	ıstry		
21	Ne o	nple	Elamantary/Secondary (0-12)	Coilega (1-4or	5+)	lifa. C	OO NOT use reti	red)	UKHIY					
2	P P P P P P P P P P P P P P P P P P P	S		nknown		<u>u</u> .	nknown				nown			
DUE S	H of of	Be	17. Fether's Nema (First, Middla, Last)						ama (First, Middle	s, Maiden Sumer	na)			
Z I	od Manta markad matic e	To	unknown					unkno						
Ma	福 型 単 リ		19a. Informant's Name/Raiationship (T) Michael Zimmer/Hus					et end Number or I Ln Avenue				21206		
0	Health em 27 dher ty		20a. Mathod of Disposition				sition (Nama of		Deta	20c. Location				
ou !	O III		1 ☐ Buriel 2 ☐ Cramation 3 ☐ F		come	itery, crem	atory or other p	lace)	Dota	EVU. LUCALION	- City of TON	n, Stata		
Baltimore,	ortani injury		4 Donation 5 Other (Specify)			22	Nome and Add	ross of Essilib.	1					
Ba	Depa Impo any i		21. Signature of Funarai Service Licensea Ronald S. Wade, Dir. State Anatomy Board-655 W. Baltimore Street											
			Janan -	alde	e	Ba	ltimore,	Marylan	d 21201	-1559				
			23a. Parti. Entar tha disease, or compl anotic, or heart feilure. List only or	ne ceusa on aach l	ina.	o not ante	er the moda of o	ying, such as cardi	ec or raspiratory a	arrest,		Approximata Intervel Between Onsat and Death		
	hysician /Medicai		Immediata Causa (Final		1		Da	414			'	i C		
_	xaminer		disaasa or condition rasulting in daath)	ə	- Cu	2	Con					10 mos		
	11.00	ē			Dua to (or as	a consequ	uenca of):							
Tage of the same o	ansit	Examiner		),	Due to (or as		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
ox 68760,	ing physician and as the bunal-transit													
68760,	ysicia e bur	ca												
89	as th	Medical	rasulting in daath) Lest		Dod to (or as	a consequ	once on.							
Box	esn .			d										
. 5	igned by the attendin be deteched for use	Physician/	Pert II. Other eignificant conditione cor	ntributing to death b	out not rasulting	a in tha un	deriving causa o	ilvan in Part I.	23b. Did	tobacco use co	entribute to 1	the cause of death?		
Og	by #	پر	Bilateral	1	/				142	Y00 2□ No	3 ☐ Probe	abiy 4 □ Unknown		
	pe de	by F	DICARCO	Brug	IT C	AMC	W C		-					
Records,	been si	Completed								s en autopsy ormed?	eval	a autopsy findings lebia prior to lepiation of causa		
Sec.	10 CM	jd L										eath?		
E 2	pag.	8							1 🗆	Yas 20 No	1 🗆	Yes 2010		
Vit	certificate rector, pa	Be	25. Was casa referred to medical axaminar?	lospital:					eath (Check only	ona)				
of Vital	this ai dir	2	1 Yas 2 No	1 Li Inpatia			3LI DOA		Homa 5 Tas					
LO I	After	lo	1. Netural 5 ☐ Pending	28a. Date of inju (Month, Da	y Year)	o. Tima of Injury	28c. Inj W		28d. Dascribe	how injury occur	red			
Vision	death tor:	icat	2 Accident Invastigation 3 Suicida 6 Could not be	28a Piace of Ini	iuny - At home	form etro	eat, factory, office	]Yas 2□No	29f Location	(Streat and Numi	her or Purel	Poute Number		
0 8	Direction of the property of t	Certification:	4 ☐ HomicIde dataminad		ic. (Spacify)	, iaiiii, siie	at, lactory, office	а.		wn, Stata)	Jei Oi Figiali	Todie Maniper,		
To the Hospital	within 24 hours after death.  To the Funeral Director: After this certificate his completely filled in by the funeral director, page	edicai C	29a. Certifiar (Check only 2 Medical Examin	ner: On the basis o	f axamination	ige, daeth and/or inv	occurred at tha estigetion, in my	tima, data and pled opinion, daath occ	e, and dua to tha	causa(s) and m	annar as sta and dua to t	ted. tha causa(s)		
\$	thin mple	Med	29b. Signature and fitte of certifier A	and menner st	ated.			nse number						
٩	₹ P 8		L. DIVINI	14 .1.			2000			29d. Dete signe		ny, rear)		
		ļ,	They cell	in I has				20529		6/2	1/96			
			30. Nama and addrass of person who co	mplatad causa of c	daath (itam 23a	a) (Typa, F	Print)							

Registrar

31. Data filed (Month, Day, Yaar)
JUL 01 1996

was first the first see

### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Hygiene	9	0	9	3	U	1

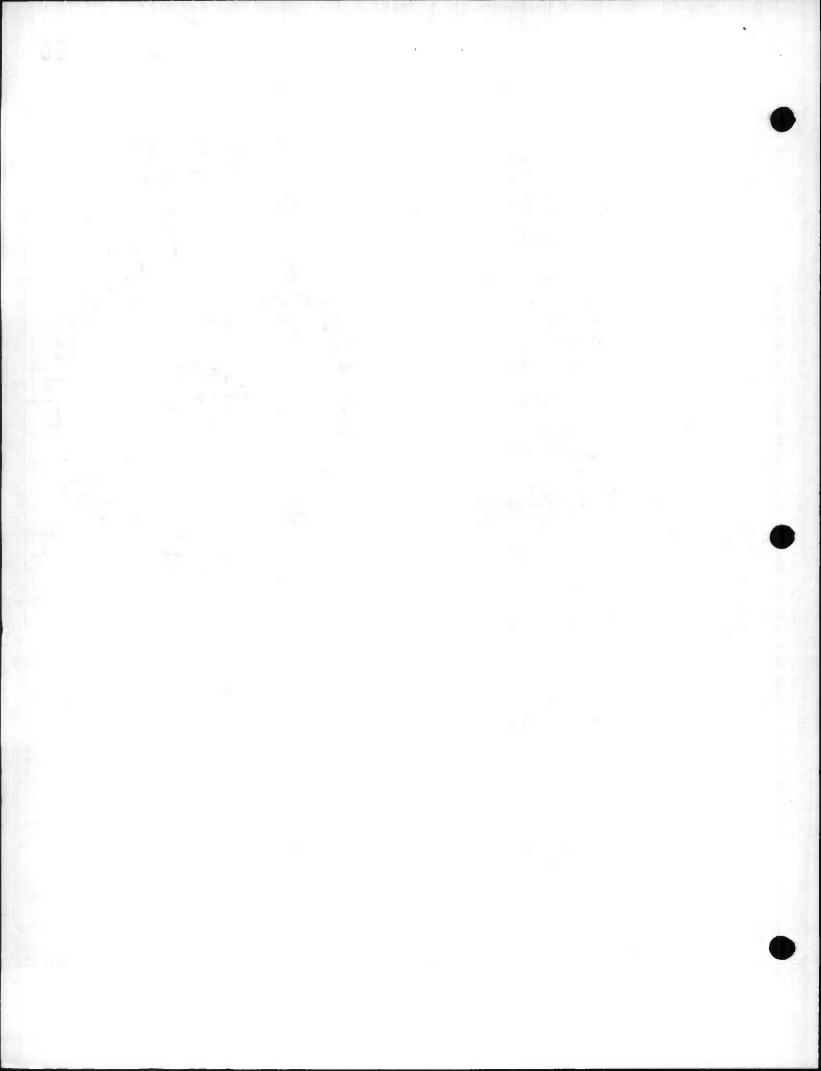
Peges 1 and 2 should be filed within 72 hours effer deeth with the Manyand Hogiene.  Examine of Heeline and Mental Hygiene.  Proposed 1 and 1 file and 1 and	Suel Residence of Decedent	STREET  12. Wes Decedent I Armed Forces? 1   Yes, Give Yeer or Detes:  1. Coilege (1-4or 5)	89 10c. City, To FRE:	yrs. wn or Lo DERI  13. V	If Under 1 Ye Months De  CK  10f. Zip Cod  21  Wes Decedent of Yes, specify C  1 Yes 2 N N  dent's Usuel Ockind of work do DO NOT use rel  SEAMSTR	FRED: er If Under ys Hours  702 of Hispenic Or uban, Mexica no Specify: cupation ne during mos ired)  ESS  18. Moth LIL	ERICK 24 Hrs. Min. Min. Min. Specific Specific Specific Specific Specific Specific Specific Structures of Working Structures Specific Spec	ation of Death  8. Dete of Birr (Month, De DEC 2	th 4c. County FRE  th 4c. FRE  th y, Year) 10g. Citizen of V  14. Rec Blei Specifi  16b. Kind of Bi  SAGN  Melden Summer	yeer y of Death DERICK 9. Birthplecc Country) MARYLA  10d.  Whet Country's S.A.  2- American ck, White, etc.  WHITI usiness/Indust	Inside City Limits 1) Yes 2 No. 7 Indian,	
of Health and Aminin 72 hours effer deeth with the Manyland of Health and Mental Hygiene.  of Health and Mental Hygiene.  If them 27 is mental Hygiene.  To Be Completed by Funeral Director  To Be Completed by Funeral Director	e. Facility Neme (If not institution, give FREDERICK MEMORIA). Social Security Number  213-18-9074 A  Social Security Number  6. Security Number  213-18-9074 A  Susual Residence of Decedent  Oa. Stete  10b. County  MARYLAND  FREDERI  Oc. Street and Number  1046 WEST PATRICK  1. Meritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced  (Specify only highest grade (Specify) only highest grade (Specify)  7. Fether's Neme (First, Middle, Last)  HARVEY WOLLARD  19e. Informent's Neme/Relationship (T)  X. LOUISE STUNKLE  Oc. Mathod of Disposition  1 Burlet 2 Cremetion 3 F  4 Donetion 5 Other (Specify)	Street end number)  IL HOSPITA  XX 7. Ag  CCK  STREET  12. Wes Decedent 1 Armed Forces? 1 Lyes 2 Lin If Yes, Give Yeer or Detes: Ication (e completed)  Coilege (1-4or 5	Ever in U,S.  189  10c. City, To FRE.	yrs. wn or Lo DERI  13. V e. Deceo (Give life, L	If Under 1 Ye Months De  CK  10f. Zip Cod  21  Wes Decedent of Yes, specify C  1 Yes 2 N N  dent's Usuel Ockind of work do DO NOT use rel  SEAMSTR	FRED: er If Under ys Hours  702 of Hispenic Or uban, Mexica no Specify: cupation ne during mos ired)  ESS  18. Moth LIL	lgin? (Spec	JUNE 1 ation of Death  8. Dete of Bir (Month, De DEC . 2	th sy, Year) 10g. Citizen of V 1. Specify 16b. Kind of B SAGN Melden Summer	y of Death DERICK  9. Birthpleoc Country MARYLA  10d.  Whet Country S.A.  2- American ck, White, etc.  WHITI usiness/Indust	e (State or Foreig) AND Inside City Limits 12 Yes 2 No.	
To Be Completed by Funeral Director  To Be Completed by Funeral Director  To Be Completed by Funeral Director	FREDERICK MEMORIA  Social Security Number  213-18-9074 A  Isual Residence of Decedent  Oa. Stete  10b. County  MARYLAND  FREDERI  Oe. Street and Number  1046 WEST PATRICK  1. Meritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced  (Specify only highest grad  Elementary/Secondery (0-12)  7  Fether's Neme (First, Middle, Last)  HARVEY WOLLARD  19e. Informent's Neme/Relationship (7)  K. LOUISE STUNKLE  Oe. Mathod of Disposition  1 Burlel 2 Cremetion 3 F  4 Donetion 5 Other (Specify)	AL HOSPITA  TO A STREET  12. Wes Decedent 1 Armed Forces? 1   Yes   2	89 10c. City, To FRE:	Yrs.  wm or Lo DERI  13. \\ \begin{align*} 13. \\ \elline{\chi}	Months De Decation  CK  10f. Zip Cod  21  Wes Decedent of Yes, specify C  1 Yes 2 X N  dent's Usuel Oct kind of work do DO NOT use rel  SEAMSTR	FRED: er If Under ys Hours  702 of Hispenic Or uban, Mexica no Specify: cupation ne during mos ired)  ESS  18. Moth LIL	ERICK 24 Hrs. Min. Min. Min. Special S	B. Dete of Birl (Month, De DEC . 2	FRED th Year) 1906  10g. Citizen of V U 14. Rec Blet Specify 16b. Kind of B	9. Birthpleoc Country/MARYLA  10d.  Whet Country/S S.A.  De - American cok, White, etc.  WHITI usiness/Indust  ER COMI	Inside City Limits  1 Yes 2 No.  7  Indien, E	
To Be Completed by Funeral Director  To Be Completed by Funeral Director  To Be Completed by Funeral Director	213-18-9074 A  Jusuel Residence of Decedent  Oa. Stete 10b. County  MARYLAND FREDERI  Oe. Street and Number  L046 WEST PATRICK  1. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced  15. Decedent's Ed. (Specify only highest grad  Elementary/Secondery (0-12) 7  7. Fether's Neme (First, Middle, Last)  HARVEY WOLLARD  19e. Informent's Neme/Relationship (7)  X. LOUISE STUNKLE  Oe. Mathod of Disposition 1 Burlel 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	CK  STREET  12. Wes Decedent   Armed Forces?   1   Yes   2   N	89  10c. City, To FRE  Ever in U,S. No  18  11  120b. Piece	Yrs.  wm or Lo DERI  13. \\ \begin{align*} 13. \\ \elline{\chi}	Months De Decation  CK  10f. Zip Cod  21  Wes Decedent of Yes, specify C  1 Yes 2 X N  dent's Usuel Oct kind of work do DO NOT use rel  SEAMSTR	F S Noth LIL	Min.  Igin? (Specin, Puerto R.)	DEC. 2	10g. Citizen of VU  14. Rec Blee Specify  16b. Kind of B	MARYLA  10d.  Whet Country's S.A.  De-American cok, White, etc.  WHITI usiness/indust  ER COMI	Inside City Limits  1 Yes 2 No.  7  Indien, E	
pas 1 and 2 should be filed within 72 hours effer deeth with the Manyland of Heelin and Mennial Hygiene.  If Heelin and Mennial Hygiene.  If Heelin and Mennial Hygiene.  To Be Completed by Funeral Director  To Be Completed by Funeral Director	0a. Stete 10b. County  IARYLAND FREDERI  Oe. Street and Number  1046 WEST PATRICK  1. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced  15. Decedent's Edu (Specify only highest grad  Elementary/Secondery (0-12) 7  7. Fether's Neme (First, Middle, Last)  HARVEY WOLLARD  19e. Informent's Neme/Relationship (7)  X. LOUISE STUNKLE  Oe. Mathod of Disposition 1 Burlel 2 Cremetlon 3 From the property of th	STREET  12. Wes Decedent I Armed Forces? 1	FREZ	e. Decec (Give life. L	OCK  10f. Zip Cod  2 1  Wes Decedent of Yes, specify C  1 Yes 2 N N  dent's Usuel Occ kind of work do  DO NOT use rei  SEAMSTR	702  of Hispenic Oriuban, Mexical Specify: cupation the during most ired)  ESS  18. Moth  LIL	igin? (Special of the control of the	ify Yes or No ican, etc.)	10g. Citizen of V  U • 14. Rec Blet Specify  16b. Kind of B	Whet Country's S.A.  De - American ck, White, etc. WHITI usiness/Indust	Inside City Limit: 1) Yes 2 No. 7 Indian,	
or flesh and Mental Hygiene. or flesh and Mental Hygiene. If them 27 is merked other than "natural", or its or other traumetic event, the Mental Examina To Be Completed by Fu	ARYLAND FREDERI  Oe. Street and Number  1.046 WEST PATRICK  1. Meritel Stetus  1. Never Merried 2 Married  3 Widowed 4 Divorced  15. Decedent's Edu.  (Specify only highest grad  Elementary/Secondery (0-12)  7. Fether's Neme (First, Middle, Last)  HARVEY WOLLARD  19e. Informent's Neme/Relationship (7)  X. LOUISE STUNKLE  Oe. Mathod of Disposition  1 Burlel 2 Cremetion 3 F  4 Donetion 5 Other (Specify)	STREET  12. Wes Decedent I Armed Forces? 1	FREZ	e. Decec (Give life. L	OCK  10f. Zip Cod  2 1  Wes Decedent of Yes, specify C  1 Yes 2 N N  dent's Usuel Occ kind of work do  DO NOT use rei  SEAMSTR	702  of Hispenic Oriuban, Mexical Specify: cupation the during most ired)  ESS  18. Moth  LIL	et of working	g (First, Middle,	U . 14. Rec Blee Specify  16b. Kind of Bi  SAGN:  Melden Sumen	Whet Country's S.A.  Ce - American ck, White, etc.  WHITI usiness/Indust	1X Yes 2 N ? Indian, E	
or flesh and Mental Hygiene. or flesh and Mental Hygiene. If them 27 is merked other than "natural", or its or other traumetic event, the Mental Examina To Be Completed by Fu	0e. Street and Number  1. 046 WEST PATRICK  1. Meritei Stetus  1. Never Merried 2 Married  3 Widowed 4 Divorced  (Specify only highest grad  Elementary/Secondery (0-12)  7. Fether's Neme (First, Middle, Last)  HARVEY WOLLARD  19e. Informent's Neme/Relationship (7)  X. LOUISE STUNKLE  1. Mathod of Disposition  1. Burlei 2 Cremetion 3 F  4. Donetion 5 Other (Specify)	STREET  12. Wes Decedent I Armed Forces? 1	Ever in U,S. No  18  18  1 19  100  100  100  100  100  100  10	e. Decece (Give life. L	10f. Zip Cod 21 Wes Decedent of Yes, specify C 1 Yes 2 N dent's Usuel Ockind of work do DO NOT use rel SEAMSTR	702  of Hispenic Oriuban, Mexical Specify: cupation the during most ired)  ESS  18. Moth  LIL	et of working	g (First, Middle,	U . 14. Rec Blee Specify  16b. Kind of Bi  SAGN:  Melden Sumen	Whet Country's S.A.  De - American ck, White, etc. WHITI usiness/Indust ER COMI	? Indian, E	
or flesh and Mental Hygiene. or flesh and Mental Hygiene. If them 27 is merked other than "natural", or its or other traumetic event, the Mental Examina To Be Completed by Fu	1. Meritel Stetus  1. Meritel Stetus  1. Never Merried 2 Married  3. Widowed 4 Divorced  15. Decedent's Edit (Specify only highest grade)  Elementary/Secondery (0-12)  7. Fether's Neme (First, Middle, Last)  HARVEY WOLLARD  199. Informent's Neme/Relationship (7)  X. LOUISE STUNKLE  1. Mathod of Disposition  1. Burlel 2 Cremetion 3 F  4. Donetion 5 Other (Specify)	12. Wes Decedent I Armed Forces? 1	18 18 1 18 1 19 1 19 1 19 1 19 1 19 1 1	e. Decec (Give life, L	21 Wes Decedent of the Yes, specify Control of the Yes 2 to the Yes 2	702  of Hispenic Oriuban, Mexical Specify: cupation the during most ired)  ESS  18. Moth  LIL	et of working	g (First, Middle,	U . 14. Rec Blee Specify  16b. Kind of Bi  SAGN:  Melden Sumen	S.A.  ce - American I ck, White, etc.  WHITI usiness/Indust  ER COMI	Indien, E	
or flesh and Mental Hygiene. or flesh and Mental Hygiene. If them 27 is merked other than "natural", or its or other traumetic event, the Mental Examina To Be Completed by Fu	1 Never Merried 2 Married  3 Widowed 4 Divorced  15. Decedent's Edu (Specify only highest grad  Elementary/Secondery (0-12)  7. Fether's Neme (First, Middle, Last)  HARVEY WOLLARD  19e. Informent's Neme/Relationship (7)  X. LOUISE STUNKLE  Oe. Mathod of Disposition  1 Burlel 2 Cremetion 3 F  4 Donetion 5 Other (Specify)	Armed Forces?  1 Yes 2 N N If Yes, Give Yeer or Detes: ication (e completed)  Coilege (1-4or 5	18 18 1 18 1 19 1 19 1 19 1 19 1 19 1 1	e. Decec (Give life, L	1 □ Yes 2 No No No Tuse rei SEAMSTR	cupation ne during mosi ired)  ESS  18. Mother LIL	et of working	g (First, Middle,	Specify  16b. Kind of Bi  SAGN: , Melden Sumen	ck, White, etc.  WHITI usiness/indust  ER COMI	E try	
of Heart and 2 should be filed within of Heart hand Mental Hygiene. If floor 27 is marked other than 'n' other traumatic event, the Mental Hygiene. To Be Compile	(Specify only highest grad Elementary/Secondery (0-12) 7 7. Fether's Neme (First, Middle, Last) HARVEY WOLLARD  19e. Informent's Neme/Relationship (T)  C. LOUISE STUNKLE  10e. Mathod of Disposition 128urlel 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	Coilege (1-4or 5	15 1 20b. Plece	(Give life. L	kind of work do DO NOT use rei SEAMSTR	ESS 18. Moth	er's Neme (	(First, Middle,	SAGN:	ER COMI		
of Heart and 2 should be filed within of Heart hand Mental Hygiene. If floor 27 is marked other than 'n' other traumatic event, the Mental Hygiene. To Be Compile	Elementary/Secondery (0-12) 7 7. Fether's Neme (First, Middle, Last) HARVEY WOLLARD 19e. Informent's Neme/Relationship (7)  C. LOUISE STUNKLE 10e. Mathod of Disposition 1 Burlel 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	Coilege (1-4or 5	19 1	Db. Meilin	SEAMSTR	ESS 18. Mothe LIL	er's Neme (	(First, Middle,	, Meiden Sumen		PANY	
control of Health and Mental H	HARVEY WOLLARD  19e. Informent's Neme/Relationship (7)  K. LOUISE STUNKLE  0e. Mathod of Disposition  1	Removel from Stete	20b. Plece	Db. Meilin	ng Addrass (Str	18. Mothe	-11000		, Meiden Sumen		PANY	
control of Health and Mental H	HARVEY WOLLARD  19e. Informent's Neme/Relationship (7)  K. LOUISE STUNKLE  0e. Mathod of Disposition  1	Removel from Stete	20b. Plece		-	LIL	-11000		Charles and the same of the	ne)		
It should be sho	99e. Informent's Neme/Relationship (7)  C. LOUISE STUNKLE  Oe. Mathod of Disposition  1	Removel from Stete	20b. Plece		-		LIE C	E CARBAUGH				
of Heelth er other trau	C. LOUISE STUNKLE  Oe. Mathod of Disposition  1	Removel from Stete	20b. Plece		-							
90 = 8	1 ABurlet 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	1 Burlel 2 Cremetlon 3 Removel from State										
smit. sparting yy injug.	1 ABuriel 2 Cremetion 3 Demove from State cemetery, cremetory or other piece)									City or Town,		
20559	1 South	Laile	A						ERAL HO	2004 1	.A. 701	
0 5 9 16	Sequentially list conditions, any, leeding to immediate ause. Enter Underlying cuse (Disease or injury net initieted events seutting in deeth) Last	b. CORONA	Due to (or es e	ERY conseq	DISEASE quence of):		ø	Bloom	The star	1	5 year	
the death certification by the ettending tached for use a	d								tobacco use co		e cause of deat	
D D D	ATRIAL FIBRILLATIO	)N							an autopsy		autopsy tinding ble prior to	
hes b	PERIPHIL VASCULAR					<u>.</u>	_		Yes 2 No	compl of dea	letion of cause th?	
certificate h rector, page		DISEASE						10	Yes 2'E No	1 🗆 Ye	es 2 No	
Thysician: this certific rai director, TO Be	5. Wes case referred to medical examiner?	lospitel:				Other:		(Check only o				
Physical din Co.	1 A Yes 2 No 7, Menner of Deeth	1 Inpatie		Outpetien . Time of	IL SCH DON	4 L N			denca 6 Oth how Injury occur			
Hor fue	1 ☐ Neturat 5 ☐ Panding investigation	June 1,	Year)	Injury	V	Vork? ☐ Yes 2 ☐ X			AT HOME	160		
5 4 5 C	3 Sulcida 6 Could not be 4 Homicide datermined	28e. Piece of Injubuliding, etc	ury - At homa, i c. (Specify)	term, str	eet, factory, offic	20	28	St. Location (a City or Tox	Street and Numb wn, Stete)	ber or Rurai Ro	oute Number,	
the Hospital nin 24 hours e the Funeral In npletely filled Aedical Ce	9a. Certifier (Check only one) 1 ♣ Certifying Physical Examination (Check only one)	sician: To the best of ner: On the besis of end manner sta	examinetion e	e, deeth	n occurred et the vestigetion, in m	tima, data an y opinion, dee	nd place, ar oth occurred	nd dua to tha d at the time,	cause(s) end ma dete end pleca,	anner as state and due to the	ed. e cause(s)	
A CO CO CO CO CO CO CO CO CO CO CO CO CO	9b. Signeture end title of certifier	P			29c. Lice	ense number	}		29d. Dete signe			
	0. Neme and addrass of person who co	Veur	~ t.		1	100			JUNE	11, 19	96	

Registrar

the re- I in the starting programmer in the second 

ANG	the hos	detache	once.
BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
RE, A	may be r	r, page 5	st be n
TIMO	. Page 6	ral directo	iner mu
BAL	fter death	the fune	al exam
	4 hours a	illed in by	e medic
60,	within 2	crematio	vent, th
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	matic e
). BO	tificate be	g physicia lene prior	ther tra
, P.C	leath cer	attendin	y, or o
RDS	that the c	d by the	my Inju
RECC	requires	een signe of Health	shows a
TAL	The law	rte has b ate Dept.	em 23
FVI	SICIAN:	certification the St	I, or II
ONO	DING PHY	After this death with	market
VISI	ATTENC	RECTOR:	m 28 la
٥	TAL OF	RAL DIF	: If He
	IE HOSP	IE FUNE	PHTANT
	10	日本	IMPC

	1 - STATE OF MAN	RYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.																		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH																
-1	Irene Ann Alexand	er		June 11	1996	8:50 A M																
			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	n BIRTH	IPLACE (State or Foreign																
	214-34-6078 1□ M 2 🛛 F	72 YRS. MOI	THE DAYE HOURS MIN.	NOV. 12, 19	23 Mai	ryland																
	9e. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF DE	ATH 9c	COUNTY OF D	EATH																
DIMECTOR	Hartley Hall Nursing Ho	ome	Pocomoke Cit	Y W	lorces	ter																
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	10c CITY TO	OWN OR LOCATION			10d, INSIDE CITY																
=	Maryland Somerset		oke City			LIMITS?																
	10a. STREET AND NUMBER	FOCUIR	101. ZIP CODE	10	o CITIZEN OF W	1 ☐ YES 2 🔀 NO																
LONEHAL	33080 Costen Road		21851		USA																	
5	11. MARITAL STATUS 12. WAS DECEDENT EV		13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes or h		E — American Indian, t, White, atc.																
10	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR (		If yes, specify Cuban, Mexica 1 YES 2 XNO Specify		Speci	A																
						White																
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USL	done during most of working	16b. KIND OF BUSINES	SS/INDUSTRY																	
(Specify only highest grace completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)  9  17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surname)																						
										_	Samuel Owens		Lucy Hot		ame)							
19a. INFORMANT'S NAME (Type/Print)  19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  James Alexander  33207 Costen Rd., Pocomoke City, Md. 21851  20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of																						
											M Burlet 2 Cremation 3 Removal from State 20. Fundamental Part 20. Funda											
										1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	CILITY										
	> I gott & My Joon		Melson Funeral PO Box 64, Poo		M-J 21	951																
	23. PART I. Enter the disesses, or complications that ca	used the daeth. Do not				Approximate																
	shock, or heart fallure. List only one cause of	on each line.				interval Batween Onset and Death																
	disease or condition resulting in death)	us celeni	lie Heart afherose	Deser																		
	PUE TO (OR	AS A CONSEDUENCE OF):	0 10			3 yrs																
2	Sequentially list conditions, b. Dane	ralized	atherose	lerous		5 yrs																
	If any, leading to immediate	AS A CONSEQUENCE OF):																				
niiricanon	CAUSE (Disease or Injury	AS A CONSEQUENCE OF):																				
	that initiated events resulting in death) LAST	AS A CONSCOUENCE OF):																				
3	d																					
	PART II. Other significant conditions contributing to das	th but not resulting in the	na undarlying ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED		WERE AUTOPSY FINDINGS																
	Progressue Semente	a alghe	mers / yxe	1   YES 2 00		COMPLETION OF CAUSE OF DEATH?																
MEDIC	Chronice Obstruct	we tulm	orary Dinea	re		1 TYES 2 ND																
1	Essential Hypertens	in Prys	phagia																			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	/ / (	26. PLACE OF DEATH (Ch	eck only one)																		
II SICIAIN.	1 YES 2 NO 1 Inpatient 2 ER	Outpatient 3 DOA 4	Mering Nome 5 ☐ Residence	6 Other (Specify)																		
1	27. MANNER OF DEATH  28e. DATE OF INJU (Month, Day, 16	JRY 28b. TIME OF INJURY	WORK?	28d. DESCRIBE NOW INJUR	TY OCCURED																	
	2 Accident Investigation	HIPM As here of	M 1 YES 2 ND																			
3	3 Suicide 6 Could not be determined 28s. PLACE OF IN. building, etc.	JURY — At home, farm, stree (Specify)	t, tactory, office	261. LOCATION (Street and A City or Town, State)	lumber or Rural R	loute Number,																
	29e. CERTIFIER																					
	(Check only one)  CERTIFYIND PNYSICIAN: To the bast of my in the bast of my in the basis of examination one)  MEDICAL EXAMINER: On the basis of examination of the basis of the basis of the basis of the basis of examination of the basis of t																					
3		nation and/or investigation, in	my opinion, death occured at the	time, data and place, and du	e to the cause(s)	and menner as stated.																
4	THE SHOMATURE AND TITLE OF CERTIFIER	20 7	29c. LICENSE NUM	IBER 290	. DATE SIGNED	(Month, Day, Year)																
	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	caro M	V. 129	505	6-1	1-96																
1	31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S	SIGNATURE	2 CHINABERRY	DR., SALIS	BURY	MD21801																
		cor Randell																				
	0011 1 1000 Francistor	CEN . WORKER				DMMU 16 Page 100																



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene State of Maryland / Department of Health and Mental Hygiene

					Cen	tificate of	f Death	R	eg. No.					
			Decedent's Neme (First, Middle, Last)		- \	6		2. Dete of Dee	th JUNE	V	3. Tima o			
	Physici /Media		CHARLES A.	BIN	EN	7		Month 6	Dey	Yeer	3.3	PhW		
	Examir		4e. Fecility Name (If not institution, give street end	number)			4b. City, Town, or Lo	ocation of Deeth	4c. County	of Deeth				
			Doctors Hosptial				Lanham		Prince	e Ger	orge's			
	Funeral		5. Social Security Number 6. Sex	7. Age (in yrs. i	lest birthday) Yrs.	Months Dey		8. Dete of Birth (Month, Dey	1	9. Birth	plece (Stete on the or	or Foreign		
	Director		577-22-4561 Usuai Residence of Decedent	7.5	110.			Aug 6	, 1922	wası	iingto	n bc		
	puel mo		10a. Stete 10b. County	10c. City	y, Town or Loc	ation					10d. Inside C	City Limits		
	Mery	tor	Maryland Prince George	's Mor	ingside	9					1 ☐ Yes	2ENo		
	72 hours after death with the Menyland natural", or items 23s or 28s-f show deal Examiner must be notified at	Director	10e. Street end Number			10f. Zip Code	5	1	Og. Citizen of V	Vhat Cou	ntry?			
	1h wit		4502 Morgan Road			2074	46	Т	Jnited S	State	20			
	deet deet	Funeral		ecedent Ever in U, Forces?	S. 13. W		Hispanic Origin? (Sp ben, Mexicen, Puerto	ecity Yes or No-	14. Rec		can Indien,			
0	or in		1 ☐ Never Merried 2 ☐ Merried 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s 2 No 194	3- 1	□Yes 2 N		1 110411, 010.7		/ Whi				
21215-0020	n 72 hours aft "natural", or i edical Exami	d by	3x_ryvidowed 4 LI Divorcad Yeer o	Detes: 1945										
15-	e 1 a	Completed	15. Decedent's Education (Specify only highest grade complete	nd)	16a. Decede	ent's Usuei Occi	upetion le during most of work red)	ing	16b. Kind of Bu	ısiness/în	dustry			
12		d mc		e (1-4or 5+)		te Manac			Linens	s of	the W	eek		
	Hyg H		17. Fether's Neme (First, Middle, Last)			-	18. Mother's Nem	e (First, Middle, i	Melden Sumem	10)				
Maryland	d la b	o Be	William T. Bivens				Mary C.	Loveles	e c					
ary	d 2 should th end Mer 7 le marke traumatic	-	19e. Intorment's Neme/Reietlonship (Type, Print)		19b. Meiling	Address (Stre	et end Number or Rur			State, Zij	o Code)			
	d the		Larry Alan Bivens		807 Sc	cott Dri	ive, Frede	ricksbur	g, Vir	ginia	2240	5		
ore	60		20e. Method of Disposition		lece of Dispos	itlon (Neme of etory or other p	lece)	Dete	20c. Location -	City or T	own, Stete			
Ē	Peges nent of int. If ite ury or o		XXBuriei 2 ☐ Cremetion 3 ☐ Removel tro 4 ☐ Donetion 5 ☐ Other (Specify)		ar Hill	Cemete	ery June 1	8.96	Suitlar	nd . Ma	rvlan	ď		
Baltimore,	permit. Pege Department of Important: If i any Injury or once.		21. Signeture of Funerel Service Lipensee		22.	Name end Add	ress of Fecility Le	e Funera	1 Home	Inc	6633 (	old		
•	805 5 8	cedar Hill Cametery bare 18,30 Sultrain,												
			23e. Pert1. Enter the disease, or complications the	ot caused the deeth	n. Do not ente	r the mode of d	ylng, such es cardiac	or respiratory arr	est,		Approxime	te tween		
N	Physician										Onset end	Deeth		
1	/Medical Examiner		fmmediete Ceuse (Finel disease or condition resulting in deeth)	STU	RE	NAL	FAIL	LRE		i 1	SNS	50/67		
		<u>_</u>			r es e consequ				_	1				
	ted nsit	ulu u					DRTIC	AN'	NEBY	5M				
,	certificate be axecuted rding physician end use es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (o	r es e consequ	ience of):				-				
68760,	se be	edical	Cause (Disease or injury that initiated events page 1.5 Due to (or es a consequenca of):											
68	entifica Jing ph	resulting in death) Lest								ì				
Box	eath cer attendir for use		d							1				
	he at	Physician/	Pert II. Other algnificant conditions contributing to	death but not resu	ulting In the un	derlying cause	given In Pert I.	23b. Did tobacco use contributa to the cause of d						
P.0	d by		COROMARY	ARTE	RY	32.10	EASE	1 🗆 Y	08 2 No	3 ☐ Pro	bably 4	] Unknown		
ds,	signe d be d	l by			1 4			040 14400 4	a autono.	24b W	/ere autopsy	tindings		
O	neeu	Completed	HYPERTE	EURI	50			24a. Was e perfor		8/	reilable prior of ompletion of o	to		
360	9 8 CA	mpi							~		death?			
a	icata r. peg							1 D Y		1	☐Yes 2☐	] No		
of Vital Record	cartif	Be c	25. Wes cese reterred to medical examiner?  1 Yes 2 No Hospital:	Mnpatlent 2□		оП 200 I C	26. Piece of Deel							
of	Physician: The lew requires that the dithis cardificate has been signed by the ral director, page 2 should be detached	1: To	27. Menner of Death 28a. De	te ot injury	ER/Outpetient 28b. Time of	3□ DOA 28c. Ini	4 LI Nursing no	ome 5 Resid			(Y)			
lon	Attending I or death. ector: After by the funer	atlo	1 Natural 5 Pending (M 2 Accident investigation	lonth, Day Year)	Injury		/ork? ☐ Yes 2 ☐ No							
Division	or Attendia after death. Director: A 1 in by the fu	Certification:	3 Suicide 6 Could not be 28e. Pia	ace of Injury - At ho ilding, etc. (Specif)	ome, tarm, stre	et, tactory, offic	е	28t. Location (S City or Tow	treet end Numb	er or Rur	al Route Nun	n <i>ber</i> ,		
	tal or A	Cer	J. Tomordo	iding, etc. (Specif)	·/			ony or ron	,, 0,0,0,					
	To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completaly filled in by the fune.	edicai	29a. Certifier (Check only 2 ■ Medical Examiner: On the	the best of my know	wledge, deeth	occurred at the	time, dete end place,	end due to the c	euse(s) end me	nner as a	stated. to the ceuse(	s)		
	To the P within 2. To the F complet	Med	one) end m	enner steted.										
	5 1 × 0	7.7	29b. Signeture end title of certifier	Gan	00	29C. LICO	nse number	0	29d. Date signe	> 1 C	Day, real)			
			V 620-11	***************************************			4	7	01,	>1,	10			
			30. Neme end eddress of person who completed c	ause of deeth (item	23e) (Type, F	rint)	EYILME	OTI	ONE	RI	150r	SOLE		
	Sta	te		Registrar's Signe			- 1-11	UIE IH	4106.	0.11	41-1	71716		
	Sta Registr	-	JUN 1 9 1996	Registrar's Signe	dearkard	all								

.

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 93 | 0 State of Maryland / Department of Health and Mental Hygiene

						Certifica	te of	Death		Reg. No.					
- 11	Physic	ian	Decedant's Neme (First, Middla, Las			DAGBOD			2. Deta of Dea Month June	-	1996	3. Time of Deeth			
	/Medi		Fran  4a. Facility Name (If not institution, giva		5	BASFOR	<u> </u>	4b. City, Town, or		4c. County		4:00 A.M.			
7	Exami	ner		ment Center					ederick	40. Oddiny		derick			
	Funeral Director		219-20-1207	7. Aga (In )	rs. last bi	Yrs. If Und Months	er 1 Yee Days			Year) 3, 1918	9. Birthp Coun	olace (State or Foreign http) Maryland			
	pue **		Usuel Rasidance of Decedant  10a. Stata 10b. County	10c.	City, Tow	n or Location					1	Od. Inside City Limits			
	he Mery 28a-f eho ottoed	ector	-	erick		1.01		ederick				1 □ Yas 2 No			
	23a or 2	Funeral Director	10e. Street and Number 3002-B Basford R	oad		10f. Z	ip Coda	21703		log. Citizen of \	U.S.				
020	i within 72 hours effer death with the Meryland ilene. Than "natural", or flems 23a or 28a-f ehow the Medical Examiner must be notified at	by	11. Maritel Stetus  1 □ Never Merriad 2 □ Married  3 □ Widowad 4 □ Divorced	12. Was Decedent Evar i Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Giva Yeer or Datas:	n U,S.	13. Was Dec If Yes, sp		Hispanic Origin? (S pan, Maxican, Puan Specify:	Specify Yas or No- to Rican, etc.)	14. Rac Bled Specify	ck, Whita,				
21215-0020		Completed	15. Decedent's Education (Specify only highest greda completed)  Elamentery/Secondary (0-12)  Collaga (1-4or 5+)  12	18a	life. DO NOT	uai Occu rork done usa retire Mema	,	rking	16b. Kind of B	usinass/ind					
	事を書き	Be Co	17. Fathar's Name (First, Middle, Last)			1101	пеша	1	me (First, Middla,			Offic			
ylar		To B	Alvin Shipley					Helen	Eve Dro	nenburg	J				
Maryland	alth ar 27 le		19a. Informant's Name/Reletionship (7) George D. Basford	vpe, Print)				enue, Wal							
altimore,	8 5 5		20a. Mathod of Disposition 1 ☑ Buriel 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Specify,	Ramovei from Stata	cemate	of Disposition (Nony, cremetory or ivet Cen	othar pl	ry Jur	Dete ne 15, 19	20c. Location -		own, Stete k, Maryland			
Balti	permit. Pege Department of Important: If eny injury or once.		21. Signature of Funerel Sarvice Licensee  22. Nama and Addrass of Facility  Keeney and Basford Funeral Home  106 East Church Street, Frederick, Md. 21701  23a. Part 1. Enter tha disaase, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, Approximate Interval Between												
			23a. Part1. Entar tha disaase, or comp	licetions that causad tha d	laath. Do	not enter the mo	ast oda of dy	Church St ing, such es cardia	reet, Fr	ederick	c, Md	- 21701 Approximeta			
/ /Medica	Physician /Medical Examiner		Immediata Causa (Final disease or condition rasuiting in death)	a	o (or as a	consequence of		F 54	J-46	_		Onset and Death			
	acuted and transit	Examiner	Sequentially list conditions,	b		consequence of									
68760,	ificate be executed g physician end as the burial-transit	edical Ex	Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events rasulting in death) Lest	c. — Due to	o (or as a	consequance of	):								
	5 OI 6			d											
Box	death cert e ettending ed for use	Iclar	Part II. Other significant conditions co	ntributing to death but not	resulting	n the underlying	Callea G	iven in Pert I	23h Did t	obacco usa co	ntribute to	o the cause of death?			
P.0	that the dended by the earteched	/ Physician/M	arti. Other againcent conditions co	intibuting to death but not	resulting	in the underlying	causa g	van in Pait i.		es 2□No		bably 4 Unknown			
Records,	requiras been sig should by	Completed by								an eutopsy med?	av.	ara autopsy findings ailabla prior to impletion of cause death?			
R	0 - 5	Com							1 🗆 Y	as 2 2 No	10	☐ Yas 2☐ No			
Vital	Physician: The this certificate ral director, page	Be	25. Was casa rafarred to medical axaminar?	despitati					ath (Check only o	na)					
of	this aldi	2	1 ☐ Yes 2,2 No.	lospital: 1 ☐ Inpatient :		utpatient 3 C	NA		loma 5 ☐ Rasid			у)			
	D 5 5	tion	Naturai 5 ☐ Pending 2 ☐ Accident Invastigation	(Month, Day Yea		Injury	28c. Inju	ork? ]Yas 2∐No	200. Describe II	ow injury occur	180				
Division	if or Attending efter death. Director: After d in by the fune	Certification:	3 Suicida 6 Could not be 4 Homicida datarminad	28a. Place of Injury - A building, atc. (Sp.	t homa, fo	arm, straat, facto	ory, office		28f. Location (S City or Tow		per or Rura	al Routa Number,			
	Hospita 24 hours Funeral tely fille	edical C		sician: To the best of my ner: On the basis of axam and mannar steted.											
	within 2 To the comple	Me	29b. Signature and the of certifier 29c. Licensa number 29d. Deta signed (Month, Day, Year)												
			· (paper	4.Mi	1		164	28		June 12	2, 19	96			
			30. Nema end moress of person who de Casper E. Cline				th S	treet, Fr	cederick	Md. 21	1701				
	Sta Registr		31. Date filed (Month, Day, Year)	32. Registrar's Si		Pil		•	•						

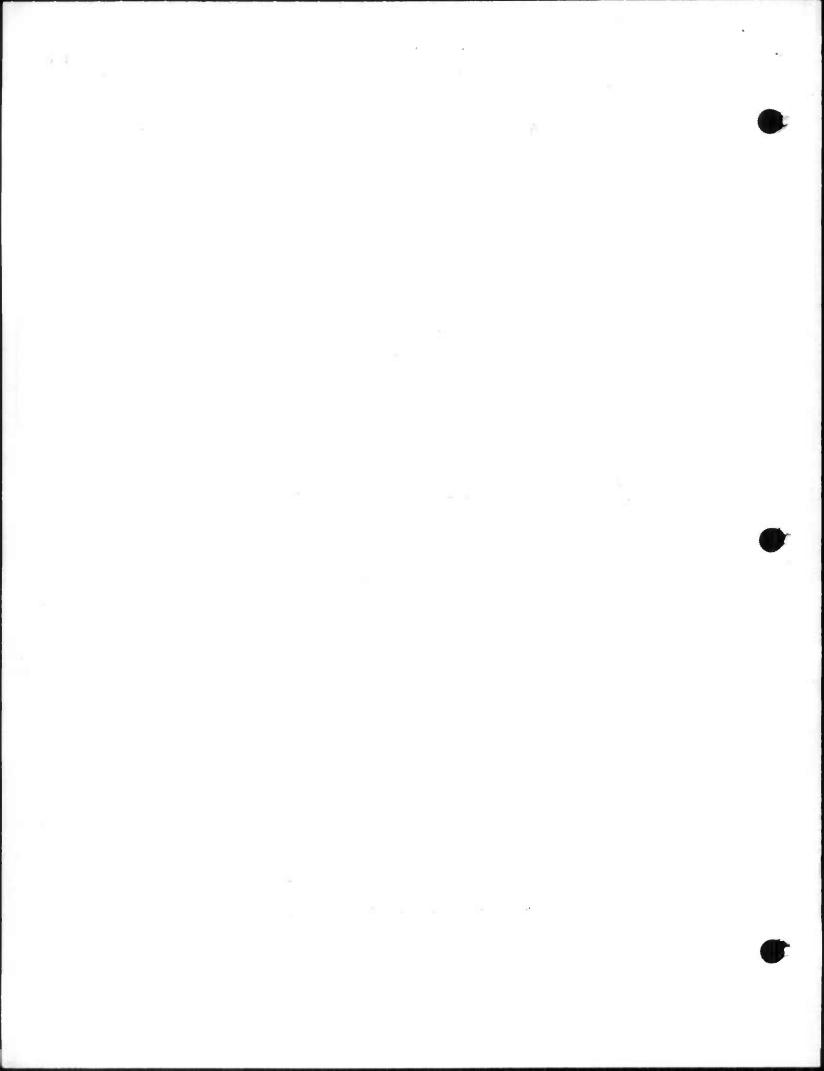


tal or attending physician. for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

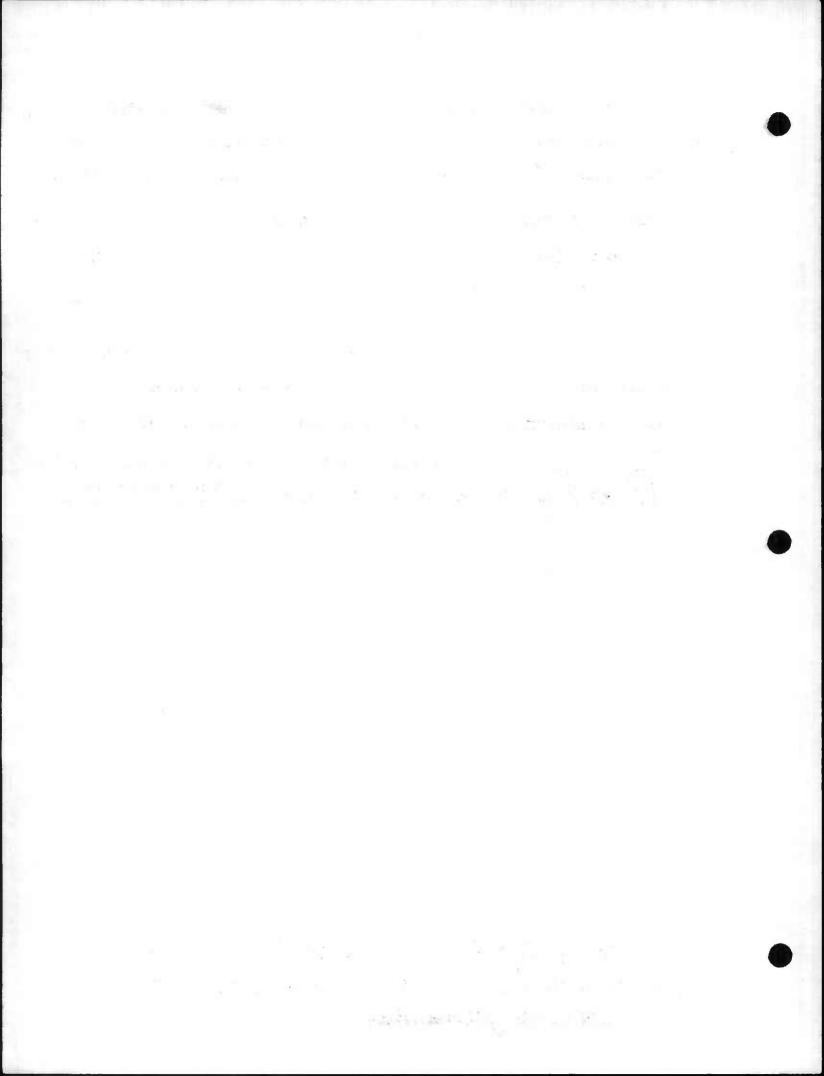
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hyglane prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
leath. Page	funeral direc	xaminer n	
hours after d	ed in by the	medical e	-
xecuted within 24	ompletely fill, cremation,	event, the	
e be execute	sician and co	traumatic	
ath certificat	tending phy al Hygiene p	or other	
that the de	ed by the at th and Ment	any injury	
law requires	is been sign ept. of Heal	23 shows	
ICIAN: The	certificate his	or item	
IDING PHYS	After this death with	s marked	
L OR ATTEN	L DIRECTOR	Item 28	
TO THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept, of Health and Mental Hyglane prior to burial, cremation, or removal.	IMPORTANT: IF	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND	MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)	Ura				2. DATE OF DEATH		3. TIME OF DEATH				
	Virginia	Bolz				May 16						
		5. SEX 6. AGE (I	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. 8	IRTHPLACE (State or Foreign				
1			89 YRS.	MONTHS DAYS	HOURS MIN.	3/22/07		MD				
- 1	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	OF DEATH				
DIRECTOR	Berlin Nursing F	lome		Berli	n		Word	ester				
딦	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		ine city	TOWN OR LOCA				10d, INSIDE CITY				
SI	MD W	orcester		Ocean				LIMITS?				
	10e. STREET AND NUMBER				L ZIP CODE		10a CITIZEN	1 YES 2(XNO				
FUNERAL	1506 Shad Row				21842		US					
N O	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yes		RACE — American Indian,				
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	ecify Cuben, Maxica 2 NO Specif	in, Puerto Rican, etc.)	1 2	Black, White, atc.				
Э ВҮ	3 🔀 Widowed 4 🗌 Divorced							white				
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary (Secondary (0-12) College (1-4 or 5+)  Telephone Co.  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Switchboard Operator  17. FATHER'S NAME (First, Middle, Last)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY  Telephone Co.												
Elementary/Secondary (0-12) College (1-4 or 5+)  Switchboard Operator Telephone Co.												
N N	17. FATHER'S NAME (First, Middle, Last)		SWILCHE	odru O				0.				
	W. T. S. Diven					ME (First, Middle, Maiden						
H	19a. INFORMANT'S NAME (Type/Print)		tor Mail mo	0000000000	Edith	Mae McAbe Route Number, City or Town	ee					
2	Jerry Snyder							)				
	2Qs, METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION // APPROXIMATION - CHARGE TOWN STATE OF DISPOSITION // APPROX											
	1 X Burlet 2 Cremetton 3 Removel from State 4 Donatton 5 Other (Specify)  EVergreen Cemetery 5/18/96 Berlin MD											
	21. SIGNATURE OF TUNERAL SERVICE LICEN	ISEE	.vergreei		D ADDRESS OF FA	CILITY	-					
	While is	2		10	0 10.11.	Burbag	ge Fun	eral Home				
	23 DADT   Substitution of the last of the	utage		10	William	s St. Berl	in, MD	21811				
	23. PART L Enter the diseases, or con ahook, or heart failure. Lis	it only one cause on as	ch lina.	ot antar tha mo	da of dying, auc	h as cardisc or respi	ratory arrest,	Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition	91_		_ /	Mean	1	)	Onset and Death				
	resulting in death) a	MIETO (OD AS A	SCEEKO	70 0	7774/1011	1200011 T	NJETAKE	-				
_	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or as a consequence of):  Hupers 22 1860											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF	7000								
SAT	cause. Entar UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	:								
E	resulting in death) LAST											
	PART II. Other algorificant conditions of	contributing to death by	it not resulting in	the underlyin	cause alven in	Part I. 24s. WAS AN	auroney I	24b. WERE AUTOPSY FINDINGS				
MEDICAL			. The residenting in	the differing	a cause diveil ill	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE				
						1   YES 2	₩ NO	OF DEATH?				
Σ	DID TOBACCO USE CONTRIB	RUITE TO CAUSE OF	DEATH VEG	ПИОГ	LINICEDTAI			1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEATH		UNCERIAN	4 🗆 📗						
Sic		OSPITAL:		OTHER:	. C D Solding	4 E 60 40						
H	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME			6 Other (Specify) 28d, DESCRIBE HOW IN	JURY OCCURE					
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK? /ES 2 NO							
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	At home, term, st	reet, factory, offic		28t. LOCATION (Street a	nd Number or Ru	iral Route Number,				
Ī	4 Homicide detarmined	building, etc. (Specif	(V)			City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICIA	N: To the best of my knowle	doe death occurred	at the time date	and place, and due	sales assessed the sales						
ME I		On the basis of examination						se(s) and manner as stated.				
	29b. SIGNATURE AND FITLE OF CERTIFIER		1		29c, LICENSE NUI							
H	( lelle	leee	0 /	5	D46257		ATE SIG	NED (Month, Day Year)				
5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF OEA	TH (ITEM 27) (3,000-1	भारा)	and the state of		7	11/6				
,	Edwin Castaneda, 1	MD Suite 1	03 314	Frankli	n Ave.Be	rlin,MD 21	811 410	0-641-0646				
7	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA				,	;1	311 0040				
,	JUN 1 3 1996 Julia Savilson Rarball											



					Certificate of	Death	1	eg. No.			
Physi	cian	1. Decedant's Name (First, Middle					2. Deta of Deal Month	Dav	Yaar	3. Time of Death	
/Med				BAKER			JUNE	18 1	996	6:30 AM	
Exam	iner	4e. Fecility Nema (If not institution		per)		4b. City, Town, or L	ocation of Daath	4c. County	of Death		
		8543 BARNES R					SBORO		WASH	INGTON	
Funera	_	5. Sociel Security Number	6. Sex 7.	Age (In yrs. lest b	Months Days		8. Dete of Birth (Month, Dey,	Year)	9. Birthp	placa (Stata or Foraig	
Directo	r	220-10-3819		84	Yrs.		DEC. 19	, 1911	MA	RYLAND	
pue *		Usual Rasidance of Decedant  10a. Stata 10b, County		10c. City. To	wn or Location				1	0d. inside City Limite	
Aanyl sho	5	MARYLAND WAS	HINGTON			BOONSBORO				1 ☐ Yes 2X No	
19 P	5	10e. Street and Number	IIINGION			DOONSDORO		0- 04	***		
with w	늄		030		10f. Zip Coda	01710	1	0g. Citizen of \			
eath # 23	era	8543 BARNES RO	JALJ 12. Wes Deceda	ant Ever in 11 C	12 Was Doesdest of I	21713	and Van and In	44 Dec	U.S e - Americ		
If it is in the Maryland filed with the Maryland Hygiene. Hygiene, then "natural", or items 23s or 28s, show on, the Medical Exertine must be notified at	Funeral Director	1 Nevar Married 2 Marri	Armed Force	es?	13. Was Decedant of I If Yes, specify Cub	en, Maxican, Puerto	Rican, atc.)		ck, Whita,		
I', or	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Date		1 ☐ Yas 2 ☒ No	Specify:		Specify	/: [A	WHITE	
hour fer	8	15. Decedant			Decedent's Usuai Occur	nation		16b. Kind of B			
d within 72 hours aft giene. or then "natural", or or wedical Exert	Completed	(Specify only highes	t grade complated)		<ul> <li>Decedent's Usuai Occuj (Give kind of work dona lifa. DO NOT usa ratire</li> </ul>	during most of work	king	100. 1000 01 01	3011123371110	ZOSTY	
filed with Hygiene. ther ther	E	Elementary/Secondary (0-12)	Collaga (1-4	or 5+)	MACHI			ATRCRA	<b>ЕТ МА</b>	ANUFACTURE	
事等	BeC	17. Fathar's Nama (First, Middla, I	Last)			18. Mothar's Nam	a (First, Middla, I				
lente ked be	To B	CHARLIE BAKER				DRUSIE	A. WISS	INGER			
d 2 should be file the end Mentel Hy	-	19a. Informant's Name/Relationsh	nip (Type, Print)	19	b. Mailing Addrass (Street	and Number or Rui	ral Routa Number	City or Town,	State, Zlp	Coda)	
nd 2 lith e 27 le		MARY R. BAKER	/SPOUSE	8	3543 BARNES	ROAD, BOO	NSBORO.	MARYTAI	ND 2	1713	
s 1 end 2 f Health ftem 27 l		20a. Mathod of Disposition		20b. Placa	of Disposition (Nama of ary, cramatory or other ple			20c. Location -			
Peges nent of h		1 X Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp			6/21/96	DEMIES IO	T 7 1	WADVE AND			
교 는 근 근	2	21. Signatura d Funeral Service L	3	DEMEV	OLA CEMETERS  22. Name end Addre		0/21/90	DEMEAC	LH, I	MARYLAND	
Depa Impo		DOWN /	Paul	M. Dean			7606 Old				
		23a. Part1. Enter the disease, or	Land				Boonsbo		yland		
		shock, or haart failure. List	only one cause on eac	h line.	not amar tha moda or dyi	ng, such as cardiac	or respiratory em	est,		Approximate Interval Between Onsat and Death	
Physician /Medica	_	Immediete Causa (Final								4 6	
Examine	_	disaase or condition rasuiting in death)	a	Acut	consequence of):	atory	Arrest		1	mmedrate_	
	9			Dua to (or as a	consequence of).\		1			2 . 0 .	
head	Examiner		b	Fich	te CV	4				ew hours	
cete be executed physician end the buriel-transit	X	Sequentially list conditions, if eny, laading to immediata causa. Entar Underlying		Dua to (or as e	consequence of):				1	100	
cete be exphysiclan s the bune	dical	Causa (Disaase or injury that initiated events	c	1750	. ND					yrs	
ficet phy s the	0										
eth certife ettending for use e	3		d								
law requires that the deeth certificate been signed by the ettending as been signed by the ettending as should be detached for use es	Physician/M	D . 11 O11 1 101					1				
y the	1ys	Part II. Other significant condition	na contributing to deat	h but not rasulting	in tha underlying cause gh	van in Part I.				the cause of death	
that thed b		COPD	, D.	14. 0.	ld STroke		1 U Y	98 2□ No	3 ☐ Prob	bebly 45 Unknow	
slan slan	d by	*					24a. Was a	n autoney	24b. Wa	ara autopsy findings	
v require been sl	Completed						parform		ava	allable prior to mpletion of cause	
e law has	E								of c	death?	
: The cate h							1 □ Yε	s 28 No	1	Yes 2□ No	
or Attending Physician: The law requires the after deeth.  Director: After this certificate has been signe in by the funerel director, page 2 should be on the funerel director, page 2 should be on the funerel director.	Be	25. Was casa refarred to medical axaminar?	Hospitel:		000	26. Placa of Deat	th (Check only on	a)			
this eldi	12	1 ☐ Yas 2 ☐ No 27. Mannar of Death	1 ∐ Inp		Utpatient SLI DOA		oma 5.10 Reside			1)	
fing Ph After th funerel	0	1 Natural 5 Panding	,		Time of Injury 28c. Injury Wo		28d. Dascribe ho	w injury occur	red		
Attend ar deeth ector: by the	Certification:	2 Accident invastig 3 Suicide 6 Could n	ot be			Yas 2□No					
or At	E	4 ☐ Homicida datarmi	ned 28a. Place of	Injury - At homa, f , atc. (Specify)	arm, street, factory, office		28f. Location (St. City or Town		er or Rura	I Route Number,	
urs a line											
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certifica completely filled in by the funeral director,	edical	Check only 2 Medical E	xaminer: On the basis	s of axamination a	a, deeth occurrad at tha tii nd/or Invastigation, In my o	ma, date end placa, opinion, death occur	and dua to tha ca red at tha tima, de	ausa(s) and ma ata and place.	inner es st and dua to	ated. tha causa(s)	
the plant	Med	one	and mannar	stated.							
5 × 5 0	-	29b. Signatura and title of certifiar	1-0 44	$\sim$	29c. Licens	sa number	2	9d. Date eigne	0	Jay, Tear)	
		1 , 1	Sand w.	D'	1) 1.(	021		6-18	10		
		30. Name and eddrass of person v	no completed cause of	of deeth (Itam 23a)	(Type, Print)	1	À		,		
		WUN B. KAI	18. M.D	17516	Va. Aye.	Hagersto	Wn. 14	1, 21	140		
	ate	31. Data filed (Month, Day/ Year)		istrar's Signature		3)					
Regis	trar	JUN I	9 1996 Ju	hi d'humban	Market						
HMH 16 Rev 6	95										



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Deeth 3. Time of Death **Physician** Roscoe Leroy Broadway 0525 A June /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington County Hospital Hagerstown Washington 7. Age (In yrs. last birthdey) If Undar 1 Yaar If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) To Yrs. Months Deys Hours Min. Dec. 31, 1 5. Social Security Number 6. Sax Birthplece (State or Foreign Country) **Funeral** 1⊠M 2□ F 215-26-2248 Director 1925 North Carolina Usuei Rasidence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 25s-f shor traumatic event, the Magical Examiner traist be notified at 1 ☐ Yas 2 ₺ No Director Washington Maryland Williamsport 10e. Street and Number 10f. Zlp Code 10g. Citizan of What Country? 16719 Mt. Williams Circle 21795 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - Amarican Indian, Bieck, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mentai Hygiena. Introcrant: If them 27 is merked other than "natural", or her any injury or other traumatic event 1 ⊠ Yes 2 □ No If Yes, Give Yaar or Detas: W.W.II 1 ☐ Never Merried 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: white þ Specify: 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Collega (1-4or 5+) Elementery/Secondery (0-12) lineman utility 17. Father's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Jesse Broadway Ida unknown 19a. Intorment's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Beatrice V. Broadway 16719 Mt. Williams Cir., Williamsport, Md. 21795 20e. Method of Disposition 20b. Pleca of Disposition (Neme of camatary, cremetory or other plece) 20c. Location - City or Town, State 1 ⊠ Burial 2 □ Cramation 3 □ Removal from Stata Rose Hill Cemetery 6-20-96 4 ☐ Donation 5 ☐ Othar (Specify) Hagerstown, Maryland 21. Signature of Funeral Service Licensea 22. Name and Addrass of Feclity MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Fine) disaasa or condition resulting in deeth) Examiner the buriel-transit requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or es a consequenca of) P.O. Box 68760, attending physician for usa as the buria Physician/Medical Due to (or es e consequ Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be datach 1 ☐ Yes 2 ☑ No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings available prior to complation of cause of death? 24a. Wes en autopsy performed? Completed has 1 Yas 2 No cartificata 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director; Be 25. Wes case reterred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: Othar: 4 Nursing Home 5 Rasidance 8 Other (Specify) 2 1 Yes 2 No 1 Impatient 2 ER/Outpetient 3□ DOA 28a. Dete of Injury (Month, Dey Year) Medical Certification: 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 Neturai 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, term, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Destifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the bests of examinetion end/or investigetion, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and menner steted. 29e. Certifier 29b. Signature and titla of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme and address of person who completed causa ot deeth (Item 23a) (Type, Print) Moody 31. Data tiled (Month, Day, Year) State Registrar

character was don't be

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manuand / Department of Health and Mental Hydiene

State of Maryland / Department of Health and Mental Hygiene

				Certificate of	Death	R	leg. No.		
	sician	Decedent's Name (First, Middle, Last)     Howard Bruce		BOWE	125	2. Data of Dea Month		Year	3. Time of Death
	edical miner	4a. Facility Name (If not Institution, give street and number)			4b. City, Town, or I		4c. County		20-0-
		Washington County Hospital			Hagers	town		ingto	n
Fune Direct		5. Social Security Number 213—18—8824  Usual Residence of Dacedant  6. Sax 1 ☑ M 2 ☐ F 7. Ag	a (In yrs. last bir	thday) If Under 1 Yaar Months Days		8. Date of Birth (Month, Day Feb. 7	, Year) , 1917	9. Birthpl Count Mary	aca (Stata or Foreign (Tand
ylend	1	10a. State 10b. County	10c. City, Town	or Location				10	Dd. Inside City Limits
Mer 1	ģ	Maryland Washington		Hagerstown					1 X Yes 2 □ No
th with the	al Director	10e. Street and Number 813 Maryland Avenue		10f. Zlp Code 21740	)	1	0g. Citizen of USA	What Count	ry?
21215-0020  d within 72 hours after deeth with the Meryland giene. In than "natural", or frame 23a or 28=4 show	by Funeral	3 ☐ Widowed 4 ☐ Divorced If Yes, Give Year or Dates:	No	13. Was Decedant of If Yes, specify Cut		pecify Yas or No- o Rican, atc.)		ce - America ck, White, a	
15-002 n 72 hours "natural", o	ted l	15. Decedent's Education (Specify only highest grade completed)	16a.	Decedent's Usual Occu (Give kind of work done	pation	tina	16b. Kind of B	usiness/Ind	ustry
C		Elementary/Secondary (0-12) Collega (1-4or 5	i+)	life. DO NOT use retire	ed)	KIII			
offied within I Hygiene.	ပိ			kitcher	T		dairy		
yland outd be file Mentel Hys arked othe		17. Father's Nama (First, Middle, Last)  John Maxwell Bowers				ne (First, Middle, i Virginia		*	
Maryland d 2 should be file th end Mentel Hy 7 is marked othe traumetic avent.	P	19a. Informent'a Name/Relationship (Type, Print)	405	Adollina Address (Otens					0.113
Mar nd 2 sho alth end 27 is m		Mrs. Genevieve E. Bowers		Malling Address (Stree					
O PEE		20a. Method of Disposition	20b. Place of	13 Maryland Disposition (Name of			20c. Location		
The sage		1 ☐ Burial 2 🛣 Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)		y, crematory or other plans town Crematory	,	16-96	Hagersi	OWD	Maryland
Baltimore, pemit. Pages 1 ar Department of Hea Important: if Item 2 any Inlury or other	- Source	21. Signature of Fungral Sarvica Licansee	- //	22. Nama and Addr			magero	Journ	nary rand
		JOST IIII	mich		Lson Blvd			.2174	
Physicia /Medic Examin	al	23a. Part1. Entar the disease, or complications that caused shock, or heart failure. List only one cause on each lin Immediate Cause (Final disease or condition resulting in death)		comment on consequence on consequenc					Approximate Interval Between Onsat and Death
certificate be executed mding physician and use as the burial-transit	5	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events reaulting in death) Last	Dua to (or as a c	onsequence of):	stormine	(Wmo	ny Di	beope	Years
death ce	Sicia	Part II. Other significant conditions contributing to death be	ıt not resultina in	the underlying cause of	iven in Part I.	23b. Did tobacco use contribute to the car			
D. T. det the det by the detachy	by Physician/						2□ No		ably 4 ☐ Unknow
ecor sw request s been 2 shoul	piete					24a. Was a perform		ava	re autopsy findings llable prior to apletion of cause leath?
F # 8	5					1 □ Y	as 2 ₽ No	10	Yas 2□ No
yelclan: The secretificate director, pag	Be	25. Was case referred to medical axaminer?				th (Check only on	ne)		
- 5 00		1 ☐ Yas 2 ☐ No Hospitai: 1 ☐ Inpatia		patient 3LI DOA	-	oma 5 🗆 Rasida			)
After Fune	Certification:	27. Mannar of Death  1	y 28b. T	ijury Wo	rry at ork? ] Yes 2 □ No	28d. Describe ho			
tal or Attended in Director:	Certifi	4 ☐ Homicide determined 28e. Place of Injubuilding, etc	28f. Location (Si City or Town	reet and Numb n, State)	er or Rural	Routa Number,			
To the Hospital or within 24 hours afte To the Funeral Dir. completely filled in	edicai	29a. Certifier (Check only one)  1 Certifying Physician: To the best of the control of the control on the control of the contr	examination and	death occurred at the ti	ime, dete end piece, opinion, death occur	, and due to the corred at the time, d	ause(s) and ma ate and place,	inner as sta and dua to	ited. tha cause(s)
To the Ho within 24 To the Fu	Me	29b. Signature and tipe of cartifler	)	29c. Licen	se number	2	9d. Date signe	d (Month, D	Play, Year)
,		30, Name and address of person who complained cause of de	eeth (Item 23a) (	Type, Print)	hill a	N'e ww	0 )	10. P	r lown
	State	31. Date filed (Month, Day, Year) 32. Registre	r's Signature				` , , ,	MD	21740

The second second second What he was the says

ELECTRICAL MATERIAL AUG

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

AM ITEMS: 23 PART I, 27, PER MEO FILM G-737 7/12/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician
/Medicai
Examiner

**Funeral** Director

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Heelth and Mental Hygiene.
Important: If item 27 is marked other than "natural", or itema 23a or 28a-f show any Injury or other traumatic event, the Mexical Examiner rotate be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within £2 hours shere death.

To the Funeral Director. Atter this certificate has been signed by the attending physician and completely filled in by the Innerial director, page 2 should be detached for use as the bunnal-transit Division of Vital Records, P.O. Box 68760,

	1. Decedent's Nam	e (First, Middle, Las	it)						2	. Data of Death			3. Time of Death			
n I	SEAN P	ATRICK	BROWN							JUNE 1	7,199	Year 6	10:27 A			
	4a. Fecility Name (	If not Institution, give	street and number)				4	b. City, Town, or		ition of Death	4c. County					
d	WASHING	TON CO.	ER					Hagerst	row	'n	WASH	TING	TON			
	5. Social Security N			e (In yrs. last bir		Under 1 \	Year Days	If Under 24 Hrs Hours Min	. 8	Date of Birth (Month, Day,	Year)	9. Birth	nplace (State or Foreign untry)			
	212-47-8	010	XM 2□ F		Yrs.	3	0	110010		March 1						
	Usual Residence of	10b. County		10c. City, Tow	n or Locatio	on							10d. Inside City Limits			
5													1 Yes 2 No			
200	MD 10e, Street and Nu	Washin	gton	Hager		10f. Zip Co				10						
			I. Dil.		'	IVI. ZIP CC		740		10	g. Citizen of \		untry?			
5	10854	Downsvil	12. Was Decedent E	Ever In 11 C	12 Mag	Danadaa		740		4. V N -	USA		dan lade			
5		ed 2 Married	Armed Forces?		If Ye	s, specify	Cuba	spanic Origin? (5 n, Mexican, Puer	to Ric	can, etc.)		ck, White	rican Indian, a, etc.			
D.	3 Widowed		If Yes, Give	10	10	Yes 2D	(No	Specify:			Specify					
		15. Decedent's Ed	ucation	16a.	Decedent	's Usual O	)ccupa	ation		1	6b. Kind of Bi	Wh i				
compiered		ify only highest grad	de completed)		(Give kind	of work of NOT usa r	tone o	luring most of wo	rking		ob. rung or bi	2011100001	industry			
5	Eiementary/Seco	ndary (0-12)	College (1-4or 5	+)		N/A	A				N/A					
2	17. Fether's Name	(First, Middle, Last)					T	18. Mothar's Na	me (/	First, Middle, M						
0	Troy	A	llen	В	rown			Pa	tr	icia	Ann	Sto	otelmyer			
	19a. Informant's Na	me/Ralationship (T	ype, Print)	19b	. Mailing A	ddrass (S	treet a	and Number or R	ural F	Route Number,	City or Town,	State, Z	ip Code)			
	Patricia	A. Stote	Imyer					sville F								
	20a. Method of Disp			20b. Place of	Dispositiony, cremato					Date 2	Oc. Location -	City or T	Γοwn, State			
		Cremation 3 1 5 Other (Specify)							21	.1996 \$	mithst	ura.	MD 21782			
-	21. Signeture of Fu	neral Service Licens	1000									3.				
	100	15/11/	X X					FUNERAL				2470	) F			
+	23a, Part1, Enter	disease, or cor	lications thet caused	the deeth. Do r				# 348 V				2175	Approximate			
1	shock, or head	failure. List only o	ne cause on each lin	θ.			-						Interval Between Onset end Death			
Immediate Ceuse (Final																
	disease or condition resulting in death)	n	a				-									
				Dua to (or as a o	consequan	ce ot):						i				
	Sequentially list con	oditions	b	Due to (or as a c	· ·	ce of).						1				
	Sequentially list cor if any, leading to im cause. Entar Unde	mediate		200 10 (01 43 4 0	orraddon	00 017.						1				
	Cause (Disease or that Initiated events resulting in death) L	injury	c	Due to (or as a c	onsequenc	ce of):										
	resulting in death) L	ast														
			d									i				
ŀ	Part II. Other eignifi	cant conditions co	ntributing to death bu	t not resuiting in	the under	lying caus	e give	n in Part I.		23b. Did tob	acco use co	tributa	to the cause of death?			
										1 🗆 Yee	2 No	3 Pro	obably 4 Unknown			
					-											
										24a. Was an		24b. V	Vere autopsy findings veilable prior to			
			-							ponomin		C	ompletion of cause f death?			
										1 Yes	2 🗆 No	1	KYes 2 No			
1	25. Was case rafarr	ed to medical						28. Place of Dea	ath (C		)					
	examiner?	No F	fospital:	nt XIXER/Out	tpatient 3	DOA	Othe	p.		5 🗆 Residen	ce 6 Oth	ar (Spec	ify)			
	27. Manner of Death		28a. Date of Injury (Month, Day	/ 28b. T		28c.	Injury Work		1	d. Describe how		-				
	2 Accident	5 Panding investigation	(om, Day			M		es 2 □ No								
	3 ☐ Suicide 4 ☐ Homicide	6 Could not be datermined	28e. Place of Injur	ry - At home, far	m, street, f	factory, of	fice		28f	. Location (Stre		er or Rui	ral Route Number,			
				, -r - 2//						, 0 0						
	29a, Certifier (Check anily	1☐ Certifying Phys 2☐ Medical Exami	elcian: To the best of ner: On the besis of e and manner stat	examination and	death occ	urred at th	ne tim	e, date and place inion, death occu	, and	due to the cau at the time, date	se(s) and ma e and piace, a	nner as	stated. to the cause(s)			
-	29b. Signature and	itle of certifier	1 .	^		29c. Lik	cense	nu <i>m</i> ber		290	f. Date signed	(Month	, Day, Year)			
1	1	A1-	1-0.	(M)												
1	30 Namo			-01	Time Divi	OC	ME			J	UNE 1	8,1	996			
1	30. Name and addre	ss of person who co	omplated cause of de					t, Balt			M		21201			
	0,01	2/0	-10/10	TIT	enn	DLL	ee	r, RgT1	וגי	nore,	mary⊥	and	Z1Z01			

State Registrar 31. Date filed (Month, Day, Year)

JUN 2 5 1986

A July as well to when the first of the con-

, e gate (6), j

96-3230-043

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Departm

If Undar 1 Yaar

Days

Months

Department of Health and	Mental Hygiene	9	6	9	3	1	6
Certificate of Death	Reg. No.						

**Physician** /Medical **Examiner**  1. Decedent's Name (First, Middle, Last) SAINT CLAIR BRUCE ST.CLAIRE

6. Sex 1D M 2□ F

2. Date of Death SHAMER SHAMEL JUNE

3. Time of Deeth 1996 2:00P.M.

4a. Facility Name (If not institution, give straat and number) SNYDER LANDING ROAD

4b. City, Town, or Location of Death SHARPSBURG

If Under 24 Hrs.

Day 12 4c. County of Death

**Funeral** 

Usual Residence of Decedent 10a. State 10b. County 4.5

8. Date of Birth (Month, Day, Yeer) Hours April 3, 1951 Maryland

Birthplace (State or Foreign Country)

Director

28a-f show a or 28a-f show

Examiner must b

permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If flam 27 is marked other than "natural", or flams 23a any Injury or other traumatic event, the Medical Expressions.

**Physician** 

/Medical

Examiner

pur

bunal-transit

use as the

signed by the a

**Deen** 

this certificate has

nepital or Attending Physician: Thours after death.
Ineral Director: After this certificate
by filled in by the funeral director, pa

Hospital within 24 hours a
To the Funeral C

The law requires that the death certificate be executed

Box 68760,

P.0.

Division of Vital Records,

Examiner

Physician/Medical

þ

Completed

Be

10

Certification:

Medical

altimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be 2

the Maryland

Maryland arrol 10c. City, Town or Location Mt. Airy

7. Aga (In yrs. lest birthday)

10d. Insida City Limits

1 ☐ Yas 2 No

10e. Street and Number

5. Social Security Number

215-48-9716

5601 Buffalo Rd. 10f. Zip Code 2177 10g. Citizen of What Country? United States

WASHINGTON

11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced

12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates:

 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 1□ Yes 2 No Spacify:

 Race - American Indian Black, White, etc. Specify: White

15. Decadent's Education (Specify only highest grede completed)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

12

Elementery/Secondary (0-12) College (1-4or 5+) Plumber

Plumbing

17. Fathar's Nama (First, Middle, Last)

Helen M. Bryan

18. Mother's Name (First, Middle, Maiden Surneme)

William A. Shamer 19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code)

William A. Shamer / father

20b. Placa of Disposition (Neme of cametery, cremetory or other plece)

305 Canberra Ct./ Frederick, Maryland 21701 20c. Location - City or Town, State

20a. Method of Disposition

1 ☐ Burlal 2 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

Hagerstown Crematory

6-17,96 Hagerstown, Maryland

21. Signature of Funeral Service Licensee

22. Name and Address of Facility Stauffer Funeral Home 1621 Opossumtown Pike/ Frederick, Md.

23a. Fan I. Epist the diseasa, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrast, sheet fellure. List only one cause on each line.

21702 Approximate Interval Between Onset and Death

Immediate Cause (Final disaasa or condition resulting In death)

rowning

Due to (or as a consequen of)

Sequentially list conditions, if any, leading to Immediate causa. Enter Undarhying Cause (Disease or Injury that initiated events resulting in death) Last

Due to (or as a consequence of):

Due to (or as a consaquanca of):

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Tunknown

24a. Wes en autopsy performed?

24b. Were autopsy findings available prior to

evallable prior to completion of cause of death?

26. Place of Death (Check only one)

25 No

25. Was case referred to medical 1□XYes 2□ No

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury
For (Month) Dey Year)

6112194

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

28b. Time of Injury 1205

28c. injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Rasidanca 6 Deter (Specify) RIVER 28d. Describe how injury occurred

5ub ject drownes

281. Lecation (Street end Number or Aural Abute Number, City or Town, Stete) Potomac River

29e. Certifier (Check only one) 28e. Place of Injury - At home, farm, sweet, factory, office building, etc. (Specify) tiver

111 Penn Street, Baltimore, Maryland 21201

@ Snyder & Landy

27. Mannar of Death

1 ☐Naturel

2 Accident 3 Suicide

4 Homicide

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Dey, Year)

29b. Signeture and title of cartifier

ers in who completed cause of deeth (Item 23a) (Type, Print) 30. Name and address of pe

O.C.M.E.

JUNE 13,1996

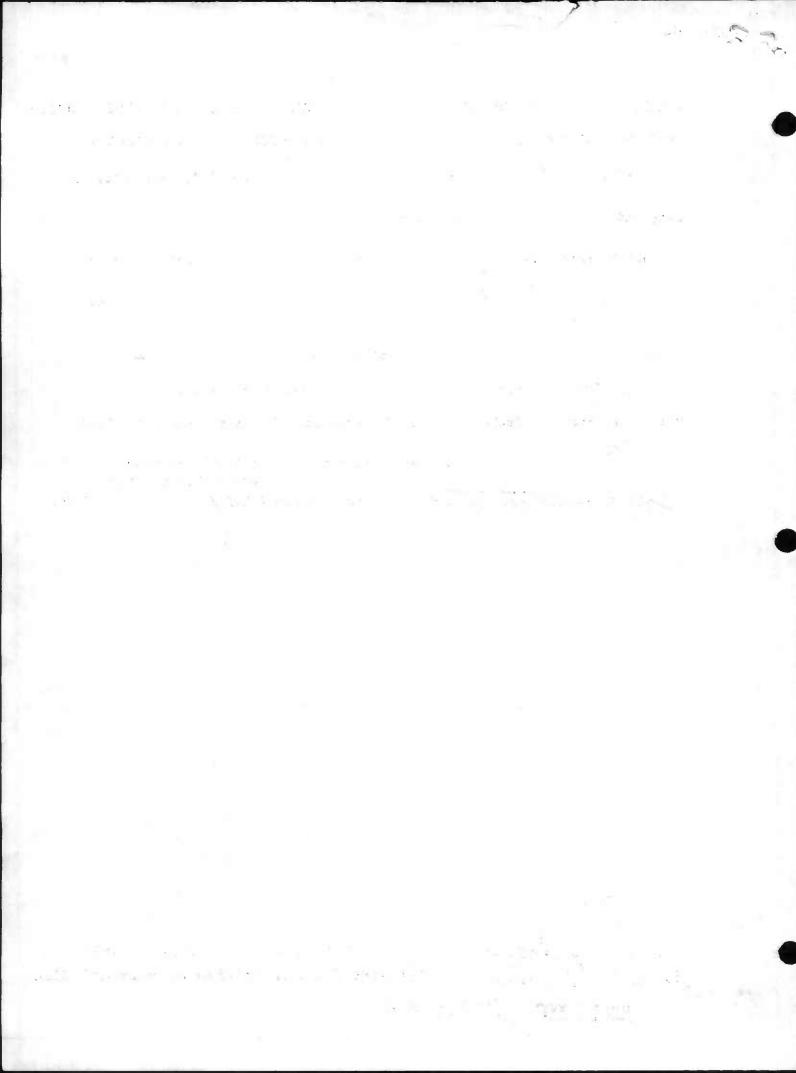
enniso 31. Date filed (Month, Day, Year) State Registrar

1

5 Panding investigation

6 Could not be determined

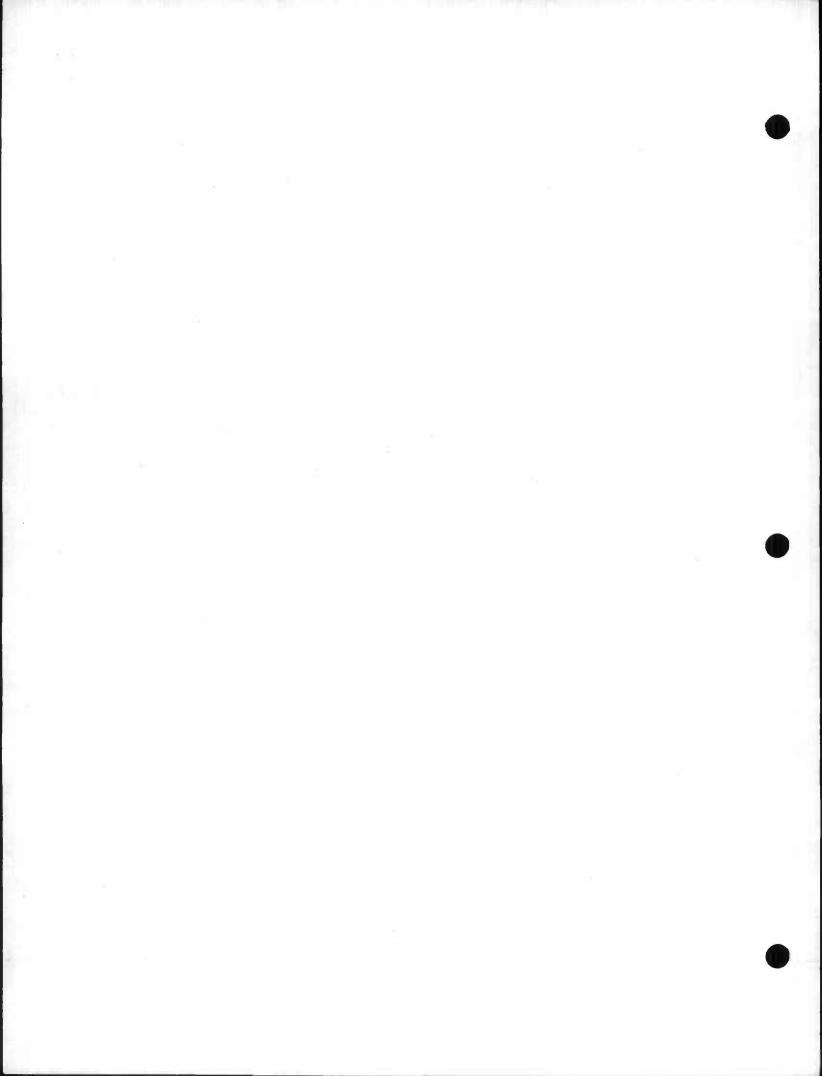
Lhutens 32. Registrar's Signature



1 - FOR STATE REGISTRAR

·	1. DEGLETT 3 NAME (1 #31, MIGGIE, EBS)	VIOLA	М.	COUGHE	NOUR	J U N E	10 19	YEAR 96	8:00 A
- 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthd	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, E	BIRTN lay, Year)	8. BIRTNPL/ Country)	ACE (State or Foreign
	2 1 3 - 0 3 - 0 7 9 7  9e. FACILITY NAME (If not institution, give s	1 M 2 F	83 YR	3	OR LOCATION OF DE			Md.	TN .
8	WESLEYAN HEAL		NTER	DENT		-AIN	1,000	OLIN	
ECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	ν	10c.	CITY, TOWN OR LOCA	TION			10	d. INSIDE CITY
	Md.	Caroline		Federal					Y LIMITS?
ELAL	10s. STREET AND NUMBER	62 01d Den	nton Ro		H. ZIP CODE	1632		S.A	T COUNTRY?
BY FUNER	11. MARITAL STATUS  1 Never Married 2 Married  3 Mildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN pecify Cuban, Mexica 8 2 NO Specify	n, Puerto Ric	Specify Yee or No— 1 an, etc.)		American Indian, mile, etc.
TED	15. DECEDENT'S EDU (Specify only highest grade		(Give kind	T'S USUAL OCCUPATI	ON ost of working	16b. K	NO OF BUSINESS/INDU	STRY	
APLET	Elementary/Secondary (0-12) 7	College (1-4 or 5 +)		use retired.)		Р	earl Wor	ks	
E COMPL	17. FATNER'S NAME (First, Middle, Last)	Francis H.	Trice	9			fishell		
0 8	190. INFORMANT'S NAME (Type/Print)						City or Town, Stete, Zip C		21632
	Mildred T. Wh	20		TE OF DISPOSITION (N		OATE	alsburg,		
	1 Buriel 2 Cremation 3 Rem	oval from State	emetery, cremetory	or other place)	tery 6/	12/9	Federa	1 s b u	rg, Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	NO ADDRESS OF FA	CILITY Fa	deralsbu -Eskow,	ru.	Md.
	muchael &	- Eshow		Framp	r COIII - 11 a w	KIIIS	-LSKOW,	213	N. Pul
RTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENC						
EDICAL CER	PART II. Other significant condition	s contributing to death	but not resulti	ng in the underlying	ng cause given in		4a. WAS AN AUTOPSY PERFORMED?	AN CC	ERE AUTOPSY FINDS MILABLE PRIOR TO OMPLETION OF CAUS
MED							1 120 1 2 410		F OEATN?
A .:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE		YES NO DEATN (Check only one		N□			
YSICIAN	EXAMINER?	HOSPITAL:	·		me 5 🗆 Residence	8 Other (	Snaciful		
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	/ 28b.	TIME OF 28c. IN INJURY	JURY AT ORK? YES 2 NO		RIBE HOW INJURY OCCI	JRED	
ETED B	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJUF building, etc. (Sp		rm, atreet, factory, offi	ca		ON (Street end Number of Town, State)	v Rural Rou	te Number,
COMPLE	one)	ICIAN: To the best of my kno ER: On the beele of exeminat							nd manner ae state
O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	a all	_ /	10	29c. LICENSE NU	MBER 78	¥ 29d. DATE	SIGNED M	10nth, Day froat)
	ANDREA	AUEN 1	neath (ITEM 27) (	PO 13	8× 40	76 1	Donton	mo-	2/629
	31. DATE FILE (1/07/11/2 95/08/)	32 REGISTRARYS SIG	andale.						-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINERAL DIRECTOR After this capitalism has been similar than the attending physician and commissions fined in the standard disease.

	1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, La ISAAC F. COFF	IN		Con	1	2. DATE OF DEATH	1996	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-01-8266	1 X M 2 □ F 83	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 19,	1912	BIRTHPLACE (State or Forei Country) Md.		
TOR	98. FACILITY NAME (If not institution, given insula Regional Residence of Decement	lonal Medical	Center	Salisb	er location of de	ATN	Wicon			
DIRECTOR	10e. STATE 10b. COU			y, town or locat 1mar	ION			10d. INSIDE CITY LIMITS? 14 YES 2 NO		
FUNERAL	713 Chestnut S	St.			21875			OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS  1 Never Merried 2 Merried  3 X Widowed 4 Divorced	FORCES? 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White		
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATIO work done during mos se retired.)	N st of working	16b. KIND OF BU	SINESS/INDUSTI			
COMP	8		Conduc	tor		Railroa	_			
-	17. FATHER'S NAME (First, Middle, Last)	-				ME (First, Middle, Malden				
BE	Harry F. Coffi	П	406 4444	ADDRESS (T		Beaucham				
5	Robert M. Spery	,				Noute Number, City or Tow y, Md. 218		•)		
	20e. METNOD OF DISPOSITION	200	PLACE AND DATE O							
	X Buriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donetion 6 ☐ Other (Specify) _	emoval from State Cer	netery, cremetory or ot	her place)			CATION — City of			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	t. Steph	22. NAME AN	D ADDRESS OF FAC	CILITY	Lmar, Do	е.		
	23. PART I. Enter the diseases, or heart fallow	M. Skort	1	13 E.	Grove St	Home, Inc. Delmar,	De. 199	940		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events reaulting in death) LAST  Onaet and Decorption Cardiovascular Disease Suprocessing									
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  Performed?  1 yes 2 M NO  25. WAS CASE REFERRED TO MEDICAL  26. WAS AN AUTOPSY PERFORMED?  1 yes 2 M NO  27. WAS CASE REFERRED TO MEDICAL									
Sic	EXAMINER?  1 YES 2 X NO	HOSPITAL:		OTHER:	ACE OF OEATH (Che					
1	27. MANNER OF DEATN  1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 26c. INJU URY WOR	IK?	26d. DESCRIBE HOW II	NJURY OCCURED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined determined Investigation   M 1 YES 2 NO   28e. PLACE OF INJURY — At home, ferm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)									
COMPLET	29e, CERTIFIER (Check only one) 1 CERTIFYING PNY 0 MEDICAL EXAMI	SICIAN: To the best of my know	ledge, death occurred	d at the time, date e	and place, end due to	to the cause(e) end man	iner es stated.	se(s) and manner se state		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	. Belle	w m	2.	29c. LICENSE NUM D 295		29d. DATE SIGN	NED (Month, Day, Year)		
	0000000	BELLOSO, M. 22. REGISTRAT'S SIGN.	D. 530	2 CHINI	ABERRY	DRIVE, S	ALISBI	LRY MO 2/		

Standard Standard Care

Please		yland / De	partment	Ink. Assure A of Health and I		_	ble. 96   193  9		
		C	ertificate	of Death	Re	g. No.			
1. Decedent's Nama (First, Middle, Las					2. Date of Deeth Month	Dey	3. Time of Death		
EVELYN BRY		(	CARPEN		June		996 11:45an		
4a. Facility Neme (If not Institution, give				4b. City, Town, or I		4c. County			
Calvert County  5. Sociel Sacurity Number 6. So		Center	(av) If Undar 1	Prince Fr		Calv			
	Du alte	91 Yrs	Months	Deys Hours Min.	8. Data of Birth (Month, Dey, Sep. 11,	1904	9. Birthpleca (Stete or Foreign Country) Virginia		
10a. Stete 10b. County Maryland Calvert	1	Oc. City, Town o Huntin					10d. inside City Limits		
10e. Street and Number			10f. Zip C	Code	10	g. Citizen of V	Vhet Country?		
5095 Plum Point R	oad			20639		USA			
11. Marital Status  1 Navar Merried 2 Married  3 Widowed 4 Divorced	12. Was Decedant Eve Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Give Yeer or Detes:	ar in U,S.	13. Was Daceda If Yes, specif	nt of Hispanic Origin? (S y Cuben, Maxican, Puert X) No Specify:	pecify Yas or No- o Rican, etc.)		e - Amarican Indien, k, Whita, atc.		
15. Decedent's Ed	ucation	16a. De	cedent's Usuel	Occupation	1/100	6b. Kind of Bu	siness/Industry		
(Specify only highest grade   Elementery/Secondary (0-12)	Coilege (1-4or 5+)		sewife	done during most of wor retired)	King	own	home		
17. Fether's Neme (First, Middla, Last)					ne (First, Middle, M	ddle, Meiden Sumeme)			
Joseph Albert Bry	ant			Livie			Kelly		
19e. Informent's Neme/Reletionship (7 Anne Carpenter Jo			-	Street end Number or Ruica Drive,					
20a. Method of Disposition  1	Removei from Stata		1 Churc	e of par place)  The Cemetery  Address of Facility			City or Town, State		
William 9	· from		Rausch	Funeral Hom	e, P.A.,	Port R	epublic, MD		
23e. Pert1. Entar the disease, or comp shock, or heart fellura. List only of Immediate Cause (Fine) disease or condition	olication that caused the	e death. Do not	anter the mode	of dying, such as cerdied		st,	Approximete Interval Between Onset and Deeth		
resulting in deeth)	h Asev	e to (or as e con	sequence of):						
Sequentielly list conditions, if eny, teeding to immediate cause. Entar Underfying Cause (Diseese or injury	Du	e to (or es e con	sequence of):						
thet initiated events resulting in deeth) Last	d.	e to (or es e con:	sequence of):	i					
Part it. Other significant conditions co	entributing to death but n	ot resulting in th	e undarlying cau	usa given in Part I.		s 2 No	ntribute to the cause of death		
			115		24a. Wes an		24b. Were autopsy findings available prior to completion of causa of death?		
					1 □ Ye	2 12 No	1 ☐ Yes 2 ☑ No		
25. Wes cese referred to medicei				26. Piece of Dee	oth (Check only one	)			
examiner? 1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatient	2 ER/Outpa	tient 3 DOA	Other: 4 Nursing H	ome 5 Resider	nce 6 Oth	er (Specify)		
27. Menger of Death  1 ☑ Naturel 5 ☐ Pending  2 ☐ Accident Investigation		ear) 28b. Tim	e of 286	c. tnjury et Work? 1 🗆 Yes 2 🗆 No	28d. Describe how				
3 ☐ Suicida 6 ☐ Could not be determined	28e. Piece of Injury building, etc. (	street, factory,	28f. Location (Street and Number or Rural Route Number, City or Town, Stete)						

29c. Licanse number

01216

29d. Dete signed (Month, Dey, Year)

96

To the Hospital or Attending Physician: The law requires that the death cartificate be executed ata has been signed by the attending physician and page 2 should be detached for use as the bunial-transit Division of Vital Records, P.O. Box 68760, within 24 hours after death.

To the Funeral Director: After this certificate has I completely filled in by the funeral director, page 2: Medical Certification: To Be Completed by Physician/Medical Examiner

**Physician** /Medical

Examiner

by Funeral Director

To Be Completed

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel", or items 28 or 28a-f show any injury or other treumatic event, the Medical Examinat must be notified at any injury or other treumatic event, the Medical Examinat must be notified at any injury or other treumatic event, the Medical Examination.

**Physician** /Medical

Examiner

Baltimore, Maryland 21215-0020

State

31. Dete filed (Month, Dey, Yeer)

29b. Signatura and title of certifier

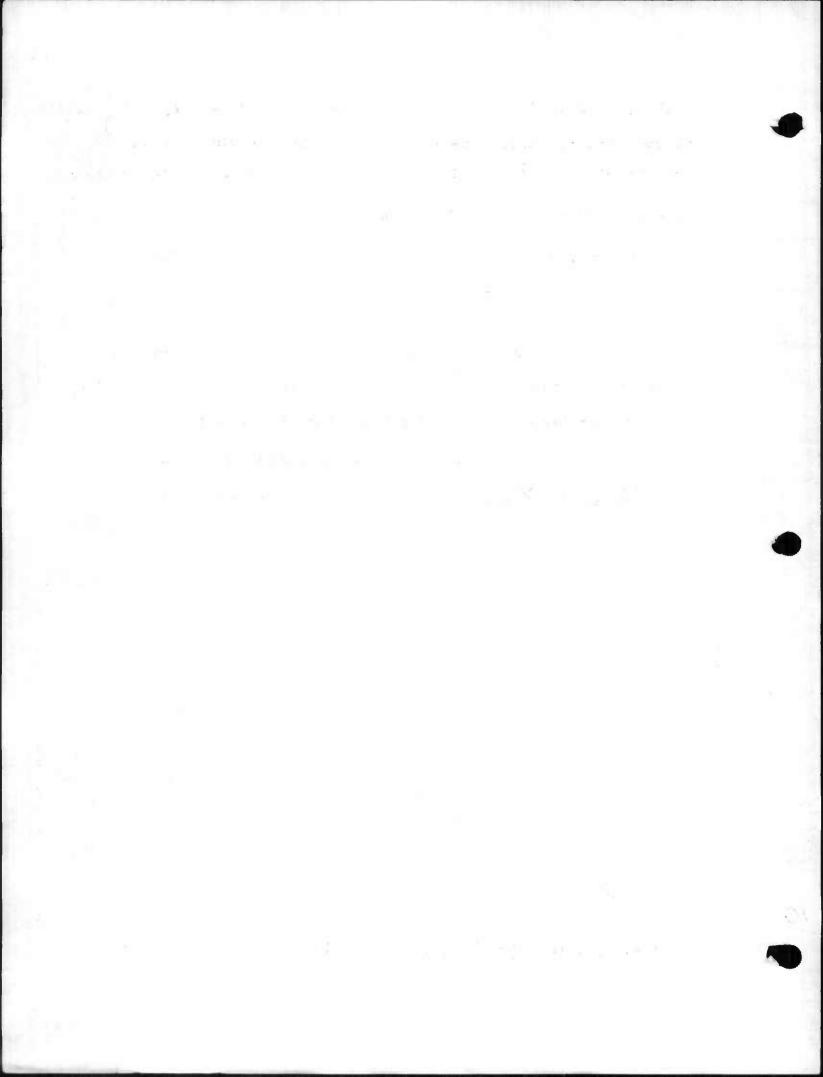
**JUN 17** 1996

30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print)



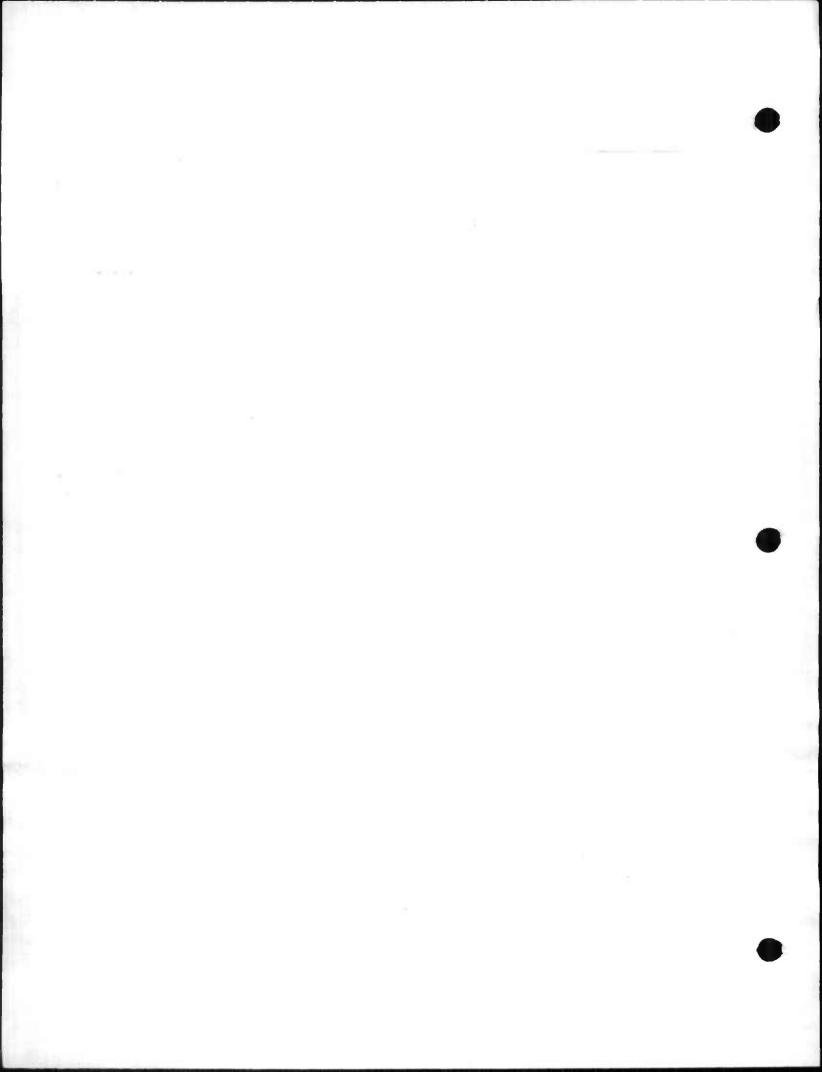
Modern

Registrar



ITEM: 4. PER F.H. FILM G-737 7/19/96 t.t

		1 - FOR STATE REGISTRAR	STATE OF I	MARYL	AND / DEPA CERTII					NTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Las	1)							DATE OF DEATH	AY YE	J.	TIME OF DEATH
		Dietrich Fr	anz Paul	Ch	risten					iune 17.	11	-	5:30 AM M
		4. SOCIAL SECURITY 556-64-21	1		(In yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24	4 HRS. 7. [	DATE OF BIRTH	8.1	BIRTHPL/	NCE (Stelle or Foreign
모		<del>556-69-2400</del>	1 💢 M 2 🗆 F	63	YRS.					pril 13	,1933 0	erm	any
Shou	- I	9a. FACILITY NAME (If not institution, giv		шпп.	0			R LOCATION			9c. COUNTY		
2,3	١٥	8601 Temple H	IIISROad	#11	8	Te	прте	Hill	S		Princ	e Ge	eorge's
Ses 1	DIRECTOR	10e. STATE 10b. COUR	YTY		10c, CI	TY, TOWN (	OR LOCAT	ION				10	d. INSIDE CITY
2	늄	Maryland Prin	ce George	s	7	empl	e Hi	lls				1 (	LIMITS?
<b>D.C.</b> physician. burial-transit permit. Pages 1, 2, 3 should	AL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
in. ansit	FUNERAL	8601 Temple	Hills Road	1 #1	18			2074	18_		U.	S.A.	
physician buriat-tra	E	11. MARITAL STATUS  1 X Never Married 2 Married	12. WAS DECEDEN FORCES? 1							RIOIN? (Specify Yes	s or No- 14.	RACE Black, W	American Indien, hite, etc.
	B	3 Widowed 4 Divorced	IF YES, GIVE V						Specify:			Specify:	
D 68 48	ED	15. DECEDENT'S E			16a. DECEDENT	S USUAL O	CCUPATIO	ON		16b. KIND OF BU		hite	3
5	E.	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	F)	Illin. Do NOT	retired.)		st of working					
the hospital of detached for once.	鱼	Elementary/Secondary (0-12) 12th	2		Person	nel 1	Mana	igemen	ıt	Priv	rate		
	COMPLET	17. FATHER'S NAME (First, Middle, Last)	Oleveri est ess							First, Middle, Malden			
# B & 6	BE		Christen						Hanny				
s should notified	2	196. INFORMANT'S NAME (Type/Print)  Maurice Vanega	S		196. MAILIN 8601	ADDRESS Tem	(Street e	nd Number	190 Aouto	Number, City or Yow Temple H	m, State, Zip Coo	d 20	1748
, 4 6 B		20e. METHOD OF DISPOSITION		7.00									
e 6 may ector, pa		1 Donation 5/1 Other (Specify)	moval from State		20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)  Lee Crematory June 19.1996 Clinton. Ma								
Page I dire		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE / /		Lee Cr				OF FACILIT	996   CI	inton.	Mar	yland
hours after death. Page 6 ms of in by the funeral director, or removal. medical examiner must	П	1/	111							'Lee Fur dria Fer			
after of moval.	Н	30. PART I. Enter the diseases, o	r committeellone the	t causes	the death Do								Opproximate
24 hours after filled in by th on, or remove	l	snock, or heart lanur	e. Inst only one ceu	ise on e	ach line.								Interval Between
4 € E €		IMMEDIATE CAUSE (Final disease or condition	Pan	1. A	Silo. o. K	ital	100	- mt	11.1	hung Car	10. Stra	TV	Onset and Death
rted within 24 completely fille ial, cremation, cereation, the		resulting in death)	DUE TO	(OR AS A	CONSEQUENCE	PF):	N	1 000	Cocy	may our	ich,	(,	Charles
	z		- h										
. 8 10 0 E	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A	CONSEQUENCE	OF):							
ficate be ophysician ne prior to	2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	(00.40.4									
of the party of th	RTIF	that initieted events resulting in death) LAST	006 10	(OH AS A	CONSEQUENCE	M-):							
the death certificate the attending physical Mental Hygiene physiology, or other			d										
	SAL	PART II. Other significent conditi	ons contributing to	death b	ut not resulting	In the un	derlying	g cause giv	ven in Part	I. 24s. WAS AN PERFOR			RE AUTOPSY FINDINGS
s that shed by allth any	MEDIC			_						1 TYES 2		CO	MPLETION OF CAUSE DEATH?
law requires that be been signed ept. of Health a 23 shows any	Æ											1 [	YES 2 NO
law las be Dept.	Ä	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CA		PEATH Y			UNCE	RTAIN [				N/A
SICIAN: The law requires th certificate has been signed on the State Dept. of Health 1, or item 23 shows an	SICIAN:	EXAMINER?	HOSPITAL:			OTHER	1:						
SICIAN Certifi the the	H	27. MANNER OF DEATH	1 Inpetient 2 I		28b, Til		28c. INJ	- 43		Other (Specify) DESCRIBE HOW II	NJURY OCCURE	D.	
The strike		1 Natural 5 Pending	(Month, D	ley, Year)	II.	JURY M	WO	RK? (ES 2 ]					
OR ATTENDING FOR THE PROJECTOR: After Hours after death	D BY	2 Accident Investigation 3 Suicide 6 Could not b	26a. PLACE O	F INJURY	— At home, farm,	street, fect	ory, office		281.	LOCATION (Street	and Number or R	urel Route	Number,
ATTEN ECTOR: s after	ETEI	4 Homicide datermined	bolloning,	are (open	-1147)					City or Town, State)			
P B B P	12	29a. CERTIFIER (Check only 1 X CERTIFYING PHY	/SICIAN: To the best of	my knowl	ledge, death occur	red at the II	me, data	end place, e	and due to Ih	e cause(s) end mer	nner ee stated.		
THE HOSPITAL THE FUNERAL filed within 72 i	COMPL		NER: On the basis of e									use(e) an	d menner ee stated.
TO THE HOSPIT TO THE FUNERA DE filed within ?	BE C	295. SIGNATURE AND TITLE OF CRATH	Offi					29c. LICENS	SE NUMBER		29d. DATE SIG	SNED (Mo	onth, Day, Year)
E C S M	5 B	(2)	16 sep					D14	+730		Jun	e 17	7, 1996
	=	30. NAME AND ADDRESS OF PERSON V	D 9036 MO	SE OF DE	ATH (ITEM 27) (Typ	Print)	200	MA 20	725				
		Kai-Yiu Yeung M				TT11C	JII, .	PIG 20	133				
,		JUN 1 9 199	G 32. REGISTRA	A SIGN	MON Randal	,							
		00111 0 133	June	N HUNDE	an mandal	<b>b</b>						_	
													DHMH-16 Rev 1/89



#### P

Please	Type or Print State of Mar	ryland / De	epartment of	f Health and		X 13	ble. 19321		
		U	Certificate o	t Death	1	Reg. No.			
1. Decedant's Nama (First, Middla, Las	ENCICCI				2. Deta of Month		3. Time of Deeth		
4a. Facility Nama (If not institution, give	e street and number)			4h. Citv. Town.	or Location of De		of Daath		
SOUTHERN MD A	HOSPITAL CL	ENTRE		CLIN	TON	PR. G	TEORGE'S		
5. Sociel Security Number 6. S  577-58-5975  Usuel Rasidance of Decedeni	Sax TOTAL 7. Aga (in Sax 20	(In yrs. last birthd	Months Day		Ain. 8. Dele of (Month,	f Birth (, Day, Year) 6, 1915	9. Birthplece (Stata or Foraign Country) Italy		
10a. Stete 10b. County	1	10c. City, Town or					10d. inside City Limits		
Maryland Charles		Waldo	ort				1 □ Yas 2 □ <b>N</b> o		
10e. Street end Number 2011 Wendy Court	t		10f. Zip Code 2	0601		10g. Citizen of W Italy			
11. Meritel Stelus  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 Yas 2 No If Yas, Giva Yaar or Datas:		13. Was Decedant of if Yas, specify Co	uban, Maxican, Pu	(Specify Yes or larto Rican, atc.)		e - American Indian, k, Whita, aic. White		
15. Decedant's Ed (Specify only highast gra		16e. Dr	Decedant's Usuai Occ Giva kind of work dor ifa. DO NOT use rate	supation na during most of t	working	16b. Kind of Bu P.G. Co	usiness/Industry D. Park and		
Elementery/Secondery (0-12)	Coitege (1-4or 5+)			190)		Planning			
12th 17. Fether's Nema (First, Middle, Last) Pasquale M. Carr		Mas	son	18. Mother's N Anna		ddla, Maidan Sumami Cinno	3		
19a. informant's Name/Raietionship (1		19b. N	Melling Address (Str	eet and Number or	r Rurai Routa Nu	umber, City or Town,	State. Zin Code)		
Gary Pierpo						Odenton, N			
20e. Mathod of Disposition  2 Cramation 3   4 Donation 5 Other (Spacify	Removal from Stele	20b. Place of Di cematary,	Disposition (Nama of cramatory or other prection C	place)	June 19,	20c. Location -	City or Town, State		
21. Signature of Funeral Service Licenstan Pen E.	MATION	Pas	22. Nama and Add	drass of Facility	Lee Fur	neral Home			
23a. Part1. Entar ihe dis asa, or comp shock, or heart dura. List only of	plications thet caused the	a daath. Do not	antar tha moda of c	tying, such as card	tlac or raspiretor	ry arrest,	Approximate intarval Batween Onset and Death		
Immediata Cause (Final disease or condition resulting in death)	· RESPI	PATORY	FAILU	IRE			6 HRS		
	0.	NOMAT	3				3-4M		
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avents resulting in death) Lasi	. CARCINO	ua to (or as a con MA O ua to (or es e con	IF BODY	e TAIL	OF PAN	NCREAS	3-4M		
Part II. Other significant conditions co	at the size to death but I		de-delina carres	-t le Dart i	23h (	THE PARTY OF THE COL	ntribute to the cause of death?		
Part II. Other engineering continuous	Minousing to down 33.	Ot fasuumy n	a unuanying outco.	givan in ran.		1 ☐ Yes 2 <sup>th</sup> No	3 Probably 4 Unknown		
						Was an autopsy serformed?	24b. Wera autopsy findings eveilable prior to completion of cause of death?		
					1	I ☐ Yes 2 No	1 □ Yas 2 No		
25. Was case referred to medical axaminar?					Daeth (Check on	nly ona)			
1 Yes 2 No	Hospitai:	2 ☐ ER/Outpa	atient 3 DOA	Othar: 4 Nursing	g Homa 5□ P	Rasidance 8 DOthe	er (Specify)		
27. Mannar of Death  1 Naturai 5 Panding 2 Accidant invastigation 3 Suicide 6 Could not be		(ear) 28b. Timinju		njury at Work? I 🗌 Yas 2 🗎 No		ibe how injury occurr	er or Rural Route Number		

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

**Funeral Director** 

permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinet must be notified at once.

Baltimore, Maryland 21215-0020

Directo

Funeral

þ

Completed

Be

2

Examine Completed by Physician/Medical Be Medical Certification: To

within 24 hours efter deeth.

To the Funeral Director: After this certificate hes been signed by the ettending physician end completely filled in by the funeral director, page 2 should be deteched for use as the bune-transit Jothe Hospital or Attending Physician: The lew requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

25. Was case referred to me axaminar? 1 Yes 2 No 27. Mannar of Death 1 Naturai 2 Accidant 3 Suicide 4 - Homicida 29a. Cartifiar (Check only one)

29b. Signature and title of qu

31. Daia filad (Month, Da

6 Could not be datarmined building, atc. (Specify)

City or Town, Stata)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29c. License number
D19347 MD

29d. Daie signad (Month, Day, Year)

JUNE 15, 1996

Tame and address of person who completed cause of death (Item 23e) (Type, Print)

E.C., DEBBAS M.D. 11701 LIVINGSTON

RD # 201 FT WASHINGTON MD20744

State Registrar 32. Ragistrar's Signatura

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

- 1	0	0	0	0
-	7	5	4	6

						Certifica	ite of	Death			Reg. No.			
			1. Decedent's Neme (First, Middla, La	st)						2. Dete of De		1000	3. Time of Dea	ath
	Physic		BONNIE LO	OU GRAY CAM	TP .					Month June	S T	996	12:49 a	m
	/Medi		4a. Facility Name (If not institution, giv		A.L.			4b City To	wn orlo	cation of Deal		County of Death		• 111 •
jr	Exami	ner		The state of the s										
_			900 Rosemont Av			t t l Million	ar 1 Vaar		deri			ederick		
	Funeral	211	5. Sociel Security Number 6. S	ITM 2FXF	(In yrs. last birt	Month:	ar 1 Yaar s Deys	If Undar Hours	Min.	8. Date of Bi (Month, D	ev. Year)	9. Birth	nplaca (Stata or Fountry) Virgini	reign
	Director		-55 50 5-51	~ X 60		Yrs.				June 2	6,193	5 West	: Virgini	a
	P >		Usuel Residence of Decedent  10a. Steta 10b. County		10c. City, Town	or Location								10
	show		To	i ale	Frede								10d. Inside City Li	
	W Ta	cto	Md. Frederi	LCK	rrede	IICK							1 🔼 Yes 2	J No
	# 22 A	Director	10e. Street and Number			10f. Z	ip Code	0.1		_	10g. Citize	en of Whet Cou	untry?	
	h wi	ai C	900 Rosemont Av	renue			217	01			0.5	. A.		
	deat	Funeral	11. Maritel Stetus	12. Wes Decedent E	var in U,S.	13. Was Dec	edent of H	Ilspanic Ori	gin? (Spe	cify Yas or N	0- 14	I. Race - Amar	ican indian,	
0	the tree	E	1 ☐ Nevar Married 2 ☑ Merried	Armed Forces? 1 ☐ Yas 2 ☑ No	0	If Yas, sp	ecity Cubi	an, Mexicar	n, Puerto	Rican, etc.)	~	Bleck, White	, etc.	
21215-0020	filed within 72 hours after death with the Maryland thygiene. ther than "natural", or itema 23a or 28a-f show ont, the Medical Examiner must be notified at	by	3 Widowed 4 Divorced	If Yes, Give		1 🗆 Yes	2 ₹ No	Specify:			5	Specify: W	hite	
ö	hou	P	15. Decedent's Ed		160	Decedent's Us	uel Occur	ation			16h Kin	d of Bueloee/I	nduetor	
15	n 72	let	(Specify only highest gre			(Give kind of v	vork dona	during mos	t of worki	working 16b. Kind of Business/Industry				
12	with ane.	Completed	Elementery/Secondery (0-12)	College (1-4or 5-	+)			•				<b>X</b> Y -		
7	Party F		12 17. Fether's Neme (First, Middle, Last)	)		Home	emake		rio Nome	(First, Middle		None		
E S	a la b >	Be	Raymond Forest							irgini				
7	Mer	2						GLa	.CC V	TIGILL	a AIK	TIE		
Maryland	d 2 should be filed within 7 th end Mental Hygiene. 7 is marked other than "n trsumatic event, the Med		19e. Informent's Neme/Raletionship (		1	Meiling Addre								
	1 and 1 Heelth em 27		Gene E. Camp	(Husband)	90	00 Rose	mont	Avenu	e, F	rederi	ck,,	Md. 217	01	
Baltimore,	of Heeltl		20e. Method of Disposition		20b. Piece of	Disposition (Ny, cremetory or	eme of	ca)		Dete	20c. Loca	ation - City or T	Town, State	
Ē	permit. Peges Department of I Important: If ite any injury or or		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 🛣 Other (Specif			t Oliv			v 6	/12	Frede	rick. M	faryland	
=	artm ortar		21. Signature of Paneral Service Con-		1				-	•				
Ba	permit. Departrimports any Injury		Ka/1001	28/16	/	ROBERT	E. D	AILEY	& S	ON FUN	ERAL	HOMES,	P.A.	
		Ш	Closer Ct	telley 9	1							d. 2170	)1	
п			23a. Part. Enter the disease, or com	plications that caused a	ne death. Do n	not enter the me	ode of dylr	ng, such as	cardiac o	or raspiratory a	arrest,		Approximate interval Batwear	n
	Physician			0 .0									Onset and Deat	h
а	/Medical		Immediate Causa (Finel disease or condition	ASCVD								1	veare	
и	Examiner		resulting in deeth)		Due to (or es s o	onsequence o	ft.						years	
ш	N. 2	Jer			2010 (0. 00 0 0	on looquonioo o	.,					1		
	sath certificate be executed attending physician end for use as the bunel-trensit	Examiner	Commentation for the state of t	b	Due to (or as a c	oneoguenos o	F) -							
,	exec n en iel-tr	Ex	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Csuse (Olseese or Injury that initiated events		ob to to as a c	onaddanice o	1).							
68760,	slola bur		Csuse (Disease or Injury	c		1611-3-0-0-3								
89	phy s the	Medical	resulting in death) Lsst	D	ue to (or as a c	onsequence of	):					1		
×	ding Se as	N		d										
Bo	death death after u	lan												
o.	0 0 0	Physician	Pert II. Other significant conditions of	ontributing to death but	t not resuiting in	the underlying	cause giv	en in Pert I		23b. Did	tobacco u	se contribute	to the cause of de	ath?
<u>G</u> .	requires that the seen signed by the should be deteche	F.	Liver Cirrhosis	3						1/2	Yes 2	No 3 Pr	obably 4 Unk	nown
	es tha	by												
Records,	been si										an autops	y 24b. V	Vere autopsy findin vallabla prior to	ngs
8	- D 07	Completed								pen	Ollingar	C	ompletion of cause f death?	9
Re	The law ate hes b page 2 s	Ĕ									u en	/		
	icate										Yas 2/2	NO 1	□Yas 2□ No	
Vital	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical axaminer?	Hospitel:			104		of Daeth	(Check only	one)			
o	Physical direction	10	100 Yes 2 No	1 LI Inpatien		•		4 LINU				☐Other (Spec	eify)	
		:uo	27. Menner of Death  1 Neturel 5 □ Pending	26a. Dete of Injury (Month, Dey		ime of	28c. Injur Wor	y et k?	1	28d. Describe	how injury	occurred		
000	Attending or deeth.	ati	2 ☐ Accident Investigation	1		М	1 🗆	Yes 2□	No					
Division	Att de de	titi	3 Suicide 6 Could not be determined	28e. Piece of Injur building, etc.	ry - At home, fer	rm, street, fecto	ory, office		1	28f. Location	(Street end	Number or Ru	ral Route Number,	
	s aft so so so so so so so so so so so so so	Certification:		Danielli g, Oto.	(Option))						, , , , ,			
	hour hour mere y fill	-	29a. Certifier 1□ Certifying Ph	ysician: To the best of	my knowledge,	deeth occurre	d et the tir	ne, dete en	d plece, e	end due to the	cause(s) a	nd menner as	stated.	
	• Ho • Fu	edical	(Check only one) ZM Medicat Exam	niner: On the basis of a and menner stet		d/or investigetion	on, in my o	pinion, dee	th occurre	ed et the time,	, dete and p	piece, and due	to the cause(s)	
	To the Hospital or Attent within 24 hours after dealt To the Funeral Director: completely filled in by the	×	29b. Signature and title of certifier	2		2	9a. Licens	e number			29d. Dete	signed (Month	, Day, Year)	
	F > F 0		Maral.	1	4	-	13	511	11		June	12, 19	996	
			· Of the cou	- Cergo	1 m	/	70	216	7					
			30. Name and address of person who			2000 101		11.14	4 11.					
			Andrew Zarick,	The state of the s	romas Jo	ohnson	Drive	Fred	leric	k, Md.	2170	1		
	Sta		31. Date filed (Month, Day, Year)	QQC Negistrar	rs Signature	Rarbelli								
	Registr	21	11111 1 3 1	MMPS Breeze	LAND HAVE THE REAL PROPERTY.	WWW.								

.c 4.3% Attack of the Market g. ....

-	
	۱
8	1
. BOX 68760	
~	1
m	
č	
~	
×	
0	
U	4
m	1
_	i
P.0.	-
0	
ш.	1
85	
S	7
~	
OF VITAL RECORDS,	1
œ	1
$\overline{}$	4
9	
$\circ$	
III	•
7	٠
ৰ ।	
-	Ĭ
_	
>	4
	ĕ
_	i
	è
_	ž
7	į
	à
0	i
	:
S	3
	1
>	4
	THE PERSON OF THE PERSON OF
DIVISION	4
_	:
	-
	1
	12

31. DATE FILED (Month, Day, Year)

8 1996

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Carroll i a M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Forming 215-20-09.30 68 1 🕅 M 2 🗆 F 22 1928 Mary March permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give 9c. COUNTY OF DEATH Genera DIRECTOR Dorchester HOSP; ta 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Dorc 1 X YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 806 Washington 21613 Street funeral, director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Mexican, Puerte Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Re. House-Attendant ANNING 17. FATHER'S NAME (First, Middle, Last EdgaR 7 BE 19a. INFORMANT S JAME (Type/Print) 21613 2 writheres hours after death, Page 6 may be in mpletely filled in by the funeral director, page 5 cremation, or removal. ambridge Makuland 9 20a, METHOO OF DISPOSITION

1 Marial 2 Cremation 3 

4 Donation 4 October 1 20b. PLACE AND DATE OF DISPOSITION No 20c. LOCATION City or Town, State DATE must emeters Donation 6 - Other (Specify) MbRidge Marylano examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Henry Funeral / 510 Washington St. Cambridge Mary 19Nd the medical 23. PART Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) embolus 41 OUE TO (OR AS A CONSEQUENCE OF) 16 hrs event. to burial, EOO traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate nding physician prior cause. Enter UNDERLYING CAUSE (Disesse Dr injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atten Mental PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Signed by the Health and & Alherosclerosis AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? shows any 1 ☐ YES 2 R NO 1 YES 2 NO been : PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has b. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL: 1 VES 2 NO 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 50 the 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28a, OATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED with marked, this 1 Natural 1 YES 2 NO BY After 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 6 Could not be DIRECTOR: / COMPLETED 4 Homicide 28 29a. CERTIFIER 1 🗹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. THE HOSPITAL I THE FUNERAL D TO THE HOSPITAL
TO THE FUNERAL
De filed within 72 h
IMPORTANT: If I (Check only one) 296. GIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D46434 06 2 SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) McAnulty 6. 300 Aurora St. James

Julia Davilson Rardall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFIC	ATE OF	FDEATH	REG. NO	D.	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
		Etta E. Corn	ish				Tune 1	1591	135 8 "
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	HRTHPLACE (State or Foreign
_		215-16-3529	1 □ M 2 □xF	93 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 4/30/03		nary land
should		9e. FACILITY NAME (If not institution, give street	et end number)	98	. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
60	E C	William Hill H	ealth Car	e Center		Cambrid	ae	Do	chester
1, 2,	DIRECTOR	RESIDENCE OF DECEDENT				Cumoria	90	1 101	Chester
Pages	H	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOC	ATION			10d. INSIDE CITY
£.	ā	Maryland Dorc	hester	Ca	whR.	idge			LIMITS?
permit.	AL A	10e. STREET AND NUMBER		7.5		OI. ZIE CODE		10g. CITIZEN	OF WHAT COUNTRY?
. <del>'</del> \$	FUNERAL	525 Glenburi	N AVENU	P		2161	3	7	$i \in \Lambda$
DAYSICIAN. burial-transit	N		12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE		IC ORIGIN? (Specify Ye	n or No — 14.	RACE American Indian,
		1 Never Married 2 Merried	FORCES? 1 YES		ft yes, s	specify Cuben, Mexican S 2 NO Specify	n, Puerto Rican, etc.)		Black, White, etc.
= =	ВУ	3 Wildowed 4 Divorced			''''	Specify			Specify: Black
r attend use as	입	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION	16a. DECEDENT'S USI	UAL OCCUPAT	TION	16b, KIND OF BU	SINESS/INDUST	
6 5			College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during ri itired.)	nost of working			
hed by	릴			Atten	dans	t-	Sea for	nd To	uders +RV
the hospital detached for	COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malder		
2 2 E	BE	Samuel F.	Thomps	COAL		Ellen	GRANT	L Do:	tolog ++
s retained to 5 should notified		19a. INFORMANT'S NAME (Type/Print)	THOMPS		ORESS (Street		oute Number, City or To		
5 5 5	임	Ethel Farre	100	8 Ho11			ambridge		
may be or, page		204. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF D			DATE 20C. LE	CATION City	Town State
3 80 (		1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)		netery, crematory or other	place)	2 1			
Page I direc		21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	Liners R		emetery and address of fac		lunch Cr	REEK, Maryland
death. Pag tuneral di i. examiner		0 11 0	21 -	$\supset$	Hen	RY FUN	eral Ho	Me	21/12
- a - a - a - a - a - a - a - a - a - a		Janelle C.	Henry		510-	Washing	Low St. (	ambR:	dee MD 2/6/3
E B B		23. PART. Enter the disesses, or cor	mplicationa that coule	d the death. Do not	enter the m	ode of dying, aubi	as cerdisc or reap	iratory arrest,	Approximate
D S E		ahock, or heart failure. Lis IMMEDIATE CAUSE (Finsi	it Only One cause on a	fach line.					Interval Batween Onset and Death
within cu ipletely fille cremation, rent, the		disease or condition	-	- D-/1	14-1	-1 (1	1 -		Onset and Daath
completely ial, cremati		reaulting in death) a.	DUE TO (OR AS	A CONSEQUENCE OFI:	HAT	ed Stai	Re-		Years
D 2 2	_			1 t					′
be executed sician and cor- rior to burial, traumatic e	Ó	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):					years
ficate be physician ne prior to	'AT	If any, leading to immediate cause. Enter UNDERLYING							1
De phy	RTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):					
ath certification attending training the state of the sta	토	resulting in death) LAST							İ
	핑	d							
the dear y the ath d Menta Injury,	7	PART II. Other algnificant conditions	contributing to deeth b	out not resulting in t	he underlyli	ng cause given in i	Part I. 24e, WAS AF		24b. WERE AUTOPSY FINDINGS
E 4 5 -	EDICAL						PERFO		AMILABLE PRIOR TO COMPLETION OF CAUSE
2 a g a							1 YES :	2000	OF DEATH?
of t	×	DID TOBACCO USE CONTRIB	RUITE TO CAUSE O	NE DEATH VEC		UNCERTAIN			1 YES 2 NO
has the Dept	AN	25. WAS CASE REFERRED TO MEDICAL	DOTE TO CAUSE C	28. PLACE OF DEATH (		(			
ATTENDING PHYSICIAN: The law requirectors: After this certificate has been staffer death with the State Deptr. of h. 28 is marked, or Item 23 show	SICIAN:	EXAMINER?	IOSPITAL:	0	THER:				
CLAN Bertiff	HYS	27. MANNER OF DEATH	Inpetient 2 ER/Outp		-	me 5 Residence			
PHYS with	효	1'V Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	W	URY AT	28d. DEŞCRIBE HOW	INJURY OCCURE	D
DING PHYS After this death with	BY	2 Accident Investigation				YES 2 NO			
TTENDI TOR: A after di	<b>B</b>	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stree cify)	it, tectory, affi	ce	281. LOCATION (Street City or Town, State	end Number or Ru	iral Route Number,
E E # 8		TO THE STATE OF TH							
T S E	iu II			ledge, death occurred at	the time, dat	e end place, end due t	to the cause(e) end me	nner as stated.	
PIN DIR	PLE	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the beat of my know						
TAL DR VAL DIRE 72 hour	OMPLE	(Check only					lme, date end place, er	nd due to the cau	se(e) end menner ee atated.
TAL DR VAL DIRE 72 hour	COMPLET	(Check only				death occured at the t			
THE HOSPITAL DR THE FUNERAL DIRE Ned within 72 houn PORTANT: If Item	BE	(Check only one) 2 MEDICAL EXAMINER:					BER	29d. DATE SIG	NED (Month, Day, Year)
HOSPITAL DR FUNERAL DIRI WITHIN 72 hour TANT: If Item		(Check only one) 2 MEDICAL EXAMINER:	On the basis of examination	n end/or Investigation, Ir	my opinion,	death occured at the t	BER	29d. DATE SIG	NED (Month, Day, Year)
THE HOSPITAL DR THE FUNERAL DIRE Ned within 72 houn PORTANT: If Item	O BE	(Check only one) 2 MEDICAL EXAMINER:	On the basis of examination	n end/or Investigation, Ir	my opinion,	death occured at the t	BER	29d. DATE SIG	NED (Month, Day, Year)
THE HOSPITAL DR THE FUNERAL DIRE Ned within 72 houn PORTANT: If Item	O BE	(Check only one) 2 MEDICAL EXAMINER:	COMPLETED CAUSE OF DE	n end/or investigation, in  ATH (ITEM 27) (Type, Printer)  ALC LIN	my opinion,	death occured at the t	BER	29d. DATE SIG	
THE HOSPITAL DR THE FUNERAL DIRI Ned within 72 houn	O BE	(Check only one) 2 MEDICAL EXAMINER:	On the basis of examination	n end/or investigation, in  ATH (ITEM 27) (Type, Printer)  ALC LIN	my opinion,	death occured at the t	BER	29d. DATE SIG	NED (Month, Day, Year)

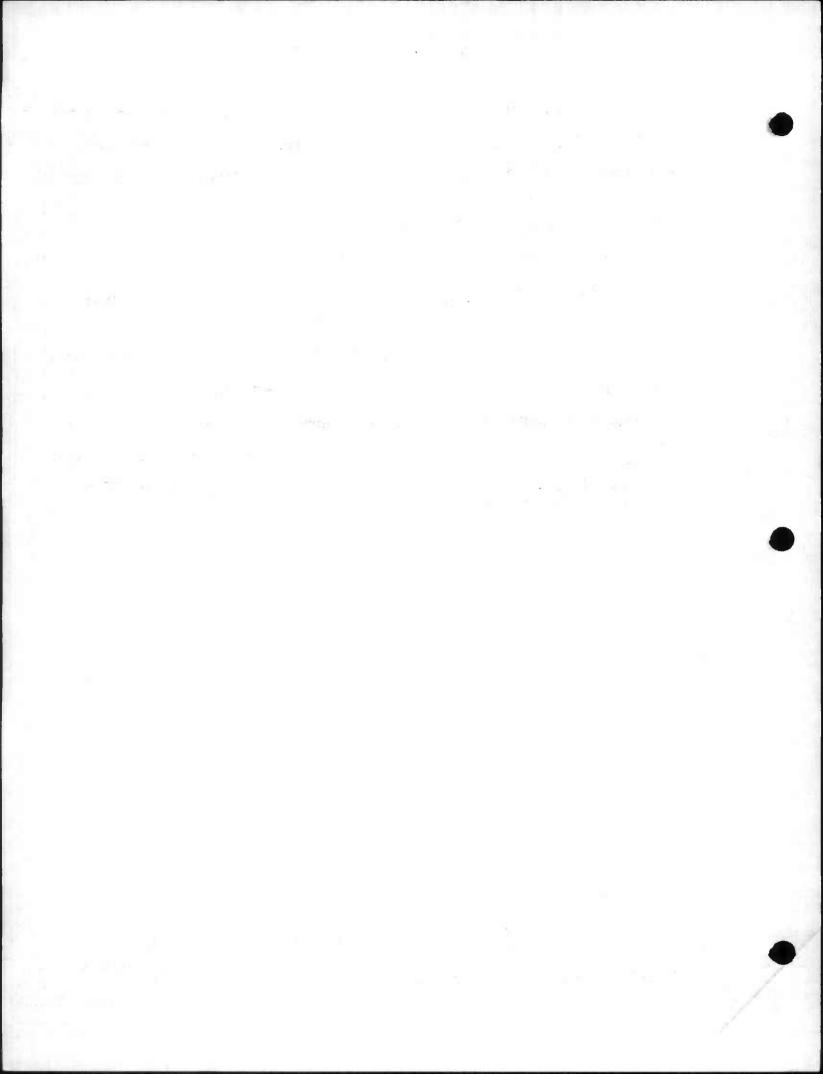
## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96 19325

						Ce	rtificate	of	Death			Reg. No.		. 5020	
176	Division		1. Decedant'a Nama (First, Middla,	Last)							2. Dete of De	eath	Veer	3. Tima of Death	
	Physic /Medi		Patsy John C	ontinenza							MOREN	Day 16	Year 96	11:58 AM	
	Exami		4a. Facility Neme (If not institution,						4b. City, To	wn, or Lo	cation of Deat			11.30 AW	
			Atlantic Gen	. Hospita	1				Berli	n		Mor	ceste		
	Funeral			. Sex 7.	Age (In yrs.	last birthday,	If Under 1		tf Under	24 Hrs.	8. Dete of Big (Month, De	rth	9. Birthr	piace (Stata or Foreign	
	Director		293-38-0512	1 <b>⊠</b> ★ 2□ F	54	Yrs.	Months	Deys	Hours	Min.	6/14/		Ohi		
	2		Usual Residence of Decedent								0/14/	72			
	72 hours after death with the Merylend natural, or frems 23s or 28s-1 show deat Examiner must be notified at		10a. Stete 10b. County		10c. Cit	y, Town or Lo	ocation						1	Od. Inside City Limits	
	e W	cto	Ohio Maho	ning	You	ungsto	wn							1 🕽 <b>Y</b> es 2 🗆 No	
	2 g	Director	10e. Street and Number	-		9	10f. Zip Ci	abo				10g. Citizen of	What Cour	ntry?	
,	23		478 Canterbur	y Lane			445	12				USA			
	to me	Funeral	11. Marital Status	12. Wea Deceda Armed Force			Was Decedan If Yas, specify	t of H	lispanic Orig	gin? (Spe , Puerto	ecify Yes or No Rican, atc.)		ce - Amaric		
50	o aff		1 Never Married 20 Married	If YAC GIVE			1  Yas 2 □	No	Specify:			Specil			
8	"natural",	d by	3 Widowed 4 Divorced	Yeer or Data	1960			_					AALI		
15	n 72	Completed	15. Decedent's (Specify only highest)	Education grada completed)		(Giva	dent's Usual (	dona	during most	of worki	ing	16b. Kind of B	usinass/in	dustry	
21215-0020	within then the	E	Elemantary/Secondary (0-12)	Collega (1-4	or 5+)		DO NOT usa								
ם ס	73 75 -	ပိ	12 17. Fathar's Name (First, Middla, La	et)	-	Dep	uty Sh	er	iff	re Name	/Einst Middle	Law Maldan Sumar	Enfor	cement	
Maryland	a in S ≥	Be		•									ira)		
7	should be and Mental marked or umatic eve	J.	Pasquale Con			405 14-11					n Slifk				
Ma	tra tra											er, City or Town			
o .	im 2		Marjorie Ross 20a. Mathod of Disposition	Continenz		4/8	Cante Osition (Nama	1'01	ury L	ane	Young	stown, 20c. Location			
و	or or		1 XBuriai 2 ☐ Cramation 3		ete C	emetery, cre	matory or othe	r plac	,	1					
	armer armer ortant: Injury		4 □ Donation 5 □ Other (Spe 21. Signature of Facultat Sarvice Lic		Ca		Cemet	-			5/20/9	Youngs	town	, Ohio	
Baltimore,	permit. Pages Department of H Important: If its any injury or of once.		21. Signature of Februal Survice Lic	ensee		2	2. Nama and /	Addra	ss of Facility	У	10	8 Willian	m Str	eet	
			1 Disk	/ Dufa	10						ome Be	erlin, M		21811	
			23a. Part1. Enter the #Sease, or se shock, or heart allure: List on	mplications that cau ly one cause on mag	ad tha daath lina.	n. Do not an	tar the moda o	of dyln	ng, such as	cardiac c	or respiratory e	y errast, Approximeta Intarval Batween Onsat and Death			
	hysician								0					Onsat and Death	
100	/Medical Examiner		Immediata Cause (Final disaase or condition rasulting in death)	a	wid	cula	e	1	you.	n	F				
1			rasuling in dealing		Dua to (o	ras a conse	quence of):			1	0		į t		
	sit ed	Examine		b. ———									İ		
	and and -trar	хап	Sequentially ilst conditions, if any, laading to immadiata cause. Entar Undarlying		Dua to (o	r as a conse	quance of):								
09	lclan burle		Causa (Disease or injury	c											
68760,	cermicate be axecuted ding physician and ise es the buriel-transit	edicai	thet initiated evants rasulting in death) Last		Dua to (or	es a consec	uance of):						į		
×	ging Se eg	≥		d									<u> </u>		
m	r requires that his deem cen been signed by the attendin should be detached for use	Physician/													
P.O.	y the	iysi	Pert II. Other significant conditions	contributing to death	n but not rasu	uiting in the u	nderlying caus	sa giv	an in Part I.		23b. Dld	tobacco use co	intribute to	the cause of death?	
٥.	deta deta	P									10	Yee 2□ No	3 Prol	bably 4 🖰 Unknown	
gp	requires man been signed b hould be deta	d by				/					24e Wes	an autopsy	24h W	ere autopsy findings	
Ö	peed	Completed									perfe	omed?	av	allable prior to mpletion of cause	
He i	hes b	d L											of	death?	
a B						/					1 🗆	Yas 2010	1 [	Yas 2□ No	
of Vita	s certific director,	B	25. Was casa rafarred to medical axaminar?	Hospital:				Oth		of Daath	(Check only	ona)			
o	e de la	2	1 Tas 2 No	1		ER/Outpatler		Oth	4LI Nui			dence 6 Ott		y)	
u i	The second	on	27. Mennar of Death 1 □ Natural 5 □ Pending	4 /	Day Year)	28b. Time o		Wor		_	(1)	how injury occur	red		
vision	ar death. actor: After by the fune	cat	2 Accident invastigat 3 Suicida 6 Could not	he 0,10	196	14	М		Yas 2 ⊟↑						
Division of Vital Records,	25.35	Certification:	4 ☐ Homicide determine	ZOB. PIBCO OF	atc. (Spacify	ma, farm, sti /)	eet, factory, o	ffice		,	City or To	Street end Numi wn, Stata)	oer or Hurs	I Houte Number,	
	Ille d		00- 0-4 <sup>4</sup>												
2	within 24 hours after To the Funeral Dir completaly filled in	edicai	29a. Certifier (Check only one)  1 ☐ Certifying F	Physician: To the be aminer: On the basis	of axaminat	wiedga, daatl ion and/or in	n occurred et t vastigation, in	me tin	na, data end plnion, deat	piace, a h occurre	and dua to tha ed at tha tima,	causa(s) and m data and place,	annar as si and dua to	ated. tha cause(s)	
-	thin a	Me	29b. Signature and title of destitler	end manner	Stated.		29c I	icane	a number			29d. Deta signe	d /Month	Dev Veer)	
ř	3 ¥ ₽ 8	1		1 /-	- /	10				0/					
		a	· asu	to la		10	-	×	24/	06	6	0/1	6/1	Healthway	
		`	30. Nama and addrass of person wh Antonio Martin,	o completed causa o			Print)		7/.32	1	Horl		9733	Healthway	
						LANT	10 4	E	NEXT	22	11030	1101		Dille	
	Sta Registi	_	31. Dete flied (Month, Day, Year)		strar's Signal								Ber	lin, MD2181	
2010	riegisti	u)	JUN 1 7 1	STO STORE	Davide	or Kord	14								

DHMH 16 Rev 6/95



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	Sane 1	i i	
an.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfi permit. Panes is		
physici	burial		
rttending	e as the		
prtal or	su rot by		
the hos	detache		Once.
ned by	ould be		fled at
De retai	ige 5 sh	,	e noti
o may	ector, pa		must 1
IM. 130	neral dir		miner
arrer dec	y the fu	moval	cal exa
FIGURE	lled in b	n. or rer	в теді
MUTHIN 2	pletely fi	rematio	ent, th
nachien .	шоэ ри	burial, c	atic ev
alle one ea	ysician a	prior to	Traum.
Suman Suman	nding ph	Hygiene	r other
The mean	the atte	Mental	njury, o
S Uldl	)ned by	aith and	any l
w redning	been sig	nt. of He	Show
110 30	ate has	tate Dep	tem 23
TOICIMA	s certific	th the S	d, or i
אוואפ גיעו	After this	leath wi	тагке
MIENE	ECTOR:	's after (	n 28 ls
10 INE TOOPTIAL ON ALLENDING PRINCIPLY IN IN INTERIOR DISTRIBUTION OF THE OFFICE OF EXECUTED WITH A TOOLS STIPL GROW. PAGE 6 MAY DE FETSIONE THE DOSPITAL OF STEENING PRINCIPLY WITH A TOOLS STIPL GROW. PAGE 6 MAY DE FETSIONE THE DOSPITAL OF STEENING PRINCIPLY WITH A TOOLS STIPL GROW. PAGE 6 MAY DE FETSIONE THE DOSPITAL OF STEENING PRINCIPLY WITH A TOOLS STIPL GROW.	RAL DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
200	E FUNE	d within	PITANT
2	H O	De file	IMPO

COMPL

BE

CERTIFICATION

PHYSICIAN: MEDICAL

BY

ETED

COMP

BE

2

포포

TITLE OF CERTIFIER

NAME AND ADDRESS OF PERSON

har les

31. DATE FILED (Month, Day, Year)

JUN 17

96 19326 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH THELMA AYDELOTTE CARMEAN 06/ 14/ 96 7:45 A. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 02/21/18 217-44-1558 78 YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5679 Powellville Rd. Willards Wicomico RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNT 10d. INSIDE CITY LIMITS? Md. Worcester Snow Hill 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5858 Snow Hill Road 21863 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 YOU IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Wildowed 4 Divorced Specify white ETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr (Give kind of work done during me life. Do NOT use retired.) nentary/Secondary (0-12) College (1-4 or 5+) 11 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Aydelotte, Sr. Marcie Boston Aydelotte 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Judy FAye Thomas 5679 Powellville Rd., Willards, Md. 21874 20a. METHOD OF DISPOSITION
1 IX Burlal 2 □ Cremelion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State netery, crematory or other place)
Rates Methodist Ceme. 6/17 4 Donation 5 Other (Specify) Snow Hill, Md. 21863 Rates 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Patricia Dennis Funeral HOme Llenns P.O. Box 87, Snow Hill, Md. 21863 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition scleroderma Syears resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE DF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert 1. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 X NO DF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) UNCERTAIN \( \square\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 K NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural м 1 YES 2 NO Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only 2 MEDICAL EXAMINER: On the basis of ex-

atton and/or investigation, in my opinion, d

MO

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAD'S SIGNATURE

lvia

wm. Doy. Warr

MD 2180

9 6

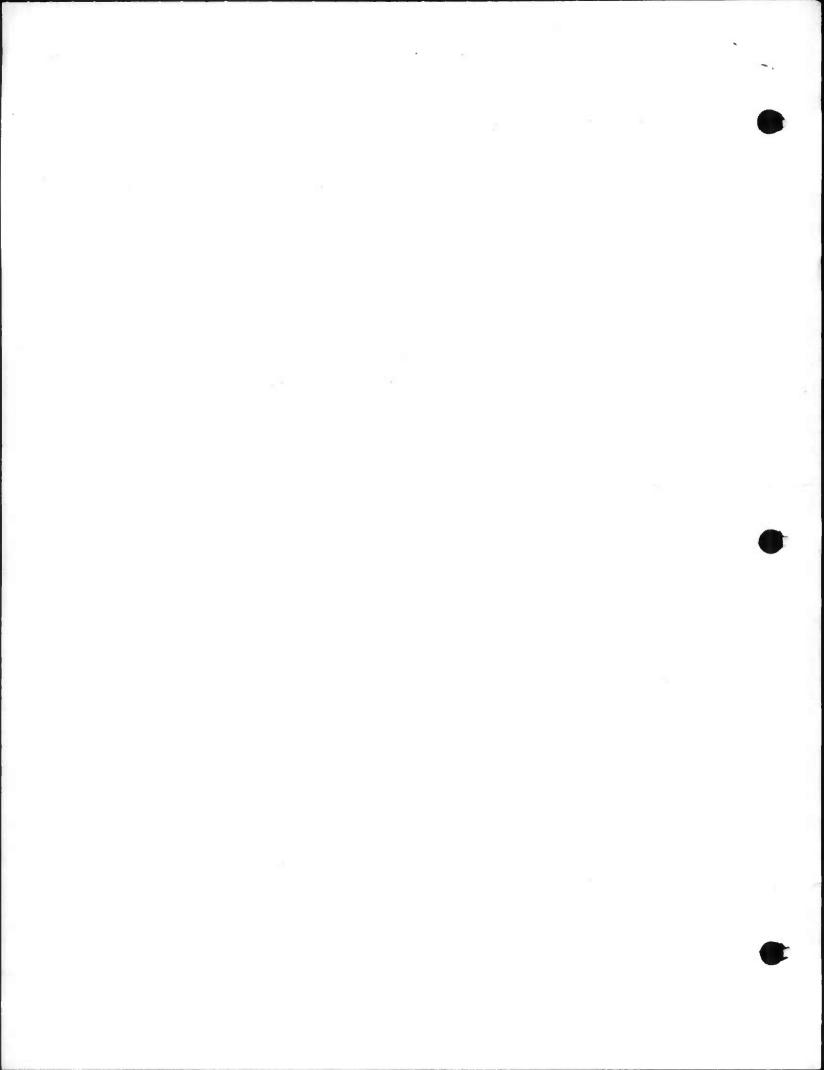
rest at the time, date and place, and due to the cause(s) and menner as stated,

E280EQ

100 Power Street

29d, DATE SIGNED /M

Salisbury



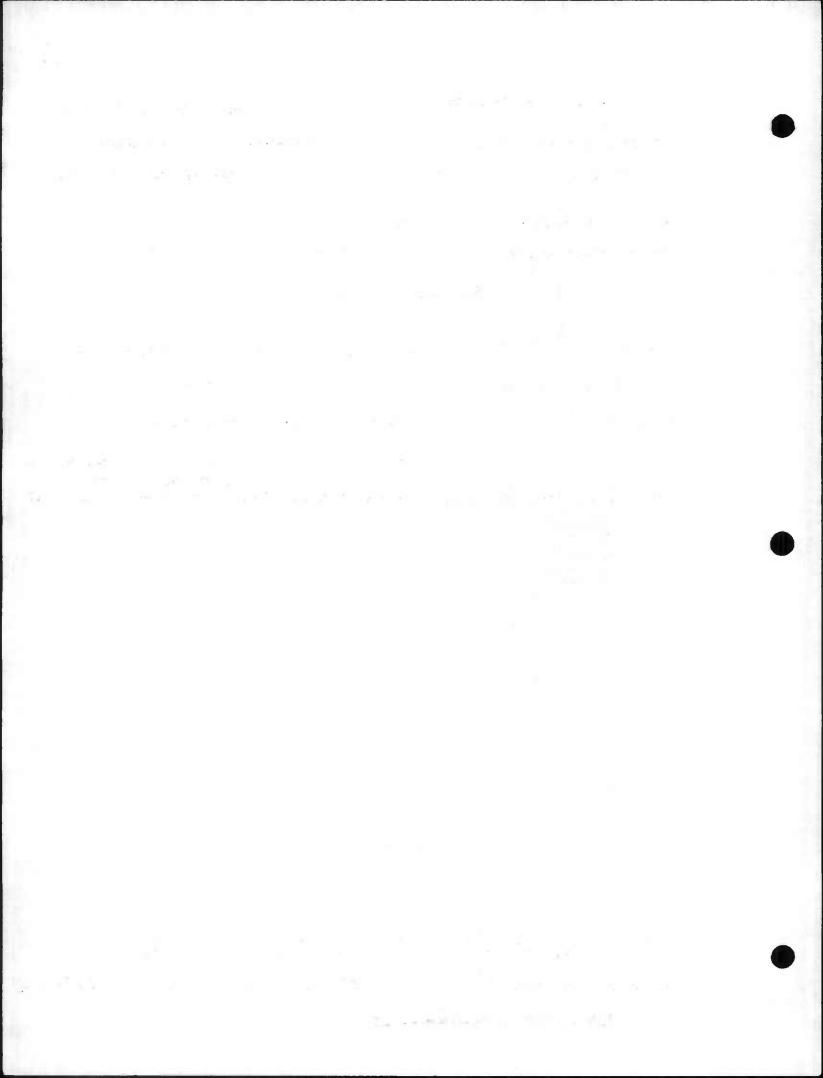
## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 🔓 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year **Physician** CARPENTER James Bernard 4:10 A.M. 1996 June 15, /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 201 East Chestnut Street Funkstown Washington 5. Sociei Security Number If Under 1 Yeer If Under 24 Hrs. 9. Birthpiece (State or Foreign Country) Maryland 7. Age (In yrs. lest birthday) **Funeral** 1**™**M 2□ F Days Hours Yrs Director 218-30-7785 62 1934 Usual Residence of Decedent death with the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Medical Examinet must be notified at MXYes 2□No Director Maryland Washington Funkstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 201 East Chestnut Street 21734 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American indian, Biack, White, etc. 11. Merital Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Haalth and Mental Hyglene. Important: If item 27 is marked other than "naturel", or ther any injury or other traumatic event, the Medical Examina-1 Yes 2 No 2-1956 If Yes, Give 1952-1956 Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: White by 3 ☑ Widowed 4 ☐ Divorced Completed Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b, Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) 0-12 College (1-4or 5+) heavy equipment mechanics civil service 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Frank Carpenter Ruth Gruber 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Cheryl Hart 10816 Wyncote Drive, Hagerstown, Maryland 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removel from State St. Paul's Cemetery 6-18-96 Clear Spring, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, Maryland 21740 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel . AMYOTROPHIC LATERAL diseese or condition resulting in deeth) SEVERAL YEARS **Examiner** Due to (or as a consequence oi): Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence oi): P.O. Box 68760 Physician/Medical Due to (or as a consequence of): 88 ed by the attending detached for use as Part II. Other signiticant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? cata has been signed by page 2 should be detact 20/No 1 Yes 3 Probably 4 Unknown Division of Vital Records, à 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of deeth? this certificata 1 Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner oi Death 28a. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After Netural 5 Pending investigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fun 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier Medicai 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (item 23a) (Type, Print) HOWELL RD. HAGERSTOWN MD 21710 BRADFORD, MD PAMELA FOX

State Registrar 31. Date filed (Month, Day, Year)



# Please Type or Print in Black indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 | 9328

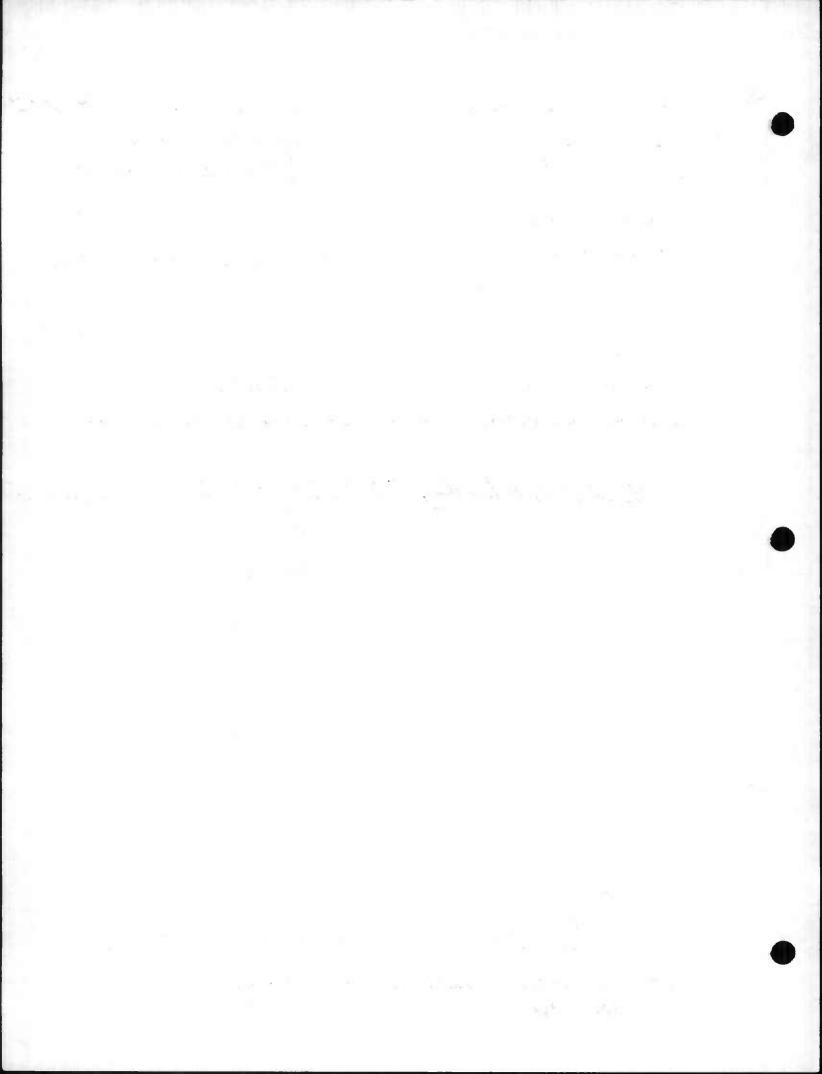
						Cen	tificate	of Death		Reg. No.			
l	Physici		Decedent's Name (First, Middle, L Edward	Woodall			DEAN		2. Dete of De June 1	2, Day	96 Year		ne of Death 40 AM
	/Medic Examir		4e. Facility Nema (If not institution, gi Northampton Mar		g Hom	e		4b. City, Town, or Frederic	Location of Deat	h 4c. C	ounty of Death rederic	1	
	Funeral Director		5. Social Security Number 6. 214-34-0921 Usual Residence of Decedent	Sex 7. Ag	e (in yrs. i 68	lest birthday) Yrs.	If Undar 1 Months [	Yaar If Under 24 Hr. Days Hours Min	. (Month, Da	th Year) 7, 192	9. Birth Cou Nort	piaca (Si intry) h Car	tate or Foreign olina
	a-f show	ctor	10a. Steta 10b. County Maryland Frederi	.ck		, Town or Loc ederic							de City Limits Yas 2 □ No
	23e or 28	ral Director	10e. Street end Number 271 Wyngate	Drive			10f. Zip Co 21	701		10g. Citize	n of Whet Cou	untry?	
2000	s 1 and 2 should be filed within 72 hours after death with the Menyland if Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f ehow other treumstic event, the Medical Examinet must be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Agreed Forces? 11 Yas 2 1 If Yes, Give Year or Dates:	No		vas Deceder Yas, specify	t of Hispanic Origin? ( Cuban, Mexican, Pue No <i>Specify:</i>	Specify Yas or No rto Rican, atc.)		. Rece - Amar Bleck, White pecify: Whi	, etc.	in,
212-0050	J within 72 h jene. r than "natu r a Medical	Completed	15. Decedent's E (Specify only highest gi Elemantary/Secondery (0-12)	ducation rade completed) Collega (1-4or 5	i+)		ind of work of NOT use	Occupation from during most of we retired) Engineer	orking		of Business/learch/		verment
Maryland	2 should be filed within and Mental Hygiene. Is marked other than reumatic event, the Mental than the ment than the Mental tha	To Be C	17. Fether's Name (First, Middle, Las Fred	edward	]	DEAN		18. Mother's Na Bet	me (First, Middle tie	, Meiden Si	wood	ALL	
	1 and 2 should I Health and Ment em 27 is marked other treumatic		19a. Informant's Name/Relationship Mrs. Annie W. Dea	n, Wife	Vyngat	e Drive, F					1		
baltimore,	Page nent o int: If iry or		20a, Method of Disposition  1 Burlal 2 Cramation 3 Capacitation 5 Other (Special Control of Capacitation)	□Removel from State	C	laca of Dispos emetary, crem hsburg (	atory or other	of cy, June 12,	1996		sburg,		
Dal	permit. Departm Importa any inju		21. Signature of Funaral Sarvice Lice	MC MC	Address of Facility and Basfor t Church S	t., Fred	derick			1			
	Physician /Medical Examiner	ler	23a. Pert1. Enter the disease, or conshock, or haart failure. List only immediate Cause (Final disease or condition resulting in death)	nplications that caused one cause on each lis	Due to (	Lune		f dylng, such as cardie	c or respiratory a	rrast,		Interva	dmata il Between and Death
507 007 007	death certificate be executed e attending physician and ed for use as the burlal-transit	n/Medical Examiner	Ceuse (Disease or injury that initiated events rasulting in death) Last  Dua to (or as a consequence of):										
5.0	at the death cer I by the attendir stached for use	Physician/	Part il. Other significant conditions	contributing to death b	ut not resu	ulting In the und	derlying cau	se given in Part I.		tobacco u	ns contribute		use of death?
necolds,	The law requires that the de ate has been signed by the page 2 should be detached	Completed by Ph								an autops omed?	a	vallable p	psy findings prior to n of cause
			25. Was case referred to medical	1						Yes 20	M6 1	□Yes	2□ No
-	5 00	o Be	examiner?	Hospitai:	nt 2 🗆 1	ER/Outpatlent	3□ DOA	Other	eath (Check only) Home 5 Resi		□Other (Spec	ify)	
	the une	Certification: 1	- I mpanion 22 crosspanion 62 dox						28d. Describe				
DIVISION	To the Hospital or Attend within 24 hours after death To the Funerel Director: completely filled in by the f									wn, State)	Number or Rui		Number,
	Hosp 24 ho Fund letely f	edical	29a. Certifier (Check only one)   29m   29									stated. to the car	use(s)
)	To the within To the comple	Me	29b. Signatura and title of certifier  30. Name and eddress of person and	Hali	er	23a) (Type, P	Γ	icansa number 22019		June 12, 1996			
	Sta	ite	Dr. Lloyd E. Ha	alvorson M	) 14		ey Ave	nue, Frede	rick, Ma	arylar	nd 2170	2	

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

19329

						Cer	tificate	of	Death			Reg. No.			
П	и и		1. Decedent's Name (First, Middle, La	ast)							2. Date of De	ath	V	3. Time of De	eath
П	Physici /Medi		PAUL THEODOI	RE DORSE	Y					J	UNE Wonth	Day	1996	8:30	5 1
	Examir		4a. Facility Name (If not institution, gir						4b. City, Tov	wn, or Loc	cation of Death		nty of Death		
	EAUIIII		195 Hope Circl	e					Fred	leric	k	Fr	ederio	ck	
	Funeral				ge (In yrs. lest	birthdey)	If Under 1		if Under 2	24 Hrs.	8. Date of Birl	th		piece (State or F	Foreign
	Director		129-50-0695 Usual Residence of Decedent	1 <sup>4</sup> M 2□ F	37	Yrs.	Months	Days	Hours	Min.	(Month, Da Aug 17,	1958	Mary]	and	
	wor.		10a. State 10b. County		10c. City, To	own or Lo	cation							10d. Inside City	
	Me	ţ	Maryland Freder	ick	Free	deri	rk							14 Yes 2	!□ No
	7 28	Director	10e. Street and Number				10f. Zip C	ode				10g. Citizen d	of What Cou	ntry?	
	15 will		195 Hope Circl	e			21	70	1			Unit	ed S	tates	
	8 8	Funeral	11. Meritai Stetus	12. Was Decedent Armed Forces	Ever in U,S.	13. V	Vas Decede	nt of i	Hispanic Orig	gin? (Spe	city Yes or No Rican, etc.)		ace - Ameri	can Indian,	
Maryland 21215-0020	be filed within 72 hours efter death with the Meryland nia! Hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	þ	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:			l□Yes 2			, 1 0010 1	nour, oro.y		city: Bla		
5-0	72 h	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16	Sa. Deced	lent's Usual	Occu done	pation during most	of working	ia	16b. Kind of	Business/in	idustry	
121	ithin ne.	holdu	Elementary/Secondary (0-12)	College (1-4or		life. L	OO NOT use	retire	ed)			VanLir			
7	e filed val Hygier other tr	S	10 17, Father's Name (First, Middle, Last		Me	over						Moving	-	any	
and	tal pe d	Be		,							(First, Middle,				
Z	2 should be and Mental is marked or reumetic ever	2	Clinton Robert My			Ob. 3.4-212		04			rginia				
Ma	d 2 sl h and f is n traur		19a. informant's Neme/Relationship								Route Numbe				
	Healt Healt		Estelle Bernice M	oore porse	-		ope C1 sition (Nome		le, Fr	eder	ick, Ma	ary Lanc			
100	ages nt of Hite		1 Burial 2 ☐ Cremation 3 E		ceme	tery, cren	netory or oth	er ple		1					
Baltimore,	it. P		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Servica Lical		TAIR				TERY ess of Facility		1496	PRENER	CK, 191	PPYLANI	0
Ba	permit. Peges 1 and 2 should b Department of Health and Ments Important: if Item 27 is marked any Injury or other traumatic er once.		D 072	> 1/2	· Ke.	St	cauffe	r ]	Funera	1 Ho	mes, P				
			22a Part 1 Enter the disease or com	S. / Tau	d the death D								, Mar	yland 2 Approximate	170
	Physician	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
	Physician /Medical		immediete Cause (Final	/3	0			7						_	
	Examiner		disease or condition resulting in deeth)	a. Car	dio	my	o Par	11	my					two	ny
		Jer			Due to (or as	e conseq	pence or):						į.		
	buted	Examiner	Sequentially list conditions	b	Due to (or as	a consed	uence of):						1		
oʻ	en er uriel-ti		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying				KADIN BLOW						İ		
68760,	ate by	edical	Ceuse (Diseese or Injury that initiated events resulting In death) Last	C	Due to (or as	a consequ	uenca of):								
9 ×	requires that the death cartificate be axecuted seen signed by the attending physician and hould be detached for use as the buriel-transit	⋝		d											
Bo	thet the death cert ed by the attendin detached for use	Physician/		ч.									1		
P.O.	the st	ysic	Part fl. Other significant conditions of	contributing to death t	out not resulting	in the ur	nderlying cau	se gi	ven in Pert I.		23b. Dfd 1	tobacco use	contribute t	to the cause of	death?
	es that ti igned by be detail		Do whater								10	Yes 2□ No	3 □ Pro	bably 4 Un	nknown
p	ulres sign ld be	d by									24a. Was	an autopsy	24b. W	fere eutopsy find	dinas
S		lete									perfo	med?	CC	vailable prior to empletion of cau	150
Be	The lew ate hes t page 2 s	Completed									40.	- 64.		death?	
Division of Vital Records,			25. Was case referred to medical						00 Di	-1.0	1	res 2 No		☐ Yes 2 No	0
5	Physician: this certific ral director,	To Be	examiner? 1 ☐ Yes 2 ☑ No	Hospital: 1 ☐ inpati	ent 2 ER/0	Outpation	t 3□ DOA	Ot	hor		(Check only one 5. Residue)		What (Cassi	64	
0	Physer this eral di		27. Manner of Death	28a. Date of Inju	ury 28b	. Time of		. Inju		7	8d. Describe			197	
0	Attending or death. ector: After by the fune	atio	1 Matural 5 Pending 2 Accident Investigatio	(Month, De	iy rear)	injury	м		ykr ]Yes 2⊡1	No					
N/S	or Attending Pater death. I Director: After I d in by the funer	Certification:	3 Suicide 6 Could not be determined	286. Placa of In	jury - At home, tc. (Specify)	farm, stre	et, factory,	offica		2	8f. Location (S City or Tov		mber or Run	al Route Numbe	er,
٥	rs afte al Dir	Cer		Donaing, o	io. (optony)						J., J. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	, 0.0.0)			
	To the Hospital or Attending Ph within 24 hours after death.  To the Funeral Director: After the completely filled in by the funeral	edical	29a, Certifier (Check only one) Certifying Ph	ysician; To the best niner: On the basis o and menner st	of examination a	ge, death and/or inv	occurred at estigation, in	the ti	me, date end opinion, deat	d place, e th occurre	nd due to the	ceuse(s) and date and plac	manner as s a, and due t	tated. to the cause(s)	
	To the To the Comp	×	29b. Signature and title of cartifier	0					se number			29d. Date sig	ned (Month,	Dey, Year)	
			K. 45				D	)	2164	8		6/12	196		
			30. Neme and address of person who	completed cause of	death (Item 23s	) (Type, I	Print)						1 , -		
			Dr. Kusay Barakat					eri	ick. Ma	arv1:	and 217	01			
	Sta		31. Date filed (Month, Day, Year)	00 0 0	and Oleman				, ,						
	Registr	ar	JUN 1 7 K	396	rars pignature	Mark	all								



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

								Cert	ificat	e of	Death			Reg. No	o.			
			1. Decedant'a Name (First	Middla, Las	st)								2. Data of Dea			Wei I	3. Time	a of Death
Phys			1	DELLA	PEARL	BAR	TGIS	DAR	BY				Month June	9,		Yaar 996	11:	15 AM
	edica mine		4a. Facility Nama (If not ins				TOID	Dilic		-	4b. City, To	wn, or Lo	cation of Death	-		of Death	111.	15 MI
EXC	HUER	=1	Homewood Re								Frede					rick		
			5. Social Security Number	6.8			yrs. last bi	rthday	If Under	1 Yaar	If Undar		8. Date of Birt		rede		la a a /Ca	to an Caralan
Fune					_м 2\ДF			Yrs.	Months	Days	Hours	Min.	(Month, Day	, Year,				ta or Foreign
Direct	tor	-	578-26-5505 Usual Rasidance of Deced			1	03	113.	-		<u> </u>		Dec. 18	, 1	892	Mary	yland	d
pue *		-		County		10	c. City, Tov	m or Loca	ation							11	Od Ineida	a City Limits
eryle aho		_		,		,	o. o,, . o.	01 2000										es 2 No
M of M		S P		rederi			Frede		,								1 (2),1	65 2 140
72 hours efter deeth with the Meryland natural; or ferns 23a or 28a-f show steril be notified at		Directo	10e. Street and Number	Homewo	od Ret	ireme	nt Ce	nter	10f. Zlp	Code				10g. Ci	tizen of	What Coun	try?	
th w			31 West Pa	atrick	Stree	t			2	1701					U.S.	Α.		
vurs efter deeth with the Merylen aif, or items 23a or 28a-f show Examine must be notified at		Funeral	11. Marital Status		12. Was Dec		in U,S.	13. W	as Deced	dant of I	lispanic Or	Igin? (Spe	cify Yas or No-	. 1		e - Americ		
of the			1 Never Married 2	Married	Armed F	2∕ No							Rican, atc.)		Bla	ck, Whita,	BIC.	
urs o		בּ	3 Widowed 4 □ Dh	vorced	If Yes, Gi Year or E			11	_l Yas	2LX No	Specify:				Specif	y: Whi	ite	
natural',		Completed	15. De	cedent's Ed	ucation		16a	. Decede	nt's Usua	al Occur	pation			16b. K	(ind of B	usiness/Inc		
c 1 6		<u>ĕ</u>	(Specify only	highest gra	da completad)			(Giva ki	nd of wo	rk dona	during mos	t of worki	ng				,	
filed within Hygiene. other then		Ē	Eiamantary/Secondary (	0-12)	Coilega (	(1-4or 5+)			mema		-,			N	one			
			17. Fathar's Nama (First, M	tiddle Last				1101	шеша	Kel	10 Moth	ara Nama	(First, Middla,			201		
事を		Be		, ,	D = .	- 4 -												
and Mental merked o		0	Charles Wash			gis					Anr	11e E	liza Al	exa	nder	=		
and			19a. Informant's Name/Ra				1	_		-			I Routa Numbe					
E N E			Douglas Bow	man	(Cousin	1)		149 V	Vest	Pat	rick	Stree	et, Fre	der	ick,	Mary	land	2170
			20a. Mathod of Disposition				Ob. Placa	of Disposi	tion (Nar	na of	ne)		Date	20c. L	ocation -	- City or To	wn, State	)
mt: If its			1 ☑ Burial 2 ☐ Cram 4 ☐ Donation 5 ☐ Of				Zion					m   6	/12	Mid	dlet	own,	Mars	tland.
Department of Important: If It any Injury or			21. Signature of Funeral S		_	-	21011											
de L	ouce.		V 1000	0	110	20	/	RO	BERT	E.	DATLE	& Y	SON FUN	IERA	L HO	DMES,	P.A.	
			Selait	CL	tails	ent	17	12	01 N	ORTH	MARK	ET S	T., FRE	DER	ICK,	MD 2	21701	L
			23a Part 1. Enter the diseast feiture	List only	ne tause on	paymed the	Beath, Do	not anter	the mod	le of dyir	ng, such as	cardiac o	or raspiratory ar	rast,		1	Approxir	nate Between
hysicia	an	- 1			O	,										1	Onset a	nd Death
/Medic			Immediata Causa (Finai diseasa or condition				Dn	eu	m	on.	1					i I	7-0	last
Examin	er	-1	rasulting in death)		4	Due	to (or as a							Approximate Interval Between Onset and Death				
		ĕ					and for man at	consequ	arice or,							i		
physician and s the burief-transit		Examiner			b. ———	Due	40 (07 00 0									<u> </u>		
e-tra		X	Sequentially list conditions if any, leading to immediat	a		Dua	to (or as a	consequi	ance or):									
sicla			cause. Enter Undarlying Cause (Disease or Injury that initiated evants	~	c											i		
phys ethe	:	edicai	resulting in death) Last			Dua	to (or as a	consaque	ence of):							1		
ding physiclan and se es the burief-transit		M.			d											ì		
6 3				_	J											1		
		Physician	Part II. Other significant co	onditions co	ontributing to d	leath but no	ot resulting i	n tha und	larlying c	ausa gh	en in Part	1.	23b. Dld t	obacco	use co	ntribute to	the cau	se of death?
ed by the		=			4.								10	Yes 2	NO	3 Prot	oably 4	Unknow
		6	Dr-		tia													
een sign													24a. Was		psy	24b. Wa	are autop	sy findings
been si		6											perfo	rmed?		COL	mpletion	of cause
hes 3e 2		Completed															death?	
cate he													101	as 2	200	1	Yas 2	2□ No
this certificate	1	9	25. Was casa rafarred to mexaminar?		1000000					1		of Death	(Check only o	na)				
l dire		0	1 Yas 2000		Hospital: 1	Inpatiant	2 🗆 ER/O	utpatiant	3 DC	OA Oth	nar: 4 Dogs	ursing Hor	ma 5 Rasio	lence	8 Oth	nar (Specif)	v)	
r deeth. actor: After thi by the funeral			27. Mennar of Death		28a. Deta	of Injury oth, Day Ye		Tima of Injury	2	8c. Injui Wo	y at	1	28d. Dascribe h	ow inju	iry occur	red		
eeth. or: After the funer	1			Panding nvastigetion		mi, bay 10	ui/)	прогу	М		Yas 2	No						
		2		Couid not be	28a. Place	a of Injury -	At home, fa	arm, stree	et, factory	, offica		- 1	28f. Location (S			ber or Rura	/ Routa N	lumber,
9 = 5		Certification:	4 ☐ Homicida		build	ling, atc. (S	pecify)						City or Tou	m, Stat	a)			
eral fille	9	-	29a, Certifiar	with days Div	oleles To the		. 1	ale este e		- a ab - at-		4 4	and the second second					
within 24 hours of To the Funeral D completely filled is		edical		dical Exam	iner: On tha b	asis of exa	mination ar	d/or Inva	stigation,	in my c	na, data an pinion, das	ith occurre	and due to the o	data an	d piace,	annar as st and dua to	tha caus	e(s)
within 24 hours effer of To the Funeral Direct completely filled in by				and Processing	and man	nar stated.			-	1							- 14	
1 0 0		•	29b. Signature and 1986 of c	onthior	(/	/			290		e number		[ ]	29a. De	ata signe	d (Month, I	Day, Yea	7)
			1 (1	SAL	, 4/	Ma.	15	>1		D16	428			6	111	1191	0	
			30. Nama and address of p			sa of daath	(hpp 23a)	(Type, P	rint							1.		
				line		D 300	West	Nin	th S	tree	t, Fr	eder	ick, Ma	ry1	and	21701	L	
	State		31. Data filed (Month, Day,	Year)	32. F	Registrar's	Signatura											
Regi		-					Tavelso	P	2 40									
	-		JUN	1 3 19	יו סכו	1	, ministry	. Mard	all									
H 16 Rev	6/95				U													

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth Month Vost **Physician** 12:30 Pm Robert Francis DAVIS 18 Tune 1996 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 11 W. Baltimore Street Washington Hagerstown If Under 1 Yeer | If Under 24 Hrs. 8. Dete of Birth (Month, Deys Hours Min. (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) 6 Sex Birthplece (State or Foreign Country) **Funeral** Months Deys 1X M 2□ F Yrs. **Director** Sept 15 1921 Pennsylvania 207-01-4172 Usuet Residence of Decedent Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland nent of Heelth end Mental Hygiene.

Int: If Itam 27 is marked other than "naturel; or itams 23a or 28a-f show iry or other traumstic event, the Medical Examinat must be notified as 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Director Maryland Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 11 W. Baltimore Street 21740 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Meritei Stetus 1 Tyes 2 No
If Yes, Give
Yeer or Detes: 1944-46 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 8 0 Caretaker City Government 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Walter A. Davis Alice Walters 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frances M. Davis/ Wife 11 W. Baltimore Street Hagerstown, Maryland 21740 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 DiBuriel 2 Cremetion 3 Removel from Stete permit. Pege Department of Important: If i eny Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Greenhill Cemetery 6/21/96 Waynesboro, Pennsylvania 21. Signeture of Funerei Service Licenti 22. Neme end Address of Feclity Minnich Funeral Home 415 E. Wilson Blvd. 21740 Hagerstown, Md. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical immediete Cause (Finel diseese or condition resulting in deeth) Examiner Examiner physician and the burial-transit that the deeth certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): 88 USB signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No þ 24b. Were eutopsy findings evellable prior to completion of cause of death? 24a. Wes en eutopsy performed? page 2 s 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No certificate Physician: director. 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 28e. Dete of Injury (Month, Dey Year) 27. Menger of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred ne Hospital or Attending P n 24 hours efter deeth. The Funeral Director: After to Certification: 1 Neturel 5 Pending investigetion 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) and manner as stated. To the Hosp within 24 hor To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) end menner steted. 29b. Signeture and title of certifier 29c. License number 29d. Date eigned (Month, Day, Year) pune 20, 1996 D44996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

2AFAR MALIK 20311 LAPPANS Rb BONSBORD MD 21713 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State

Registrar

This Student

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19332

					Ce	rtificate of	Death		Reg. No.	19332
	Dhusia		1. Decedant's Nama (First, Middla, Las	st)				2. Data of De	ath	3. Tima of Death
Л	Physic /Medi		Betty Jane	Delouney				June	15, 1996	11:25 A.N
D	Exami		4a. Facility Nama (If not institution, give				4b. City, Town, or	Location of Death	4c. County of De	ath
			13604 Paradise	Drive			Hagers	town	Was	hington
	Funeral Director		5. Social Sacurity Number 6. S 218-24-9617	ax □ M 2X F 7. Aga (In yrs. 64	last birthday, Yrs.	Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birt (Month, Da March 1	y, Year) 9. B 3, 1932 M	irthplaca (Stata or Foraign Country) aryland
	and w		10a. Stata 10b. County	10c. Cit	ty, Town or L	ocation				10d. Insida City Limits
	f sho	0	Maryland Washin	oton II.		2				1 ☐ Yas 2 No
	the 28s	Director	10e. Street and Number	gton na	agerst	10f. Zlp Coda			10g. Citizan of What 0	Sausta 2
	with a or		13604 Paradise Dr	ivo		21742			USA USA	Journey?
	m 23	era	11. Marital Status	12. Was Decedant Evar In U	C 10		Hispanic Origin? (S	nooit. Van as Na		narican Indian.
21215-0020	72 hours effer deeth with the Maryland netural; or items 23a or 28s-f show dical Examiner must be notified at	by Funeral	1 Navar Marriad 2 X Marriad 3 Widowed 4 Divorced	Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:		If Yas, specify Cub	an, Maxican, Puart	o Rican, atc.)	Black, Wh	
ŏ	72 hours "natural",		15. Decedant's Ed		16a, Dece	dant's Usual Occur	pation		16b. Kind of Busines	
712	c ' 3	Completed	(Specify only highast gra		(Giva	kind of work dona DO NOT usa retire	during most of wor	king		,
21	filed within Hygiene. ther than "	E	Elamantary/Secondary (0-12)	Collega (1-4or 5+)	Custo	omer Serv	ice		Department	Store
	Hygi other	BeC	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Nan	na (First, Middla,	Maidan Sumama)	
Maryland	D 20 D	0	Bernard K. Kell	y			Elsie N	Vorbett	Plunkert	
a 2		-	19a. Informant's Name/Ralationship (7	Type, Print)	19b. Malli	ing Addrass (Street	t and Number or Ru	ral Routa Numbe	er, City or Town, Stata	, Zip Code)
	r tra		Charles L. Delou	nev	1360	4 Paradis	e Drive	Hagaret	own, Maryl	and 217/2
ກົ	_ = = =		20a. Mathod of Disposition	20b. F	Place of Disp	osition (Nama of		Data	20c. Location - City of	
pallimore,	y or		1 X Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Hamovai from Stata		matory or other pla 1 Cemeter		6/18/96	Hagerstown	, Maryland
	permit. Pages i Department of F important: if its any injury or ot once.		21. Signature of Funeral Service Licen	·	-	2. Nama and Addre		0/10/30	TIMECESCOWE	i, ikily land
Ö	Depa impo any i		She DI	m	1/	Corold N	Minnich	305 N	. Potomac	Street
			Segrater 1	00 mmc	M	Funeral I	lome	Hager	stown, Mar	yland
Щ			23a. Part 1. Enter the disease, or comp shock, or heart failure. List only	ona causa on aach lina.	h. Do not an	tar tha mode of dyl	ng, such as cardiac	or raspiratory ar	rast,	Approximata Intarval Between Onsat and Death
	Physician /Medical		Immediata Causa (Final	D						Orisat and Death
	Examiner		diseasa or condition rasulting in daath)	a Cespirati	my.	Taile	ne			word
		<u></u>	COLUMN COMMITTE	Dua to (c	r as a consa	quance of):	,	^ (		7.
	pe tisit	i i		6. Chronz	e (	) 27th	urture	DU	monon	204
	certificets be executed ading physician and use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to Immadiata causa. Entar Underlying Cause (Diseasa or Injury	Dua to (o	r as a conse	nuence of);		1	1	0
00/00	be e iclan burie		causa. Entar Undarlying Cause (Diseasa or Injury	C	1	File	Le		. (	
ò	phys the	edical	that initiated evants rasulting in death) Last	Due to (o	r as a consec	quance of):				
<	E 00	2	L.	d						
	or its	lan								
5	that the de led by the a detached	Physician/	Part II. Other significant conditions co	entributing to death but not ras	ulting In the u	indarlying causa gi	van in Part I.	23b. Did t	tobacco use contribu	te to the cause of death?
Ľ	that the							121	Ves 2□ No 3□	Probably 4 Unknown
ń	w requires to been signer should be	l by			-				vellana lak	
niosau	requires been sign should be	Completed						24a. Was	an autopsy 24b med?	. Wara autopsy findings available prior to
ט	9 8 6	npie								completion of cause of death?
=	Page at a second	Co						101	as 2 No	1 ☐ Yas 2 ☐ No
ol vital	Physician: The this certificate ral director, page	Be	25. Was casa rafarred to medical axaminar?				26. Placa of Das	ith (Check only o	na)	
	5 50	2	1 Yas 2 No	Hospital: 1 Inpatiant 2 I	ER/Outpatie	nt 3□ DOA Ott	har: 4 Nursing H	oma 5- Rasio	dance 6 Othar (Sp	pecify)
	After fune	ation:	27. Mannar of Death  1 Natural 5 Panding 2 Accidant invastigation	28a. Data of Injury (Month, Day Year)	28b. Tima o Injury	Wo	ryat rk? ∣Yas 2 □ No	28d. Dascribe h	now Injury occurred	
		Certification:	3 Sulcida 8 Could not be datamined	28a. Place of Injury - At he building, atc. (Specific	Injury - At homa, farm, straat, factory, office atc. (Specify)  28f. Location (Street and Number or Rural Routa Num City or Town, Stata)					Rural Routa Number,
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edical	29a. Certifiar (Check only constitution) 1 ☑ Certifying Phy 2 ☐ Medical Exam	relcian: To the best of my kno Iner On the basis of axaminal and mannar stated.	wledga, deat tion and/or In	h occurred at tha ti vastigation, in my o	ma, data and place opinion, daath occu	, and dua to tha c rred at tha tima, c	causa(s) and mannar a data and place, end du	as stated. ua to tha cause(s)
	within 2 To the comple	2	29b. Signatura and titla of certifiar	11 1		29c. Licans	sa number	T	29d. Data signed (Mor	nth, Day, Year)
	->-0		K I A	11	n A				11 1	0 .

23623

State Registrar nd addrass of person who complated causa of daath (Itam 23a) (Type, Print)

32. Registrar's Signature

rederu

NV = II - Q ' X I 

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

			1. Decedant's Name (First, Middle, Las	rlog Duk-	\r-L			2. Deta of Dea			3. Time of	Deeth			
	Physici		1. Decedant's Name (First, Middle Las William Cha	rries runos	Bert			Month 6	/ Dey	Year	17:	50			
	/Medi Examir		4e. Fecliity Nema (If not institution, give	a street end number)			4b. City, Town, or Lo								
	EAUTITI		Univ. of Marylun	of Hussit	1-		Baltin	nove	Ba1	timor	e				
	Funeral		Sociei Security Number 6. S	· · · · · · · · · · · · · · · · · · ·	ge (In yrs. last bi	thday) If Under 1 Year	If Under 24 Hrs.	8. Dete of Birt (Month, De)	-4.		place (Stete ontry)	or Foreig			
L	Director		218-20-5614 Usuel Residence of Decedent	DXM 2□ F	79	Yrs. Months Days	Hours Min.	July 2			yland				
	r 28a-f show	J.	10a. Stete 10b. County	0-2	10c. City, Tow					1	l0d. Inside Ci				
	Sea-	ect	Maryland Queen Ar  10e. Street and Number	ne's	Churc	h Hill						20010			
	with	급				10f. Zip Coda			10g. Citizen of	whet Cour	ntry?				
	s 23s	era	506 Roberts Stati	on Road  12. Wes Decedent	Front II C	216		14 . 34 31	U.S.A		t- et				
21215-0020	72 hours after death with the Menyland natural", or items 23s or 28s-f show dicel Examiner must be notified at	by Funeral Director	11. Meritaf Status  1 Nevar Married 2 Merried  3 Widowed 4 Divorced	Armed Forces?  1 Yes 20  If Yes, Give Yeer or Dates:		13. Was Decedent of If Yas, specify Cut		echy Yas of No- Rican, etc.)	Specia	ck, White,					
5-0	"natural",	ted	15. Decedent's Ed (Specify only highest grad	ucation	16a	Decedent's Usuel Occu (Give kind of work done life. DO NOT use retire	petion	ina	16b. Kind of B						
7		Be Completed	Elementery/Secondary (0-12)	College (1-4or	5+)	life. DO NOT use retire	ed)	ing							
	filed within Hygiene. ther then "	S	7			Maintenanc					sing				
Pu	d off	Be	The second of th					real contractions							
3	should be filed within and Mental Hygiene.	P													
Maryland	2 4 4 4				1							22			
_	other tr			wile								23			
Baltimore	Pegas nent of It nrt: If Ite iry or of			Removal from Stete	cemata	ry, cremetory or other ple		7.500	20c. Location	- City or 10	own, Stata				
Ë	t. Pertant:				Dento			/15	Denton	, Mar	yland				
Bal	permit. Pegae Department of Important: If I any injury or once.		Maintenance Food Process 7. Fether's Nema (First, Middle, Last)  William James Embert Sarah Elizabeth Eaton  9e. Informent's Neme/Reletionship (Type, Pnint)  Mary C. Embert Wife 506 Roberts Station Road, Church Hill, MD  18therial 2 Cramation 3 Removal from Stete 4 Donation 5 Other (Spacify)  19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Co. Roberts Station Road, Church Hill, MD  20b. Pleca of Disposition (Neme of cematary, cremetory or other plece)  Denton Cemetery 6/15 Denton, Mary  21. Signeture Thineral Service Licenses  22. Neme end Addrass of Facility Moore Funeral Home, P.A. PO Drawer B, Denton, Maryland 21629												
1	-		23a. Pert1. Enter the disaese comp shock, or heert failure.	-	-	not enter the moda of dy	ing, such as cerdiac	or raspiratory ar	rest,	029	Approximate Interval Bet	la			
S	Physician		snock, or neen failure. Lat only o	one cause on eech II	ne.					i	Onset and t	ween Death			
a	/Medical		Immediate Causa (Finel disease or condition									447			
п	Examiner	resulting In deeth)  Due to (or es e consequence of):										7-			
	D #	ner	Neutro penia												
	and trans									Ì					
68760,	The law requires that the death certificate be assouted ate hes been signed by the attending physician and page 2 should be detached for use as the burial-transit	Û	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants	A	cute	Nyelocytic	. Leuke	No. 16.			8 w	LEK			
87	hysic the t	edicai	thet initiated evants resulting in daath) Last	·		consaquance of):									
	entific ling p	900		d											
Вох	thand or us	an		0.											
0	that the death cer ed by the attendir deteched for use	Physician/	Pert li. Other significant conditions co	intributing to death b	ut not resulting i	the underlying cause g	iven in Part I.	23b. Did t	obacco use co	ntribute to	the cause o	of death			
P.0.	d by detac		COPD					101	res 2 No	3 Pro	bably 4□	Unknov			
ds,	w requires that been signed to should be deta	l by								045 144		dia dia an			
0	neen hould	Completed						24e. Wes	an autopsy med?	ev	ere autopsy f ellable prior t mpletion of c	to			
360	hes t	du									death?				
a	cata							1 D Y	'es 2□No	1[	☐Yes 2☐	No			
Division of Vital Records,	iclan: The cartificata rector, pag	Be	25. Wes case referred to medical examiner?	Hospitei:		10	26. Pieca of Deet								
ō	Phys this ral di	-T	1 ☐ Yes 2 € No  27. Menner of Deeth	1 punpation		itpatient 3LI DOA	4 U Nursing Ho	me 5 Resid			y)				
E C	After After funa	For	1 Neturei 5 ☐ Pending	28e. Dete of Inju (Month, De	y Year)	njury Wo	ork? Yes 2 No	200. Describe II	iow injury occu	160					
2	Attending Physician: or death. ector: After this cartific by the funeral director,	fica	3 ☐ Suicida 6 ☐ Could not be		urv - At homa, fa			28f. Location (S	Street end Num	ber or Rura	al Routa Num	nber.			
<u>S</u>	after Dire	27. Menner of Deeth  1 Neturei  2   Accident  3   Suicide  4   Homicide  28e. Dete of Injury (Month, Dey Year)  28e. Dete of Injury 28e. Time of Injury 28e. Time of Injury 28e. Injury et Work? 1   Yes 2   No  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred  28e. Describe how injury occurred													
	To the Hospital or Attending Physician: The is within 24 hours after death.  To the Funeral Director: After this cartificate he completely filled in by the funeral director, page	29e. Certifier (Check only one)  29e. Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and mannar as stated. 2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, death occurred at tha tima, data and place, and due to the cause(s) and mannar as stated.										5)			
	ithin o the omple	Mec	29c. Licensa number 29d. Data signed (Month, D												
	F 3 F ŏ		1 B Mameri	Mn			07230 6/11/1946								
		-			leath (lane on t		,		0741	0					
			30. Name and address of person who co	ompleted cause of o		(Type, Print)  Evnol Mea	licine	Vairer	it at	Mari	land 1	Hospi			
			5, 1000 (611, 113	•	er's Signeture	CALLO! !! -CO	,	0403	.,5 .,	)		*   11			

State

Registrar

JUN 13 '96

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

19331.

					•	Certificate of	Death	P	Reg. No.		10004
			1. Decedant's Nama (First, Middla, La	st)				2. Data of Dea	th		3. Tima of Death
	Physic /Medi		John W. Evans			Eve	nJ	Month	Day 5, 19	Yaar 9(	0251
	Exami		4a. Facility Nama (If not institution, give	a street and number)			4b. City, Town, or		4c. County	-	7-1
			PENINSULA REGIONA	AL MEDICAL	CENTER	3	SALISBUE	RY	WIC	OMICO	
	Funeral		Social Sacurity Number     6. 5	Sax 7. Ag	a (In yrs. last t	oirthday) If Undar 1 Yaar					ca (Stata or Foreign
Н	Director	П	222-09-2830 Usual Rasidance of Decedant	<b>⊠</b> M 2□F	77	Yrs. Months Days	Hours Min	Oct. 26	, 1918	Penns	ylvania
	yland		10a. Stata 10b. County		10c. City, To	wn or Location				100	d. Inside City Limits
	ath with the Marylan 23s or 28s-f show	ţ	Delaware Sussex		Deli	mar					1 Yas 2 No
	h th	Directo	10e. Street and Number			10f. Zip Coda			I0g. Citizan of V	Vhat Country	y?
	1 wil		904 Jones Terrace			19940			U.S.A.		
	fter deal	Funeral	11. Maritai Status	12. Was Decedant   Armed Forcas?	Evar in U,S.	13. Was Decedant of If Yas, specify Cut	Hispanic Origin? (5	Specify Yas or No-		e - Amarican	
21215-0020	α <u>2</u>	by	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Was 2 1 If Yas, Giva Yaar or Datas:		1 ☐ Yas 2 🖾 No		to Alcan, atc.)	Specify	k, Whita, ato	
Ş	n 72 hours natural',	Completed	15. Decedant's E	ducation	16	a. Decedant's Usual Occu	pation	300 N I	16b. Kind of Bu	sinass/Indu	stry
	G .	pie	(Specify only highast gra Elamantary/Secondary (0-12)	Ida complated) Coilaga (1-4or 5	(4)	(Giva kind of work done lifa. DO NOT use retire	a during most of wo ad)	rking			
7	filed withli Hyglene. ther then	EO.	12	Conaga (1 401 )		Salesman			Shoe S	Store	
		Be	17. Fathar's Nama (First, Middla, Last,				18. Mothar's Na	ma (First, Middla,	Maldan Sumam	a)	
/a	Mental Mental arked c	To	Allie F. Evans				Alida E	ans Evar	ıs		
a	2 should and Men s marks sumstic		19e. Informant's Neme/Ralationship (	Type, Print)	19	b. Mailing Addrass (Stree	t and Number or R	ural Route Numbe	r, City or Town,	Stata, Zip C	ode)
	E A B G		Eva P. Evans/ Wif	e	91	04 Jones Ter	race De	lmar, DE	19940		
o c	STOP		20e. Method of Disposition 1 → Buriai 2 □ Cramation 3 □	D	20b. Piace cemar	of Disposition (Nema of ary, cramatory or other pla	309)	Data	20c. Location -	City or Town	n, Stata
Ĕ	Pag ent ov		4 □ Donation 5 □ Other (Specif			ville Cemete		5-7-96	Millvil	le. D	elaware
baitimore,	permit. Page Department of Important: If any injury or once.		21. Signatura of Funarai Sarvice Licer	nsaa	1	22. Nama and Addr Short Fun	ass of Facility			, ,	02011020
מ	SSESS		mille . I	0010							
	- 20 III		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that causad	the death. Do	13 East G	ing, such as cardia	Delmar,	ast,	A	Approximata
	Physician		Snock, or neart failure. List only	ona causa on aach iir	na.				l u	C	ntarval Batween Onsat and Death
	/Medical		Immediata Causa (Final disaasa or condition		18.8	8 U.	1.0	Infara	f		Eh.
	Examiner		rasulting In death)	a,	Due to (or as	a consequence of:	rolial	+ ryura	1		Jino.
		je			Par	- 1 DX	no	8-10			Zince
	cuter	Examiner	Sequentially list conditions.	b	Dua to (or as a	gensequence of):	9 113	ever			2905.
Š	an an		Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that injuried exerts.								
08/00,	tificate be avecuted og physician and as the burial-transit	fedical	that initieted events rasulting in death) Last	C	Dua to (or as a	consequance of):					
ŏ	ng pt	Med	rasoling in dadily cast							i	
POX	deeth cer e attendin ed for usa	an		d						i	
	0 0 0	Physician/N	Part II. Other significant conditions of	ontributing to death bu	ut not rasulting	In the underlying cause g	iven in Part I.	23b. Did to	obacco uae cor	ntribute to ti	he cause of death?
5	res that the de signed by the a I be deteched t	Phy	End.	1. 0	0 1.	20	1	101	es 2 No	3 Proba	bly 4 nknow
	ss the	by	Ena - 3	Tupe Re	( )) i	slose 2º	70				
Hecords,	v requires that the been signed by th should be deteche			137	206	lerosil		24a. Was a		24b. Ware availe	a autopsy findings able prior to
သို့	N	Completed		7	114050	Cerosis		poo.		comp of da	pletion of cause
	0 5 0	E						1□ Y	as 2 No	10	Yas 20 No
Ø	iclan: The certificate rector, pag	Be C	25. Was casa rafarred to medical				28. Piaca of Da	ath (Check only or	na)		
>	5 00 0	To B	axaminer? 1 ☑ Yas 2□ No	Hospitai:	nt 2 ER/C	Outpatient 3 DOA	har	loma 5 ☐ Rasid		ar (Specify)	
0	g Phys arthis heral d		27. Manner of Deeth	28e. Deta of Injur (Month, Day	y 28b	Time of 28c. Inju		28d. Dascribe h			
0	Attending I ir death. ector: Aftar by the funer	atlo	1. Natural 5 ☐ Panding 2 ☐ Accident invastigation		( oal)		Yas 2 No				
		Certification:	3 Sulcida 6 Could not b	9 28a. Piace of Inju- building, ato	ury - At homa,	farm, street, factory, office		28f. Location (S City or Tow	treet and Numb	er or Rural F	Routa Number,
5	al Di	Cer			. (5,000.),			.,	,,		
	To the Hospital or within 24 hours eft. To the Funeral Dis complataly filled in	edical	29a. Certifier 1 Certifying Ph	ysician: To the best of	of my knowledg	ge, daath occurred at tha tend/or invastigation, in my	ima, data and place	e, and dua to the c	ausa(s) and ma	nnar as stat	ed.
	the H		one)	and mannar sta	ited.						
	S T S	Σ	29b. Signatura and titia of certifiar	1 .	11		se number		29d. Data signed	d (Month, De	ly, Year)
	4		Sems	5 - C'-	/h.	ru Ku 1	-2003	07	6	15-1	96
	3		30. Nama and addrass of person who	completed causa of de	sath (Itam 23a	(Type, Print)	1-2003	(3)		1	0
	11/1		BENITO 8	CHAI	0 0	547-DR	iversole	Dr.	Na	lel	402/8
	Sta	ite	31. Data filed (Month, Day, Year)	32 Register	ar's Signature	and the				//	00

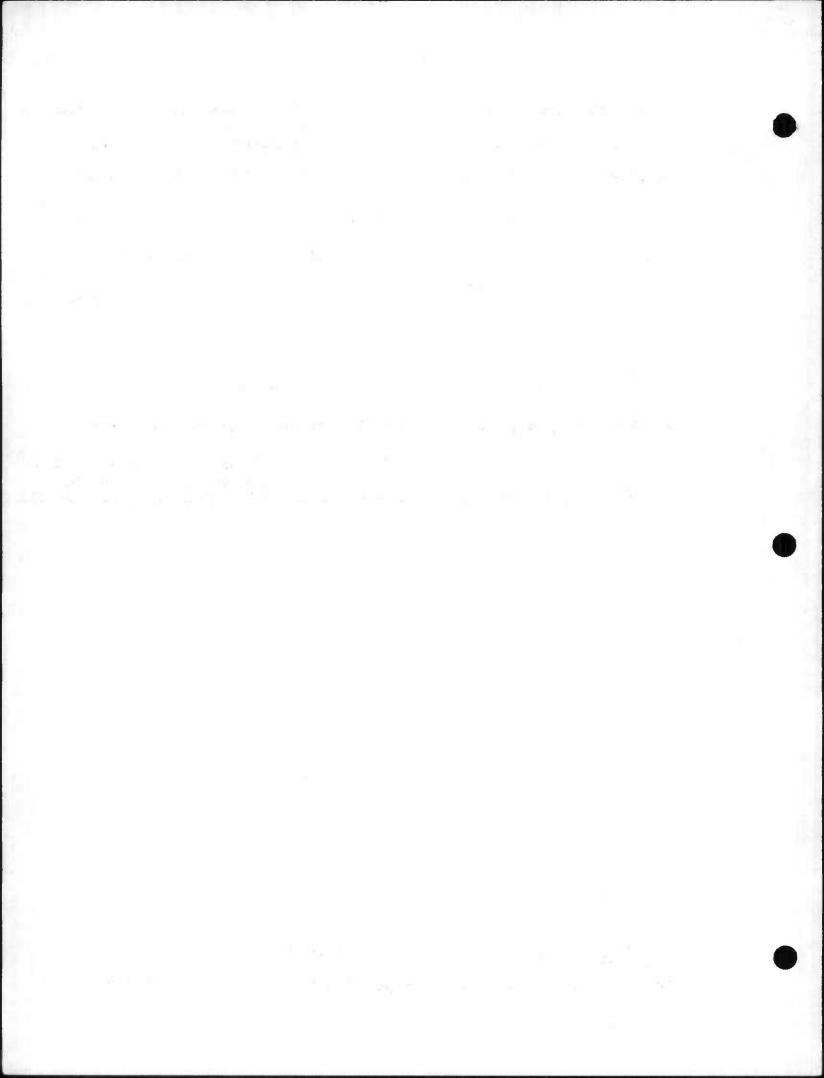


Engle

#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Certifi	icate of	Death		F	Reg. No.		. 5000		
	12.17		1. Decedant'a Nama (First, Middla,	Last)					2	. Data of Das		4000	3. Tima of Death		
	Physic /Medi		MILDRED I	SABEL EN	GLE					Month June	L2, 199	Year 6	5:40 A.M		
	Exami		4a. Facility Nama (If not Institution,	giva street and numbe	r)			4b. City, Tox	wn, or Loca	tion of Death					
			College Vie	w Center				Fre	ederic	k	F	reder	ick		
	Funeral			. Sax 7. /	Aga (in yrs. last b		Under 1 Yaar	If Undar	24 Hrs. 8	Data of Birtl					
	Director		217-28-6010 Usual Rasidance of Dacedant	1□M 2\(\text{\text{\text{\$\exitil{\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	91	Yrs. Mc	onths Days	Hours	Min. Fe	Data of Birth (Month, Day b 21	1905	Mar	laca (Stata or Foraign try) yland		
	land ow		10a. Stata 10b. County		10c. City, Tov	wn or Locatio	n					1	Od. Inside City Limits		
	Se-f ah ottfied	octor		ederick	Wal	lkersv							¹X Yas 2□ No		
	ith to	10	10e. Street and Number			11	Of. Zip Code				10g. Citizen of 1		•		
	23°	Ta .	52 Main Stree	t				21793			United	Stat	es		
	r da	- Pur	11. Marital Status	12. Was Decedar Armed Forces	nt Evar in U.S.	13. Was	Decedant of s, specify Cut	Hispanic Orig	oin? (Specif	y Yas or No-	14. Rac	e - Amaric			
21215-0020	is 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiena. Item 27 is marked other than "natural", or itema 23s or 28s-f show other traumatic event, as Medical Examiner must be notified as	Completed by Funeral Directo	1 Navar Marriad 2 Married  3XXWidowed 4 Divorced		No		ras 200€No			•	Specif		hite		
200	72 hc	le de	15. Decedent'a		168	. Decedant's	s Usual Occu	pation	a di considera a		18b. Kind of B	usinass/Inc	dustry		
21	hin 7	pie	(Specify only highast Elamantary/Secondary (0-12)	Collega (1-4o	r 5+)	lifa. DO N	OT work done	during most	or working						
21	d with	0	12th			H	omemak	er			Own	n			
B	nould be filed withing Mental Hygiena.  mrked other than matic event, the Mental Health	Be	17. Fathar's Nama (First, Middla, La	st)				18. Motha	r's Nama (F	irst, Middla,	Maidan Suman	na)			
<u>a</u>	Aents Aents rked tice	To	Lester Wa	rner				N	Vettie		unknow	n''			
Maryland	2 should and Men Is marke	-	19a. Informant's Name/Ralationship	(Type, Print)	19	b. Meiling Ad	ddrass (Strea	t and Numbe	er or Rural F	Routa Numbe	r, City or Town,	Stata, Zip	Code)		
	and 2 aaith a n 27 is		Joseph M. Engle	. Jr., so	n 3	321 S.	51st	Avenue	e Oma	ha. Ne	ebraska	681	32		
Baltimore,	ages 1 and int of Haaith if item 27 or other tr		20a. Mathod of Disposition		20b. Piace	of Disposition	n (Nama of			Data	20c. Location				
D D	Ф ° ← ≿				8				6/1	1.106	Frada	rd ale	Marriand		
	Department Department Important: I any Injury once.				OLI										
Ba	Departri Departri Imports any Inje		1												
	Physician		3a. Part). Enter the disease, or co shock or heart failure. List or	mplications that caus ly ona causa on aach	ed to death. Do	not antar the	a moda of dy	ing, such as	cardiac or r	aspiratory an	rest,		Approximata Interval Between Onset and Death		
1	/Medical Examiner		Immediata Cause (Finei disaasa or condition	. /	4/2he,	mis	1	O. sea	22				10 411		
п	CXammer		rasulting in death)	a	Due to (or es a	consequence	ce of):	VIII LOC							
	₽ #	in e										i			
	ocute nd trans	Examiner	Sequentielly list conditions,  Due to (or as a consaquanca of):												
ó	an a														
68760,	nysici nysici	ca	thet initiated avants rasulting in daath) Last	C	Dua to (or as a	consequanc	e of):					-			
×	eath certificate be axecuted attending physician and for use as the burial-transit	/Medical	rasuring in daatii) Last	d								-			
. Bo	requires that the death cert seen signed by the attandin hould be datached for usa	Physician	Part II. Other significant conditions	contributing to death	but not resulting	In the under	vina causa a	ivan in Part I		23b. Did to	obacco use co	ntribute to	the cause of death?		
0	the ache	hys		bonning to boati	Dat Hot Hooking		ynig oddod g	TVONT HIT GILL.		101	>	3 ☐ Prot			
0.	that dat	by P								,,,,	38 20 NO	3   1100	ALD 4 ONKNOWN		
Records,	uires gis r d blu									24a. Was	an autopsy	24b. Wa	are autopsy findings		
Ö	- A3 65	Completed								perfor	med?	001	allabla prior to mpletion of causa		
3e	The law sata has to page 2 s	E										of 6	death?		
al										1 🗆 Y	as 2010	1 🗆	Yas 2□ No		
of Vital	Physician: this cartific ral director,	Be	25. Was casa refarred to medical axaminar?	Ma anitat.						Check only o					
7	5 00	P 0	1 ☐ Yas 2 ☐ No	Hospital: 1 ☐ Inpa		utpatient 3	L DOA				ence 8 Oth		1)		
	B \$ 5	ü	27. Menner of Death  SNatural 5 ☐ Panding	28a. Date of In (Month, E	jury 28b.	Tima of Injury	28c. Inju	iry at ork?	280	d. Dascribe h	ow Injury occur	red			
Division	Attending Ph or death. ector: After th by the funeral	ati	2 Accidant invastiger			N	/ 1 [	]Yas 2□I	No						
Ž	or Attendate deat Director:	Ě	3 Suicide 6 Could no datarmine	Ad 288. Place of I	njury - At homa, f atc. (Specify)	arm, street, f	actory, office	B	281	Location (S City or Tow	itreet and Numl n. Stata)	ber or Rura	l Routa Number,		
	s aft	Certification:			(						,,				
	To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completaly filled in by tha fu	edical	29a. Certifiar (Check only one) 1 Certifying 2 Medical Ex	Physician: To the bes aminer: On the basis and manner:	of axaminetion at	a, deeth occ nd/or invastio	urred at tha t gation, in my	ima, data and opinion, daat	d place, and th occurred	dua to tha dat tha tima, d	ausa(s) and mi	annar as st and dua to	ated. tha causa(s)		
	ithin of the	Me	29b. Signatura and titia of cartifiar				29c. Licen	sa number		1	29d. Data signe	d (Month, i	Day, Year)		
	⊢ ≯ F ŏ		01. 1	1.0			12	185P				2-9			
			/ Amel	NE			)	104 (			0-1	6-7	<u> </u>		
			30. Name and addrass of person who Gene F. Ashe		death (item 23a)			Rd.,	Woo	dsbor	o, MD	2179	8		
	Sta		31. Data flied (Month, Day, Year)	32. Regis	trar's Signatura	P									
	Regist	ar	JUN 1 3 1	330	- whomen	Mardall	1								



Film G737 item					_					
1-	ldmer	1.#	1	Was	sh.					
FOR STATE REGISTRAR		STATE O	F	WARYLAN	D / DE					
1. DECEDENT'S NAME (First,										
Richard N.	Funkh	ouser	Ri	chard	Ne1					
4. SOCIAL SECURITY NUMB	ER	5. SEX		8. AGE (In yr:	s. last birt					
220-09-9469	9	1 🔀 M 2 🗆	F	78	Y					
9a. FACILITY NAME (# not in	stitution, give st	reet and number	r)							
13201 Four		lead Ro	ac	1						
10a. STATE Florida		Monroe			10-					
-Maryland										
100. STREET AND NUMBER 19 Halfway Rd.										
13201 Fountain Head Road										
44 444										

# 1 Wash. Co. Health Dept. LB J

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Lest) Richard N. Funkh	<del>louser</del> Richard l	Nelson	Funkhoi	ıser	2. DATE OF DEATH MONTH June 13		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-09-9469	5. SEX 6. AGE (In yrs. 1 X M 2 - F 78	lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) Dec. 3 1		1996 2 AM  BIRTHPLACE (State or Foreign Country)  Maryland
	9e. FACILITY NAME (If not institution, give s	street and number)	9	b. CITY, TOWN (	OR LOCATION OF D			Y OF DEATH
DIRECTOR	13201 Fountain	Head Road		Hag	erstown			nington
E	100. STATE Florida 106. COUNT	Y Monroe	10c. CITY, 1	TOWN OR LOCAT				10d. INSIDE CITY
ā		ington	_ E	lagerst	<del>own</del> Key	Largo		LIMITS?
FUNERAL	100. STREET AND NUMBER 19 H	alfway Rd. Head Road		101	ZIP CODE 330		1.0	N OF WHAT COUNTRY?
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 2 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	If yes, sp	ecify Cuban, Mexica	NIC ORIGIN? (Specify Y	ea or No— 14	i. RACE — American Indian, Black, White, etc.
ВУ	3 X Widowed 4 Divorced	W.W. II		1 1 165	2 NO Specif	y:		Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	(CATION 16a. f	DECEDENT'S US	UAL OCCUPATION	ON st of working	16b. KIND OF B	USINESS/INDUS	
۳۱	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of worl ite. Do NOT use n					
₹	12	4 1	Manager	ial -			nules	4 7
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide		
BE	Elmer N. Funkhou					ie Spielm		
٩	Mrs. Helen Bower		Post O	ffice B	ox 569,	Route Number, City or To Hagerstow	m, Stete, Zip Co	yland 21741
	20e. METHOD OF DISPOSITION  1 Disposition   1 Disposition   2 Disposition   3 Disposition   3 Disposition   4 Disposition   6 Disposition   5	noval from State cemetery, c	EANDDATEOFS cremetory or other e Hill	plece)		1		y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1	22. NAME AN	D ADDRESS OF FA	CILITY	SCIBLON	ni, narytanu
	> Sento	mmund	<u>/</u>			ral Home		3/1 017/0
	23. PART I. Enter the diseases, or o	complications that caused the	daeth. Do not	entar the mo	da of dylon suc	BIVG. Ha	agersto	t, Approximata
	IMMEDIATE CAUSE (Final	Liet only one cause on each ile	na.					intarval Between Onset and Dasth
	resulting in dasth)	B. SULANIOUS C. DUE TO (DR AS A CONS	EDUENCE OF):	1110 wa	-   Right	Herei IN	XNY	won the
NOI	Sequentially list conditions,	b. WITH M DUE TO (DR AS A CONS	uctag ?	5				
CAT	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (DR AS A CONSI	EOUENCE DF):					
	PART II. Other significent condition	as contributing to death but not	requities to t	the medachdar		5-4:		
EDICAL			reculing in t	na onderlying	cease given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEC						1 _ YES	X	OF DEATH?
						_		1 165 2 100
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF OEATH (Ch	eck only one)		L
Š	1 TES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient		THER:  Nursing Home	5 🌠 Residence	6 Other (Specify)		
E	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU		28d. DESCRIBE HOW	INJURY OCCUP	RED
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — AI I building, etc. (Specify)	home, farm, stree	et, lactory, office		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLET		CIAN: To the best of my knowledge, o						
8		R: On the basis of examination and/or	r Investigation, I	n my opinion, de	eath occured at the	time, data and place, a	nd due to the c	ause(a) and manner as stated.
BE	29b. SIGNATURE AND SHITE OF CENTIFIES	la Do			29c. LICENSE NUN D11266	BER	1 .	IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DEATH IT	EM 27) (Type Pri	nt)	D11200		Jun	e 13, 1996
	Howard N. Weeks,	M.D., 580 North	nern Av	enue, I	Hagersto	wn, Maryla	and 217	42
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	6.14					

96 19336 June 17, 1996

15 mar 15 20 19 19 19

Amend # 1 Wash. Co. Health Dept. L.B. June 19 1996 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 6

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Deta of Deeth 3. Time of Death Month **Physician** Wanda Dolores Fuss 1800 (PM) Vune /Medical 4e. Facility Nama (If not Institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Washington County Hospital Hagerstown Washington If Under 1 Yaar If Undar 24 Hrs. 5. Sociel Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthpleca (Stata or Foraign Country) **Funeral** Months Devs Hours 1 M 2 F 219-14-7568 Yrs. Director 72 Aug. 23, 1923 Maryland Usual Residence of Decedent with the Marylend 10a. Stete 10b. County 10c. City, Town or Location 77 is marked other than "natural", or frame 23e or 28a-f show traumetic event, the Medical Examiner must be nothing at 10d, fnsida City Limits Washington 1 X Yas 2 □ No Maryland Hagerstown Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 725 Virginia Avenue permit. Peges 1 end 2 should be filed within 72 hours after deeth v
Department of Health and Mentel Hygiene, in The processing the marked other than "natural", or flams 23 any Injury or other traumatic event, the Medical Exercise 2008. 21740 USA Funeral 11. Marital Stetus 12. Wes Decedent Evar In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - Amarican Indian, Bleck, White, atc 1 ☐ Yes 2 🔯 No If Yes, Give Yaer or Dates: 1 Never Merried 2 Married 1 ☐ Yes 2 🛣 No Specify: þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b, Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) bank teller banking 17. Fether's Nema (First, Middle, Last) 18. Mothar's Neme (First, Middla, Maiden Surname) Be Albert N. Werking Frances Lantz 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Warren C. Fuss 725 Virginia Ave., Hagerstown, Md. 21740 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Crametion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Rest Haven Cemetery 6-19-96 Hagerstown, Maryland 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or raspiratory arrast, shock, or heart feilura. List only one causa on each line. Approximate Interval Batweer Onset and Deet **Physician** RESPIRATORY MilVRE Immediete Ceuse (Finei diseasa or condition rasulting in deeth) /Medical Examiner Examiner or Attending Physician: The law requires that the death certificate be assecuted attanding physician and for use as the burial-fran Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Disaasa or injury that initiated events resulting in deeth) Lest Eduardos Division of Vital Records, P.O. Box 68760 Physician/Medical ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings available prior to completion of ceuse of death? 24a. Wes an autopsy performed? Completed peed: page 2 a certificate 1 ☐ Yes 2 ☐ No 1 Yas 2 No director, Be 25. Wes cese referred to medical exeminer? 28. Place of Deeth (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 8 Othar (Specify) Certification: To 1 ☐ Yes 2 ☐ NO 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Data of injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 PNeturei 5 Panding n 24 hours after death.

Ne Funeral Director: Alphabete in by the full of the death. 1 Yes 2 No investigetion 2 Accident 6 Could not be determined 3 Sulcide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 - Homicide 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. Medical (Check only one) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and member steted. within 2 To the 29b. Signature an 29c. License number 29d. Date signed (Month, Day, Year) completed cause of deeth (Item 23e) (Type, Print) Woost Howell D 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State

Registrar

JUN 1 9 1996

- 10 - 54

contains a section of the second of

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 10a, 10b, 10e, 10f 10c, 10d WCHD PJS AMENDED ITEM # 10e, 06/18/96 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death FLOYD Month Vaai **Physician** 0500 ROBERT LEE JUNE 1996 /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 6. Sax 12 M 2□ F if Undar 1 Yaar | if Undar 24 Hrs. Months Days Hours Min. Birthplace (Stata or Foraign Country)
 MICHIGAN 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** Yrs. **Director** 382-32-1840 2, 1934 Usual Rasidence of Decedant the Maryland 10a. Stata 10b. County Show 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f shot traumstic event, the Modical Examinar must be northed at ORIDA OCEAN WITON BEACH 1 Yas 2 No Director DELAWARE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 5519 FAIRWAY PARK DR. Peges 1 and 2 should be filed within 72 hours efter deeth with in nent of Health end Mental Hygiene. Int: If Item 27 Ie marked other than "naturel", or Itema 23a or: 33437 19970 USA BAYSIDE HAMLET 13 EWING ROAD, Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 2 No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-ff Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Black, Whita, atc. 11. Marital Status 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: WHITE þ 3 ☐ Widowed 4 🖾 Divorced Completed 16a. Decedant's Usual Occupetion (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) RESEARCH & DEVELOPMENT CHEMICAL 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be To ADA LEVINE DAVID G. FLOYD 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) unt of Health et: If Itam 27 le RT. 1 BOX 198, OCEAN VIEW, DELAWARE PATRICIA F. LAWRENCE/DAUGHTER 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlai 2 X Cramation 3 ☐ Ramoval from Stata Department of important: If eny injury or once. 4 ☐ Donation 5 ☐ Other (Spacify) 6/10/96 SALISBURY, MARYLAND SALISBURY CREMATORY 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility HASTINGS FUNERAL HOME, SELBYVILLE, DELAWARE 19975 23a. Paul. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, and ck, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** Immediata Cause (Finei disaasa or condition rasulting in deeth) /Medical Examiner Examiner or Attending Physician: The law requires that the death certificate be executed the buriel-transit Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Diseasa or Injury that initiated avants rasulting in daath) Last pue MUL MPLE Box 68760, Physician/Medical signed by the attent to be detached for the Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? has page 2 1 🗆 Yas 2 7 No 1 ☐ Yas 2 ☐ No certificate 25. Was casa rafarred to medical axaminer? funeral director. 8 26. Placa of Death (Check only one) 1 Yas 22 No Inpatiant Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) Certification: To 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? After 1- Naturai 5 Panding Invastigation To the Hospital or Attendir within 24 hours after deeth.
To the Funerel Director: At completely filled in by the fu after deeth. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha cause(s) and mannar as stated. 29a. Certifian Medical (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licansa number

WENde

SACISSUPPINE

State Registrar

12

29b. Signatura and title of certifian

HLIVS

JUN 11 1996

30. Name and addrass of persop who completed cause of death (Itam 23a) (Type, Print)

#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

9	6	1	9	3	3	9
-			200	0	V	-

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey 1996 Year **Physician** EDNA FOREMAN JUNE В. 0230 15, /Medicai 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Dorchester Hurlock 5174 Wesley Road If Undar 1 Year | If Undar 24 Hrs. | 8. Dete of Birth (Months Deys Hours Min. | 10/07/07/07 7. Age (In yrs. last birthdey) 88 Yrs. 5. Sociel Security Number 9. Birthplaca (State or Foreign Country)
Maryland **Funeral** Months 222-07-7930 1 M 2 T Yrs. Director Usuei Residence of Dacedent with the Meryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow traumatic avant, the Medical Examiner must be notified at MD Hurlock Dorchester 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after deeth with Department of Heelih and Mentel Hygiene. Important: If Item 27 is marked other than \*\*-\*\* any injury or other traument. ŏ United States 5174 Wesley Road 21643 238 Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Giva Yaer or Detes: 14. Raca - American Indian, Black, White, etc. Was Dacedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Maritai Status 1 Nevar Married 2 Married 1 ☐ Yes 2 🔀 No Specify Specify: White þ 3 X Widowad 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Own Home Homemaker 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be William S. Slacum Florence Meekins To 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 309 Spalding Rd., Wilmington, DE 19803 Beverly F. Meredith 20b. Pleca of Disposition (Neme of cematary, crematory or other piece) 20e. Mathod of Disposition Dete 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removel from State 6 - 17Federalsburg, MD Hill Crest Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Sarvice Licenses <sup>22.</sup> Name and Addrass of Fecility Framptom-Hawkins-Eskow Funeral Home Gskar PO Box 43, Federalsburg, MD 21632 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervei Between Onset and Death **Physician** /Medical Immediate Cause (Finel disaase or condition resulting in death) Examiner Due or es e consequenca of): Examiner pital or Attending Physician: The lew requires thet the death certificate be executed using after death.

eral Director: After this certificate has been signed by the attending physician and lilled in by the tuneant director, page 2 should be detached for use as the burlar-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Stenoso P.O. Box 68760, 015 Physician/Medical Due to (or as a consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown Colon, Division of Vital Records, Completed by 24b. Wara eutopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? SHOACHOTT 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Certification: To 1 Yes 212 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menney of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

To the Hospital
within 24 hours a
To the Funeral C

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Dgy, Year)

as

31. Dete filed (Month, Day, Year, JUN 19 96

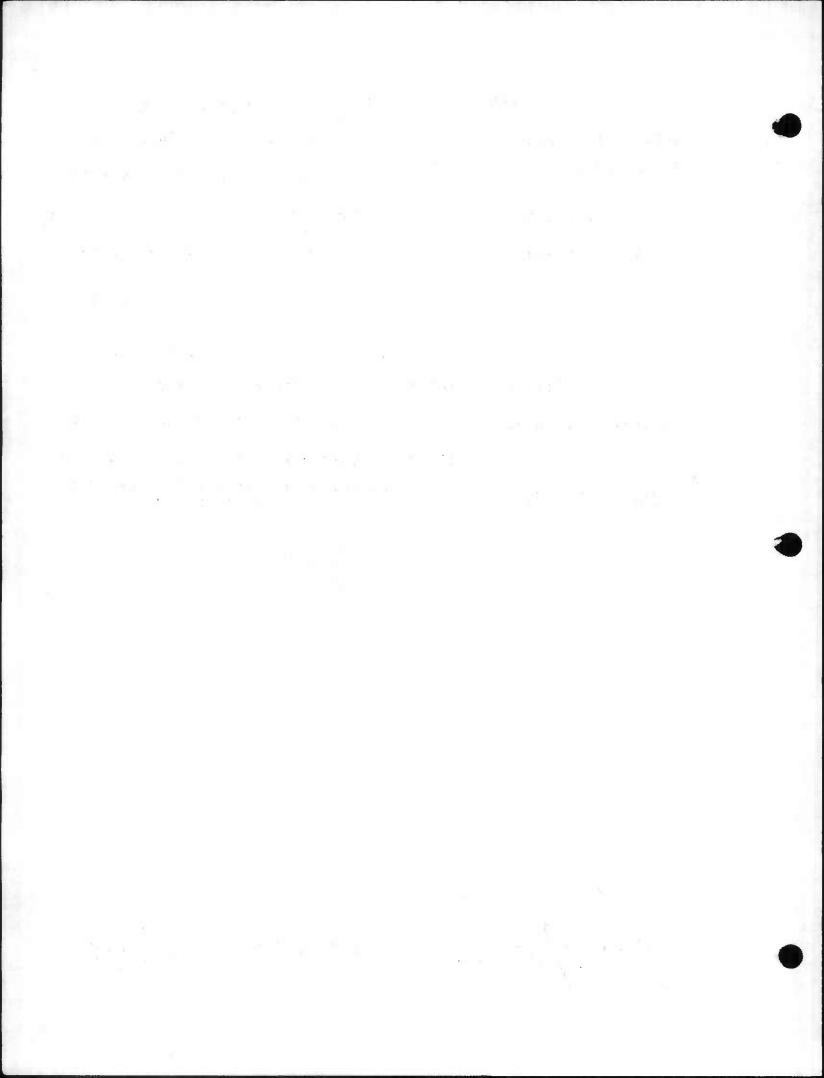
and address of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar

Medical

29e Certifier

32 Registrar's Signature



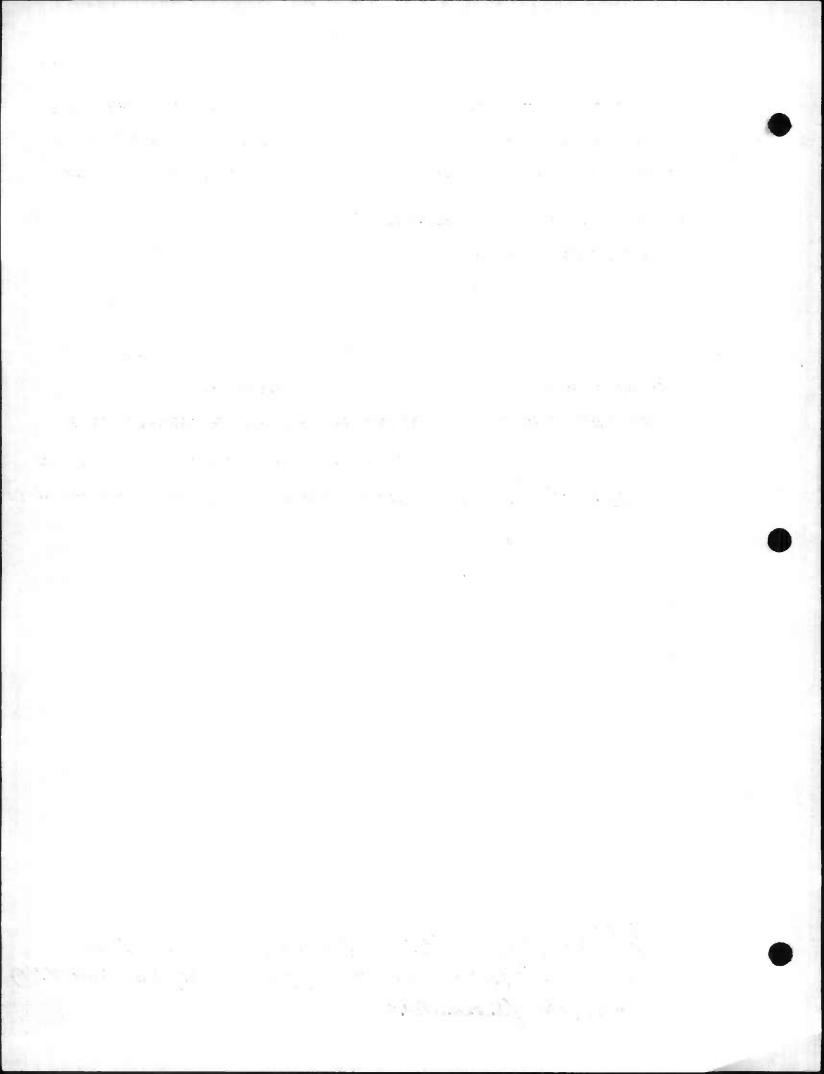
#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Vest · RUTH ANN FARREN 9 JUNE 1996 0748 /Medical 4a. Facility Nema (If not Institution, give street end number) 4b. Clty, Town, or Location of Death 4c. County of Deeth Examiner ATLANTIC GENERAL HOSPITAL WORCESTER BERLIN If Undar 1 Yaar | If Undar 24 Hrs. | 8. Date of Birth (Month, Deys Hours Min. (Month, Dey, Year) 5. Social Security Number 9. Birthplece (State or Foreign Country)
DELAWARE 7. Aga (In yrs. last birthdey) **Funeral** 1□M 2K F 9, 1909 Yrs Director 222-01-7821 86 Usual Residence of Decedent with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f sho traumstic event, the Modical Examiner must be notified at 1 ☐ Yas 2 No Director DELAWARE SUSSEX SELBYVILLE 10e. Street end Number 10f. ZIp Code 10g. Citizen of Whet Country? items 23s 8 LANTERN LANE TRAILER PARK 19975 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ሺ No If Yes, Give Yaar or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-it Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, atc. filed within 72 hours efter 1 Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify: þ Specify 3 X Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within 7 Department of Heelth and Mental Hygiene. Important: if fram 27 is marked other than "na any Injury or other traumatic eventages. (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) WAITRESS RESTAURANT 17. Fether's Nema (First, Middle, Last) 18. Mother's Nema (First, Middle, Meidan Sumama) JONATHAN B. SAVAGE ANGIE MURRAY 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) JEANETTE MELVIN/DAUGHTER 340 EAST ROOSEVELT AVE., NEW CASTLE, DE 19720 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) GRACELAWN MEMORIAL PARK 6/13/96 NEW CASTLE, DELAWARE Funerel Sarvice Licensee 22. Neme end Address of Fecility HASTINGS FUNERAL HOME, SELBYL Finer the disease, or complications the traused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause of aach lina. HASTINGS FUNERAL HOME, SELBYVILLE, DELAWARE 19975 Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner Examiner Uncuowa The law requires that the deeth certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence ot): and physician at s the burial-t O. Box 68760 Physician/Medical Due to (or es a consequence of): signed by the e Part fl. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Qunknown 1 Tyes 2 No Records, þ been si 24e. Was an autopsy performed? 24b. Were autopsy findings aveileble prior to Completed completion of cause of death? hes 9 2 s certificate her 2 XN0 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
 4 hours after deeth.
 Funeral Director: After this certifical
 Funeral Director: After this certifical 25. Wes case reterred to medical 8 26. Pleca of Deeth (Check only one) axeminer? Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 ☐ Yes 2 No 2 1 Inpatient 2X ER/Outpatient 3□ DOA 28a. Deta of Injury (Month, Dey Year) 27. Manner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: Neturel Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicida 6 Could not ba Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pieca of fnjury - At homa, farm, street, tectory, office building, etc. (Specify) the Funeral Direction of the Funeral Direction 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and manner as stated.

The first Examinar: On the basis of examination and/or investigation in any original death occurred at the time, determinar: On the basis of examination and/or investigation in any original death occurred. 29e. Certifier To the Hosp within 24 hor To the Fune completely fi edical (Check only one) Fall Examinar: On the basis of examination and/or Investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end mennar stated. 29d. Dete signed (Month, Dey, Year) 29b. Signatura 29c. Licansa number 30. Nan eted cause of deeth (Item 23e) (Type, Print) eddress of person who cor FR 9733 Healthway DR, BBUNKS Whoeles LUNTA 32. Registrar's Signeture 31. Dete filed (Month, Dey, Yeer) JUN 11 1996

State Registrar

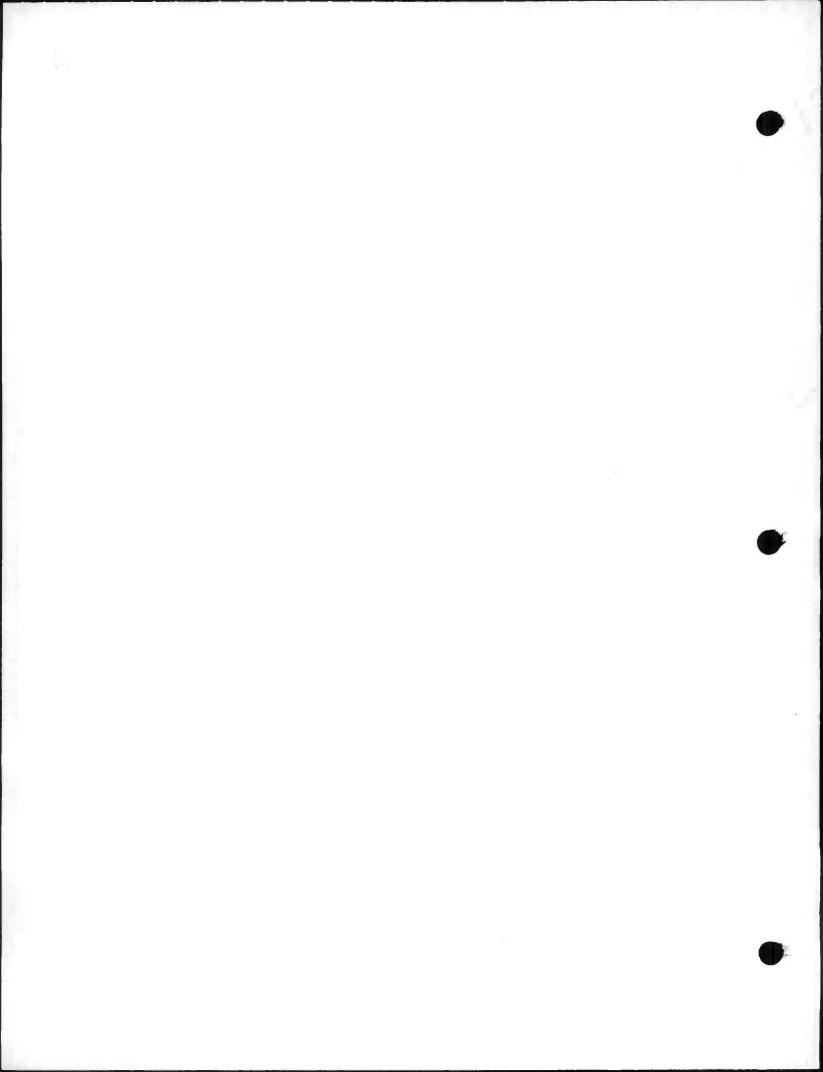


8760
9
ВОХ
P.O. I
م
*DS
Ö
REC
AL
Z
OF
Z
VISIO
2

fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EKITE	CATE	F DEATH	REC	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) DEE	ANN	FA	REY	Υ 2.			2. DATE OF DEATH June 15, 1996 7			
	4. SOCIAL SECURITY NUMBER 218-82-7449	1 □ M 2 💢 F	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YE		7. DATE OF BIR (Month, Day, Sept. 5	TN	A BIRTI	NPLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	VN OR LOCATION OF E			COUNTY OF E		
TOR	7500 Russell Court				St. Leonard Calvert						
8	10a. STATE 10b. COUNTY			10c, CITY	TOWN OR L	CATION				10d. INSIDE CITY	
LOIR	Maryland Calvert				Port Republic						
FUNERAL DIRECTOR	2046 Chestnut		20676					UnitedStates			
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14					E — American Indian,	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced    Never Married   Never Married   FORCES?   1 YES 2 Never Married   Never Mar				If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1 □ YES 2 NO Specify:  NO Specify: Wh.						
E I	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND (	OF BUSINES	S/INDUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	llfe.	Do NOT us	retired.)						
COMPLETED	12		В	ookkeeper Shee					Metal		
<u>S</u>	17. FATHER'S NAME (First, Middle, Last)				127	18, MOTNER'S N	AME (First, Middle, I	Walden Sumai	ne)		
BE (	Lawrence Geral	d Lipsco	omb			Loria	nna Kay	Yoa	kum		
10	19a. INFORMANT'S NAME (Type/Print)					et and Number or Rural					
F	Nicolas Andrew	Farey	P	.O.B	ox 17	8, St. I	Leonard	, MD	2068	5	
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 [X] Cremetion 3 ☐ Remo	oval from State	20b. PLACE A	ND DATE O	F DISPOSITION	(Name of	DATE 2	Oc. LOCATIO	N — City or To	own, State	
	4 Donation *5 Other (Specify)	4 Donation * Other (Specify) Metropolitan Crematory Alexandria Virginia									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY								MD		
	Maries 7	F, BU	P.Y							Republic,	
	23. PART I. Enter the diseases, Dr c shock, Dr heart fallure. I	omplications that	caused the de	eth. Do n	ot enter the	mode of dying, au-	ch aa cardiac or	respirator	y arreat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Finel	Control of the contro				1	- 4	,		Onset and Death	
	disease or condition resulting in death)  one carried and Death										
Ì	DUE TO (OR AS A CONSEQUENCE OF):  EXTALSIM MULASINIS.										
CERTIFICATION	Sequentially has conditiona, OHE TO JOR AS A CONSCIUENCE OF										
¥ I	cause. Enter UNDERLYING										
Ē	CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSEC	DUENCE OF	):						
E	resulting in deeth) LAST										
	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
EDICAL	TAKE II. Other aignificent conditions contributing to death but not r				resulting in the underlying couse given in Par			AS AN AUTO ERFORMED?		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
ă						YES 2 -M	COMPLETION OF CAUSE OF DEATH?				
≥									1 TES 2 NO		
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:										
₹	1 YES 2 NO	1   Inpatient 2		□ DOA	4 - Nursing I	Iome 5 Residence	6 Other (Specia	(y)			
	27. MANNEN OF DEATH  1 Netural 5 Pending	28a. DATE OF II (Month, Day		28b. TIME INJU	IRY	INJURY AT WORK?	28d. DESCRIBE	NOW INJURY	OCCURED		
B	2 Accident Investigation 3 Suicide & Could not be 28s. PLACE OF INJURY — At hor				M 1 YES 2 NO						
TED	4 Homicide 6 Could not be	ome, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	29a. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.										
ŏ.	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
S I	29b. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)							(Month, Day, Year)			
Topografia Miles								36			
일	DR. I DAMALOUJI Prince Frederick, MD 20678									_	
	31. DATE FILED (Month, Day, Year)	22 DECISTRAD	C CICALATURE	The same of the sa	,						
	MIN 1147 1999	Thebical	wilder Rac	GUS							



#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 19342

					(	Certificate of	Death	R	eg. No.		17046
	Physici	an	Decedent's Nama (First, Middle, Last)	1 7				2. Data of Daa Month		Yaar	3. Tima of Death
	/Medi		MARGARET	+ Fe	29	uson		JUNE	12	1996	8:15 px
	Examir Funeral Director	ner	4e. Facility Name of not institution, give street a Sozific Plan.  5. Sociel Security Number 6. Sex 258-32-9412  Usual Rasidance of Decedent	nd number)  y / nn/d  7. Age (In yrs.	Los	Sp/All	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day Sept 2	Pini Pini Year)909	ce /	George ace (Steta or Foreign Gia
	ylend M	Il Director	10e. Stata 10b. County	10c. Cit	ty, Town o	or Location				10	d. inside City Limits
2121	with the Mary 3e or 28e-f sh at be noutled		Maryland Prince Georgical Street and Number 5078 Silver Hill Cou		stric	ct Heights 10f. Zip Code 20	747	1	og. Citizen of V United		•
	n 72 hours after death with the Maryland "naturel", or Heme 23e or 28e-f show odicel Exeminet must be notified at	by Funeral	1 Navar Married 2 Merriad 1 XX	s Decedant Evar in U ned Forces?   Yas 2 [XTN] as, Giva ar or Dates:	,S.	13. Was Decedant of H If Yes, specify Cubin 1 ☐ Yas 2 ☑No	lispenic Origin? (Sp an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	Blac	e - Amarica ck, White, e Black	tc.
	within ene. than	To Be Completed	15. Decedant's Education (Specify only highast grade comp.  Elamentary/Secondary (0-12) Coil	leted) lega (1-4or 5+)	(C	16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  Cafeteria Work			18b. Kind of Business/Industry  Resturant Thdust		
	<b>夏天</b> 皇 €		17. Fether's Nema (First, Middla, Last)			TELETIA WC	18. Mother's Nem	a (First, Middle,			noustry
<u>la</u>			Zeb Thomas				UNKNOWN	I			
Maryland	and and and and and		19a. Informant's Name/Raiationship (Type, Prin	nt)		Mailing Addrass (Street					
	te l te el te el ther		Johnny Ferguson	000- 1	_	78 Silver H	ill Court			_	
Baltimore,	of the		20a. Mathod of Disposition  1 □ Burial 2 □ Cramation 3 □ Remove  4 □ Donation 5 □ Othar (Specify)		ematary,	crematory or other pla			20c. Location -		
Ba	permit. Pag Department: Important: I any Injury o		21. Signature of Funeral Service Licenses			22. Nama end Addre Alexandria	ss of Fecility Lee	, Clinto	on, Md 2	0735	633 OIG
	requires that the deeth certificate be executed to the control of	Be Completed by Physician/Medical Examiner	Immediate Causa (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated avants rasulting in death) Last	BIBASIL Dua to (o	Por as e con	nsequence of):  NEUMO  nsequence of):					Onsat and Death
Box	eeth cert ettending I for usa a		d							_	
	deeth ne ette ed for		Pert ii. Other significant conditions contributing	g to death but not ras	uiting in th	na undarlying causa giv	an In Part i.	23b. Dld to	bacco uae cor	ntribute to	the cause of death?
S, P.O.	ires that the de signed by the e d be detached i		CONGESTIVE HEART FAILLIE						es 200 No	3 ☐ Probe	ably 4 ☐ Unknown
vision of Vital Rec	2 8 8		DIGITALIS TOXI	city				24a. Was a perform		com	a autopsy findings lable prior to pletion of cause seth?
	Dag at		METHBOLIC AND R	ESPIRATOI	29/	AKALOSIS	2	1 🗆 Y	as 2500	10	Yes 2□ No
	Physician: The r this certificate ral director, pag		25. Was case rafarrad to medical axaminar?	24		ationt 3D DOA Oth	26. Placa of Deat				
	g Physics of this neral di	): To	ILI tes STANO	1 Xinpatiant 2 Data of Injury (Month, Day Year)	28b. Tim		4 - IAUISHIG HO	me 5 Raside			
	i or Attanding after deeth. Director: After d in by the fune	Certification:	1 DNetural 5 Pending (Month, Day Year) injury Work? 2 Accidant investigation 3 Suicida 6 Could not be datarmined 4 Homicida (Month, Day Year) injury Work? 1 Yas 2 No 28a. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Richt)						er or Rural	Routa Number,	
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director After th completely filled in by the funeral	edical	29e. Certifiar (Check only one)  12 Certifying Physician: 12 Medical Examiner: On and	To the best of my kno- the basis of exeminal d manner steted.	wledga, d tion and/o	aath occurred at the tir or investigation, in my o	na, deta and place, pinion, daath occurr	and dua to tha ca	ausa(s) and ma eta and piace, (	nner as ste and dua to t	ted. the cause(s)
	To the To the comp	Me	29b. Signature end title of certifiar	46Mi	w		a number		9d. Data signed		ey, Year)
	Sta	te	30. Name and addrass of person who completed  LUCIO 5 · VILL 1 - Re  31. Date filed (Month, Day, Year)	cause of death (item 542 M.D. – 32. Registrar's Signa	#2	st PSTRIC	ck's Draw	= #502	, WALD	WEF.	MD. 20603

Registrar

. . . . 

# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within '24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 st be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---

1 -

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

								DLA			TEG. 140.				
	1. DECEDENT'S NAME (First, I				_					2. DATE OF MONTH	DEATH	ľ	YEAR	3. TIN	E OF DEATH
	Dor	is	Jean	Fieg	el					June	16	19	996		4:44 P. M
	4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (In y	rs. last birthday		ER 1 YEAR	IF UNDER	-	7. DATE OF (Month, D	BIRTH				(State or Foreign
	205-32-6785		1 □ M 2 <sup>X</sup> 2×F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	May 2		941	Pent		Lvania
	9e. FACILITY NAME (If not inst	titution, give st	reet and number)			9b. CIT	ry, Town	OR LOCATI	ON OF DE		-, -	9c. COUNTY OF DEATH			
<u> </u>	Chade Cea							! 1 1							
DIRECTOR	Shady Gro	Hospi	aı	1 1	KOCK	ville	!			IM.	Montgomery				
	10e. STATE			ITY, TOWN	OR LOC	ATION						10d. II	SIDE CITY		
5	MMarviano i Monivomerv I Commenterm										IMITS?				
	10e. STREET AND NUMBER 20701 Spinning Wheel Place 10f. ZIP CODE 10g. CITIZEN OF WHAT COULD TO STREET AND NUMBER 20874 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 242940 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — Americal Porces, White, of Black														
2															
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  1 Never Married  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  14. RACE — Americal  16. Hower Married  17. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  18. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  19. Hower Married  10. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  11. Hower Married  12. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  14. RACE — Americal  15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  16. Hower Married  17. Hower Married  18. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  19. Hower Married														
2											erican Indian, , etc.				
											nite				
	16 DECE	DENT'S EDUC	CATION	1 40	e. DECEDENT	10 1101101	000000	71011		1 404 141					
-		highest grade			(Give kind o	of work done	e during r	nost of world	ng	16b. Ki	ND OF BUS	SINESS/INI	DUSTRY		
ا ٿ	(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  Figure 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1										zation				
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  College (2-4 or 5+)  College (3-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  Tr. FATHER'S NAME (First, Middle, Last)  166. KIND OF BUSINESS/INDUSTRY  (Shee kind of work done during most of working life. Do NOT uses retired.)  Financial Secretary  Charitable Organizat  17. FATHER'S NAME (First, Middle, Last)											zacion				
3	17. FATHER'S NAME (First, Mid		77.11												
מ	Douglass Ge		HITT						thry		pman				14
2	19a. INFORMANT'S NAME (7)	,								Route Number,					2007/
-	George E. Fi	egel			2070.	l Spi	nni	ng Wh	eel	Place,	Ger	mant	own I	Md.	20874
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion	ON 3 □ Reme	oval from State	20b. Pi.	ACE AND DAT	E OF DISPO	DSITION	Name of		DATE	20c. LO	CATION	City or To	wn, St	ita
	4 Donation 5 Other		ovar nom otale	Moi	itgome	ry Ci	rema	toriu	ım Ir	ac6/18	Bet	hesd	la,Ma	ry1	and.
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE		,			AND ADDRE							
	Olin L. Molesworth P.A.										72				
	26401 Ridge Road, Damascus Md. 20872														
	IMMEDIATE CAUSE (Final /									ntervai Between					
										Onset and Daath					
	disease or condition reaulting in death)	<b>&gt;</b>	MALIG	NAVI	LYM	PHO	MA							13	T YEARS
			DUE TO	(OR AS A CO	ONSEQUENCE	OF):									
z	6000000 at 100000		b												
HILICALION	Sequantially list condition if any, leading to immed		DUE TO	(OR AS A CO	ONSEQUENCE	OF):									
5	cause. Enter UNDERLYIN CAUSE (Disease or injur		C												
=	that initiated events		DUE TO	(OR AS A CO	ONSEQUENCE	OF):									
E	reaulting in death) LAST		d											}	
2	DART II Other desiden		a as well also as	at at the	- 11					I				T	
DICAL	PART ii. Othar significar	it condition	eontributing to	death but	not reautin	g in tha t	undariyi	ing cause	givan in	Part I. 24	PERFOR		246	AVAILA	AUTOPSY FINDINGS ABLE PRIOR TO
5							_			1	YES 2	NO		OF DE	LETION OF CAUSE ATH?
M	4											,		1 🗆	YES 2 NO
	DID TOBACCO US	SE CONT	RIBUTE TO CA	AUSE OF	DEATH '	YES 🗆	NO	☐ UN	CERTAI	NXX					
PHISICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL		26.	PLACE OF D	EATH (Chec	ck only on	00)							
	1 TES 2 NO		HOSPITAL:	ER/Outpatk	ent 3 🗆 DOA	OTHE		ome 5 🗆 R	ealdence	6 Other (S	(pecify)				
	27. MANNER OF DEATH		28a. DATE O			IME OF	28c. II	NJURY AT		28d. DESCF		NJURY OC	CURED		
		Pending nveatigation	(Month, 1	Day, Year)	1	M	1 -	WORK?	NO						
2	2 Cutatda		28s. PLACE	OF INJURY	At home, farm	n, street, fa	actory, of	fice		28f. LOCATI	ON (Street I	and Numbe	or or Rural	Ploute N	umber,
3		Could not be letermined	bullding	, atc. (Specify)						City or	Town, State)				
4	29a, CERTIFIER 36			-										-	
COMPLEIED	2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  Check only one)  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
5	2 MEDIC	CAL EXAMINE	R: On the basis of i	examination a	nd/or Investige	itlon, in my	y opinion	, death occu	ired at the	time, data er	d placa, an	d dua to t	the cause(	a) and r	nanner as stated.
DE.	296. SHONATURE AND TITLE	OF CERTIFIE	7	1				29c. LIC	ENSE NU	MBER	-	29d. DA	TE SIGNED	(Month	, Day, Year)
	June 17, 1996														
2	3. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	ISE OF DEAT	H (ITEM 27) (7)	rpe, Print)									
	James A. Br	cown.	M.D., 9	707 M	edical	Cen	ter	Drive	9 - 9	Suite	300.	Rock	vill	e,	Maryland
	31. DATE FILED (Month, Day, )			AR'S SIGNATI	JRE										
	JIIN 1	8 199	18	Davel	sorker	6.12.									
_						100								-	

#### Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	of I	Death			Reg. No.			
	Dhusia		1. Decedant's Name (First, Middla, L.	est)							2. Date of D	eath Day	Ye		ime of Death
	Physic /Medi		RICHARD		Garle	enski					JUNE 1	3, 1996	)		8 pm
	Exami		4a. Facility Name (If not institution, g			T A T		4			ocation of Dea		County of D	Death	
		7	PHYSICIANS No. 15. Social Security Number 6.	TEMOKIAI Sag,	7. Age (In yrs.		if Under 1	Year	if Under	LATA	R Date of R		ARLES	Ristheless /	State or Foreign
	Funeral Director		198-18-5671 Usual Residence of Decedent	1☐M 2□F	76	Yrs.		Days	Hours	Min.	April	27, 1	920 1	Michic	Stata or Foreign Jan
	show		10a. State 10b. County		10c. Ci	ity, Town or L	ocation							10d. Inc	sida City Limits
	Mar	tor	Maryland Prince	George'	s Ir	ndian H	lead							1[	Yes 2↓No
	or 28	Directo	10e. Street and Number				10f. Zip C					10g. Citize	on of What	t Country?	
	23a		P.O. Box 15	0 3920	Stoney	Pt.Pl.	206	40				Unite	d Sta	ates	
	e de la company	Funeral	11. Marital Status	12. Was Dec Agmed F	edant Evar in U orcas?	J,S. 13.	Was Deceder	nt of H	ispanic Ori n, Mexican	gin? (Spi	ecity Yes or N Rican, atc.)	10- 14		American Ind Vhita, atc.	llan,
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or flems 23a or 28a-f show ant, the Medical Examinat must be notified at	þ	1 ☐ Nevar Marriad   2 Married 3 ☐ Widowed 4 ☐ Divorced	t Yes If Yes, G Year or €	2□No iva WW II		1□ Yes X		Specify:			S		White	
5-(	72 h matu	Completed	15. Decedent's & (Specify only highast g			16a. Dece (Give	dent's Usual ( kind of work DO NOT use	one o	ation during mos	t of work	ing	16b. Kine	d of Busina	ass/Industry	
121	vithin hen	d E	Elamantary/Secondary (0-12)	Collega (	1-4or 5+)		<i>bo not use</i> .ake Co		•			Com	morio	cal Co	nstruct
	il Hygiene. other than		12 17. Father's Name (First, Middla, Las	2		AT DI	are co	1150			First, Middl			car cc	IISCIUCT
Maryland	s 1 and 2 should be filed with f Health and Mental Hygiene. Item 27 is marked other than other traumatic event, and	To Be	Zigmunt Garlens	ki					Zofi	la Z	iemins	ci			
Mai	and the last		19a. informant's Name/Relationship				ing Address (								)
	f Health item 27 other tr		Anne M. Garlens  20a. Method of Disposition	Kl	20h	P.O.E	Sox 150	of	ndıar	1 Hea	ad, Mai			40 or Town, Si	tata
Baltimore,	80 - 2		XX Burial 2 ☐ Cremation 3 I		State	cematery, cre	osition (Nama matory or othe	ar plac	June	18,	1996				
ΠĒ	permit. Pag Department Important: If any Injury o		4 □ Donation 5 □ Other (Spec 21. Signature of Funeral Service Lice		Mar	yland	Vetera	ns	Cemet	ery					ryland
Ba	permit. Pag Department Important: I any Injury o		Stam Pou E.	Marse	Das	7	2. Nama and lexand	ria	Ferr	Lee Ty Ro	Funera d, Clir	al Hom	e,Ind	c 6633 735	Old
Ü	land.		23a. Pert1. Enter the disease, or con shock, or heart failura. List only	plications that	caused tha dea	th. Do not en	ter the mode	of dyin	g, auch as	cardiac o	or respiratory	arrest,		Appro	oximata /al Between
Y	Physician													Onse	and Death
1	/Medical Examiner		tmmediate Cause (Final disease or condition resulting in death)	a. p	Due to (	my	codial	(	infor	0.				<u> </u>	0
		, in	Todaking in doddiny	V	Due to (	or es a conse	quenca of):		U					į	
	nsit	Examiner		b. ———										İ	
,	axecu n and lat-tra	Exal	Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury		Due to (	or es a conse	quence of):							i	
68760,	a be		Cause (Disease or Injury that initiated events rasulting in death) Last	c	Due to /c	or as a conse	mence of).							+	
×	eath certificate be axecuted attending physician and for use as the bunal-transit	<b>Medical</b>	rasulting in death) Last	d			400100 017.					77113100			
80	atten affor u	Physician	Det II Other standings at an elitera				4.44.				001 01	allebor.			
0	tha de by the s	hys	Part II. Other significant conditions	contributing to a	earn but not res	suiting in tha t	indenying cau	sa giv	en in Part i	•		Yes 2		Probably	ause of death?
٦,	requires that the death seen signed by the atter hould be detached for t	by P	44								1	J 108 2L	INO SY	Clonenty	4 - Onknown
Records,	v require: been sig should b										24a. Wa	s an autops	y 24	4b. Were au	topsy findings
00	s been	ojet									per	formed?			on of cause
æ	Tha law I ate has b paga 2 st	Completed									10	Yes 2	No	1 ☐ Yas	2 No
of Vital	Ician: The	BeC	25. Was case referred to medical						28. Piece	of Deetl	n (Check only				
1	d is	TOE	examiner? 1 □ Yas 2 ⊠ No	Hospital: 1 🗆	Inpatient 20	ER/Outpatie	nt 3 DOA	Oth	er _		me 5□Res		□Other (S	Specify)	
	Afing Ph h. After th funaral		27. Menner of Death 1 Matural 5 ☐ Pending	28e. Dete (Mor	of Injury oth, Day Year)	28b. Time o	of 280	. injun	y at		28d. Describe	how injury	occurred		
Sio	C to S. B.	atic	2 Accident Invastigation	n			М		Yea 2□						
Division	or Attencestrated Director:	Certification:	3 Suicide 6 Could not determined	286. Pleci	of Injury - At hing, etc. (Speci		reet, factory, o	office			28f. Location City or To	(Street and own, State)	Number o	r Rural Rout	e Number,
	urs si rai D	S													
	To the Hospital or Atte within 24 hours sitar de To the Funeral Directo completaly filled in by the	edicai	29a. Certifler (Check only one)  1 ▼ Certifying P. 2 ■ Madical Exa	miner: On the b	a best of my kno easis of examine mar stated.	owiedge, deat ation and/or Ir	h occurred at westigation, in	the tim	ne, date an pinion, dea	d placa, th occurr	and due to the ed at the time	e cause(s) a o, date and p	nd manne laca, and	er as stated. due to tha c	ause(s)
	To the To the To the Com	Σ	29b. Signature and title of cartifier		2		29c. l	icens	e number			29d. Data	signed (M	fonth, Day, Y	(ear)
			Than		2 2	~	D	39	834	8		6/	14/8	96	
			30. Name and address of person who	completed cau	se of death (Iter	m 23a) (Type	Print)		- 1	-					
_			Morton Kalus		4660 KE	enmore	e Ave	2	rite 8	DO A	lex. Va.	2230	4		
	Sta		31. Date filed (Month, Day, Year)	00C 32. F	rua div	atura P	111								
	Registr	ar	JUNI 91	ddk.	arua diku	wax Mar	dall								

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate o	f Death		Reg. No.		2040
Physician /Medical			IVANS	SAN	AUEL (	GIVANS		2. Dete of D	Dey 6	Year 96	3. Time of Death 18:30
Examiner		4e. Facility Neme (If not institution, give s	VAMC				BAG	or Location of Dea			MORE
Funeral Director		5. Sociel Security Number  212 - 14 - 4744  Usuel Rasidence of Decedent	(M 2□ F		ast birthday).  Yrs.	Months Dey		lin. (Month, L	irth Dey, Year) 28-19		ece (Stete or Foreigny) y) yland
Re-I show	Ī	10a. Stete 10b. County  MD Wicomic	1		SALIS	Cation BURY	/			10	d. Inside City Limit
ther death with the Main terms 23s or 28s-1 since main be not income. Funeral Director	3	10e. Street and Number 365 NAYLOR	ST			10f. Zlp Code	2180	4	10g. Citizen of t	What Counti	γ
by by	2	11. Maritel Status  1 Never Merried 2 Merried  3 Widowed 4 Divorced	2. Wes Decedent Ev Armed Forces? 1 XYes 2 No If Yes, Give Yeer or Dates:	er in U,		Ves Decedent of Yes, specify Cu		(Specify Yes or Nerto Rican, etc.)	Io- 14. Red Blee Specify	e - America ck, White, e	
c • B   =		15. Decedent's Educ (Specify only highest grade Elementary/Secondery (0-12)	cation completed) College (1-4or 5+)		life. L	ent's Usuel Occ kind of work don OO NOT use reti		working	16b. Kind of B		stributo
od other	3	17. Father's Neme (First, Middle, Last) Charles	Givans				18. Mother's I	Neme (First, Middle			
or other traumatic event, tra M		19e. Informent's Neme/Reletionship (Ty) Laura Givans/spot	oe, Print)				et end Number or	Rural Route Num lage, Sal	ber, City or Town,		
ages I and int of Haalth I: If Nem 27 y or other tr	-	20e. Mathod of Disposition  1 Buriel 2 Cremetion 3 R  4 Donation 5 Other (Specify)		Ce	ece of Dispos emetery, cren	sition (Nema of netory or other p	lece)	Dete	20c. Location -	City or Tow	vn, Stete
Department I moortant: Pag Important: I any injury o once	ľ	21. Signature of Fungara   Service License	Rompon	Mar	1.		ress of Fecility aY Funer		Mardela S		
ding physician and se as the burial-transit and limited many many many many many many many many		Immediate Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest		ue to (or	SHOCK as a conseq NAL es e conseques es e conseques	uence of):	FRACTI FEMI'A	NECK	LARDS LOSIS	5	
igned by the attending I be detached for use as by Physician/Me		Peri II. Other significant conditions con	_			darlying cause	given in Pert I.		tobacco use co		the cause of death
paga 2 should be d								24e. We	s en autopsy formed?	com	re autopsy findings lebla prior to apletion of cause eath?
yacien: Ina lav is cartificata has director, paga 2 To Be Comp		25. Wes case referred to medical		_					Yes 2□No	10	Yes 2 No
Aftar thi funarai		axeminer? 1	ospitel: 1 Appatient 28a. Dete of Injury (Month, Day Y		ER/Outpetien 28b. Time of Injury	28c. In	ther: 4 🗆 Nursin	Deeth (Check only g Home 5 ☐ Rea 28d. Describe			
2 4 5 E		3 Sulcide 6 Could not be determined	28e. Plece of Injury building, etc. (	- At hor Specify,	me, farm, stre	et, fectory, offic	е	28f. Location City or T	(Street and Numb own, Stete)	er or Rural	Route Number,
To the Hospital or within 24 hours afte To the Funeral Direct Completely filled in Medical Cert		29a. Certifier (Check only one)  1 ★ Certifying Phys 2 ■ Medical Examin	ician: To the best of n ar: On the basis of ex end mennar stete	kamineti	vledge, death ion end/or Inv	occurred et the estigetion, in my	time, date end ple opinion, deeth o	ece, end due to the courred et the time	e cause(s) and ma e, deta end plece,	anner as sta and due to	ted. the ceuse(s)
N Somitive		29b. Signature and title of certifier	mo NA	(POL	MARTI		62 l		29d. Date signe	d (Month, D	ey, Year)
14	1	30. Nama and addrass of person who con LENA NAPOLUTANO					nore, MD	21201	- ( (		

DHMH 16 Rev 6/95

State Registrar T. A. Carlotte and the Control of th

#### Please Type or Print in Biack indelible lnk. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Russell William Greenwell /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner 310 Crusader Road # 202 Cambridge Dorchester If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)

April 23, 1927 Birthplaca (Stete or Foreign Country) 7. Age (In yrs. last birthdey) **Funeral** XXM 2 F 215-22-1791 69 Yrs Director Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Dorchester XX Yes 2 No Maryland Cambridge Director 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 310 Crusader Road # 202 21613 Funeral 12. Wes Decedent Ever in U,S.
Amped Forces?
1 Mayes 2 □ No
If Yes, Give
Yeer or Dates: WW II 14. Rece - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 Yes 2 No White þ 3 ☐ Widowed 4 X Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Driver Transportation 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Russel1 Edwin Greenwell Alice Condon 2 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Donna Flowers Daughter 16709 Singletree Lane Parkton, Maryland 21120 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Purial 2 □ Cremation 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify) 5 Other (Specify) Md. Veterans Cemetery 6/21/96 Hurlock, Maryland Funerel Service Licenses 22. Neme end Address of Facility Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland 21613 23a. Party. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest shock, or heart failure. List only one ceuse on each line. Approximete Interval Betw **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) (modin **Examiner** Examiner The law requires that the death certificate be executed been signed by the attending physician and should be detached for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resuiting in death) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evalleble prior to completion of cause of death? Completed 24a. Was en autopsy performed? this cartificata hes 1 Yes 200 1 Yes Attending Physician: funaral director. Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 19 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 1 Natural 2 Accident 5 Pending investigation death. 1 Yes 2 No or Attend after death Director: / tha 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital of within 24 hours a To the Funeral Completaly filled 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. gradical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and placa, and due to the cause(s) 29b. Signature and title of cortific 29c. License number 29d. Dete signed (Month, Dey, Year) erson who completed cause of death (Item 23a) (Type, Print) Hurlock md 2/643 31. Date filed (Month, Day, Year)

State Registrar

32. Registrar's Signeture Jakin Dawdier Rardell PM no mon si ca 

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legiple.

State of Maryland / Department of Health and Mental Hygiene

2.		-	-0%		direct
6	- 1	Q	3	1.	7
		1	U	4	-

					Certificate of	f Death	Re	g. No.		
Physici	ian	1. Decedent's Neme (First, Middle, L	·				2. Dete of Deet Month	Dey	Yeer	3. Time f th
/Medi	cai	Leroy NMN GATRE		r)		4b. City, Town, or L	June ocation of Deeth	4c. County	996	3:40 m
Examir	ner 	Washington Count				Hagerstov	vn.			ington
Funeral Director		219-44-2841	Sex 7. A 1⊠M 2□F	Age (In yrs. lest bii 51	Yrs. If Under 1 Yes Months Dey		8. Dete of Birth (Month, Dey, Jan. 19	,1945	9. Birthp Court Mary	elece (Stete or Foreign http) Land
and and		Usual Residence of Decedent  10e. State 10b. County		10c. City, Tow	n or Location		·		1	0d. Inside City Limits
n the Maryland r 28a-f show notitied at	tor	Maryland Wash:	ington		Hagerstow	n				XX Yes 2 □ No
death with the Maryland me 23a or 28a-f show mast be nythed at	Funeral Director	10e. Street and Number 424 N. Locust Str	reet		10f. Zip Code	21740	10	Og. Citizen of V	What Cour	itry?
aftar or Ite	by	11. Meritet Status  1 □ Never Merried 2 □ Merried 3 □ Widowed 4 ☒ Divorced	12. Wes Deceder Armed Forces 1 K Yes 2 If Yes, Give Yeer or Detes	?	13. Was Decedent of If Yes, specify Cu		pecify Yes or No- Rican, etc.)	Bie	ck, White,	etc.
27 Para	eted	15. Decedent's E (Specify only highest gi	ducation ede completed)	16a.	Decedent's Usuel Occ (Give kind of work don life. DO NOT use retir	upetion e during most of work	dng	16b. Kind of B	usiness/Ind	Justry
	Completed	Elementery/Secondery (0-12)	Coilege (1-4oi	r 5+)	yard man	red)		railr	oad	
s 1 and 2 should be filed within if Haalth and Mental Hygiene. Item 27 is marked other than "cother traumatic event, the Mental Haalth and the statement of the Mental Haalth and the Mental Haalth and the Mental Haalth and Mental	To Be	17. Fether's Neme (First, Middle, Las John F. Gatrell	")				ne (First, Middle, M Henson	feiden Suman	ne)	B-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
shou and M mar umar	-	19e. Informent's Neme/Reletionship	(Type, Print)	196	. Mailing Address (Stree	et end Number or Rui	ral Route Number,	City or Town,	Stete, Zip	Code)
Health a Health a tom 27 la		Ralph Gatrell		14	4869 Bottom	Rd., Wil	liamsport	, Md.	2179	5
permit. Pages 1 and 2 Department of Haelth a Important: If Item 27 is any injury or other tra		20e. Method of Disposition  1XS Buriel 2 ☐ Cremetion 3 ☐  4 ☐ Donetion 5 ☐ Other (Speci		e cemete.	f Disposition (Name of ry, cremetory or other po Lawn Mem.			20c. Location		wn, Stete Maryland
ortan		21. Signeture of Funerei Service Lice		cedar	, 22. Neme end Add		10 70 1	австо	.own,	narysand
Deparmi Impor any Irr		1 SCAST	mm.	n neck		UNERAL HOLSON Blvd.		v.i	277	4.0
		23a. Pert1. Enter the diseese, or con shock, or heart feilure. List only	plications that cause one cause on each	ed the death. Do line.						Approximate Interval Between Onset end Deeth
Physician /Medical Examiner	er	Immediate Cause (Finel disease or condition resulting In deeth)	· Sm	Due to (or es e	consequence of):	mg co	rumk			2 month
ntificata be axecuted ng physician and as the burial-transit	Examiner	Sequentially list conditions,	b	Due to (or es a	consequence of):		_		- 1	
e axe sian a urial-		Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or injury		-					i	
cata b	edicai	thet initieted events resulting in death) Lest	Ç	Due to (or es e o	consequence of):					
ding p	2	L	d	-						
eath ce attendi	cian	***								
requires that tha death certificata be axecuted een signed by the attending physician and hould be datached for use as tha burial-transit	by Physician/	Pert II. Other significant conditions	contributing to death	but not resulting in	n the underlying cause of	given in Pert I.	23b, Did to		ntribute to 3 ☐ Prot	the cause of death?
aw requires is been sig 2 should b	Completed b						24a. Wes er perform	n eutopsy ned?	ave	ere autopsy findings ellable prior to impletion of cause deeth?
# C 8	mo:						1□ Ye	s 2 10	10	Yes 2□ No
ician: Thi cartificata rector, pag	Be	25. Wes case referred to medical examiner?				26. Place of Deel	th (Check only one	a) / V	1	
	To	1 ☐ Yes 2 No	Hospitel: 1 Inpet	ient 2 ER/Ou	tpetient 3□ DOA	ther: 4 Nursing Ho	ome 5 Reside	nce 6 🗆 Oth	er (Specif)	y)
Attending Pi ir death. ector: After th by the funera	Certification:	27. Manner of Deeth  1 Netural 5 Pending 2 Accident Investigation			Time of njury M 1[	ury et ork?	28d. Describe ho	w injury occur	red	
or Attendi after death. Director: A d in by the fi	ertific	3 Suicide 6 Could not be determined	286. PIECE OF II	njury - At home, fe otc. (Specify)	rm, street, fectory, office	e	28f. Location (Str City or Town		er or Rura	l Route Number,
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completaly filled in by tha funeral	edical C	29e. Certifler (Check only one)  1 Certifying Properties (Check only one)	nysician: To the best miner: On the basis of end menner s	of exeminetion en	, deeth occurred at the d/or Investigation, in my	time, dete end plece, opinion, deeth occur	end due to the ca red at the time, de	use(s) and ma ite end plece,	anner as si end due to	ated. the cause(s)
To the To the Comp	M	29b. Signeture and title of certifier	Han	nda	M 29c. Lices	hise number	- 3	ed. Dete signe	d (Month,	Day, Year)
		30. Name and address of person who	completed cause of	deeth (Item 23a)	(Type, Print)	d Avo.	#201;	Hage	rste	am, mu
Sta	te	31. Dete filed (Month, Day Year)	100c-32. Regis	trar's Rigneture	Carrena II	a live.	Tool		21	+40

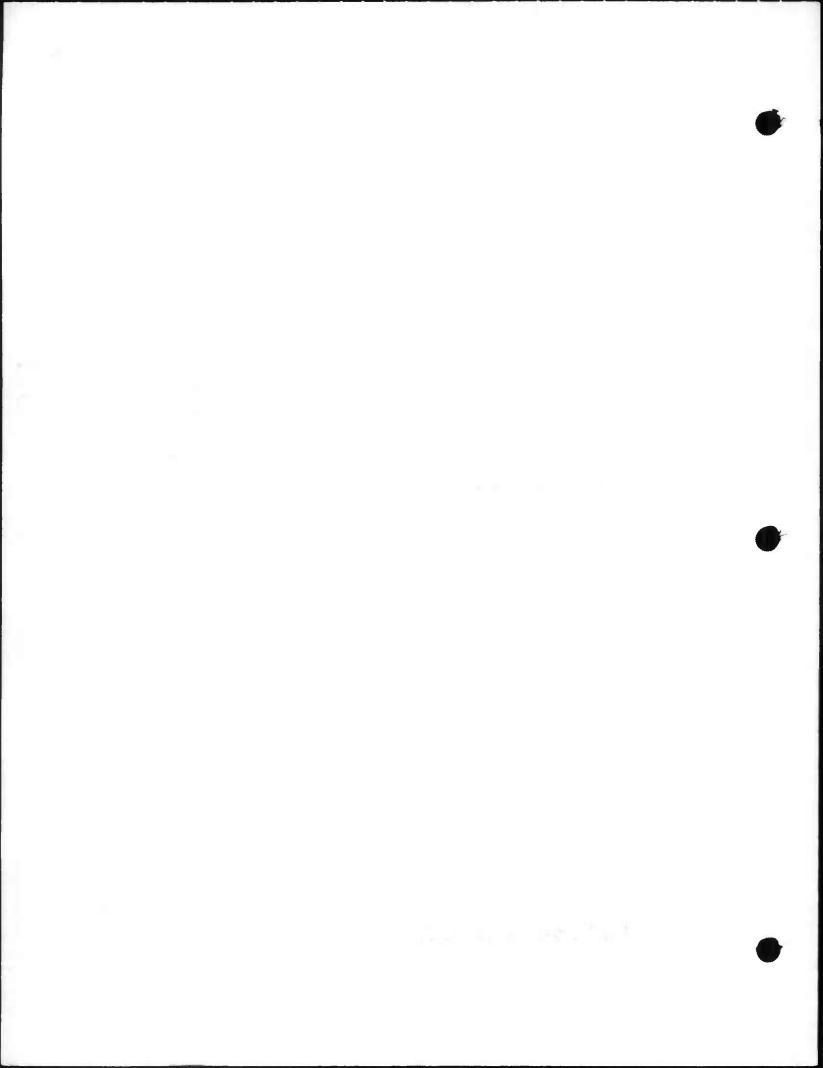
Registrar

O
9
7
œ
3
_
×
80
~
-
0
Ф
- 10
S
$\overline{\sim}$
=
$\circ$
CORD
RE
200
ш.
- 1
A
E
$\overline{}$
-
1
0
_
7
$\overline{}$
0
10
~
>
DIVISION

O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5 hours and death completely filled in by the months and completely filled in by the months and completely filled in by the months after this certificate has been signed by the attending physician and completely filled in by the months after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, are minimal. The months after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, are minimal marked, or item 23 shows any injury, or other traumatic event, the modital manifest an most be notified at once.	
--	--

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

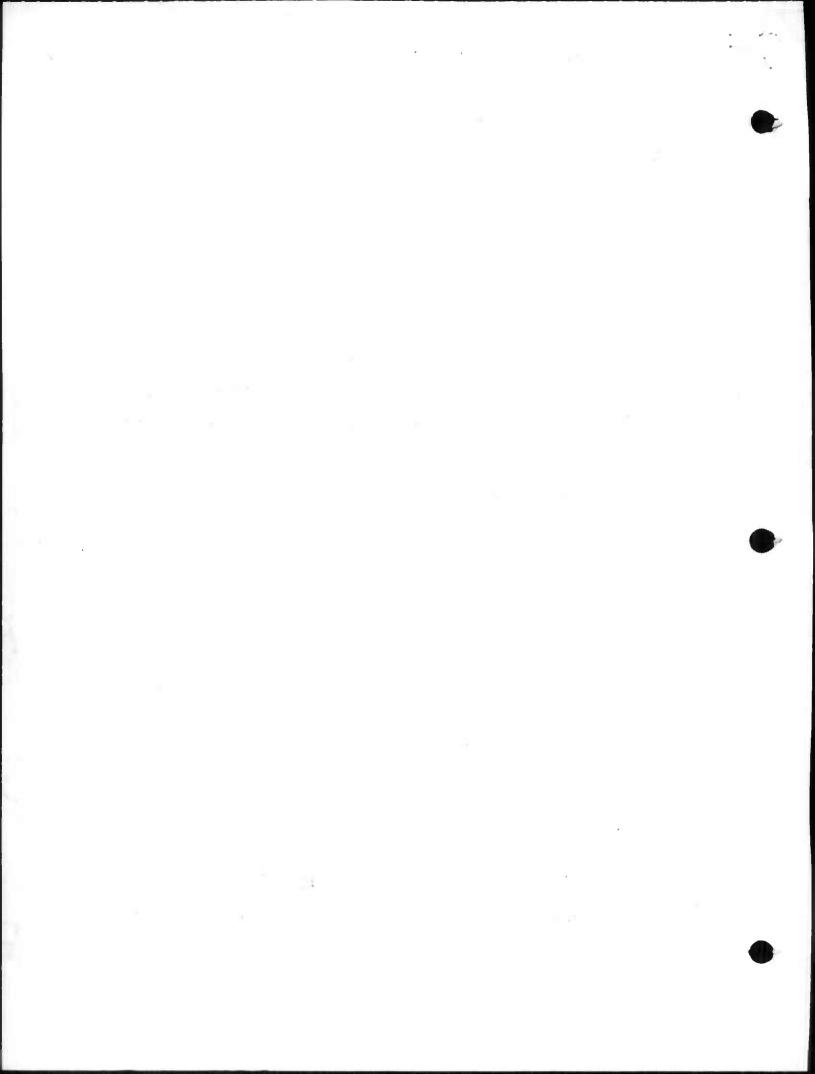
	HEGISTRAN		CE	TILL	ICALE	: UF	DEAL	H	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) EUZARETH	(nmi)		C	THO	CT			2. DATE OF	DA		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		EHR		IF UNDER		7. DATE OF E		3 19	796	9:50 A M	
	705-10-7513	1 □ M 2 🖔 F	102	MONTHS DAVI			HOURS	MIN.	(Month, De	sy, Year)	93	PLACE (State or Foreign y) Nsy I van i a		
_	9e. FACILITY NAME (If not Institution, give st			9b. CITY,		R LOCATIO		ATH		9c. COUNTY OF DEATH				
6	Williamsport Nurs				Wil	liams	spor	+		WA	ASHINGTON			
EC	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION							
DIRECTOR	Maryland Was	hington		l	Clear								10d, INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	g. on			OTEGI		ZIP CODE				10g. CIT	IZEN OF W	1 ☐ YES 2 ☒ NO	
FUNERAL	13153 Draper Rd	•					21	1722			15.	USA		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	WED	13. V	MAS DEC	ENDENT OF	F HISPAN	IC ORIGIN? (S	pecify Yes		14. RACE	- American Indian,	
BY	1 Never Merried 2 Merried 1 Never Merried 2 Merried 2 Merried 3 Wildowed 4 Divorced  FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES, GIVE WAR OR DATES  1 YES 2 NO Specify:  Specify:													
	15. DECEDENT'S EDUCATION 15. DECEDENT'S USUAL OCCUPATION										White			
E	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G/	ve kind of v Do NOT us	work done o	during mo	st of working	3	100, KIN	ID OF BUS	INESS/INL	JUSTRY		
COMPLETED	Elementary/Secondary (6-12) College (1-4 or 5+) Recorder Railroad													
ő	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)													
BE (	Harry	Andrew	Geh	ret			Vil	la	Ca	ther	ine	St	trouse	
5	19e. INFORMANT'S NAME (Type/Print) Dorothy Socks		196						lear S				22	
	20a. METHOD OF DISPOSITION		20b. PLACE A	NDDATE	DE DISPOSI	ITION (No	me of	_	DATE	200 1 00	CATION	City or To-	our State	
	1 Buriel 2 Cremation 3 Remo	val from State	Nor lar	natory or or or or or	ther place) emete	ry	J	une	17,199	6 Ch	ambe	rsbu	ra.PA	
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	ENGEE			22. 1	NAME AN	D ADDRES	S OF FAC	YTUR					
	1/1/1/W/////////W	luc_			_ I P	.0.E	Box #	348	AL HOM	iams	port	. MD	21795	
	23. PART I, onter the diseases, or conhock, or hasrt fallure. L	omplications that	csused the de-	ath. Do r	ot enter	the mo	de of dyin	ng, such	an cardisc	or respli	atory an	rest,	Approximate	
ï	IMMEDIATE CAUSE (Final												Onset and Death	
	disesse or condition resulting in death)	ACUTE	CEREB	RAL	IN	JF A	RCT						8 DAYS	
		DUE TO (	OR AS A CONSEC	UENCE O	ጉ:									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (	OR AS A CONSEO	UENCE OF	D:									
S	cause. Enter UNDERLYING CAUSE (Disease or Injury												İ	
틸	that initiated events	DUE TO (	OR AS A CONSEO	UENCE OF	7:									
5	resulting in death) LAST	•												
	PART II. Other significant conditions	contributing to d	lesth but not re	suiting i	n the un	derlylng	cause gi	ven in F	Part I. 24a	. WAS AN		24b.	WERE AUTOPSY FINDINGS	
EDICAL										PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE	
W W													OF DEATH?  1 YES 2 NO	
	DID TOBACCO USE CONTR	IBUTE TO CAL	JSE OF DEAT	TH YE	S   N	10 X	UNCE	RTAIN						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACI	OF DEAT	H (Check o									
Z	1 TYES 2 NO	1 Inpetient 2 I	ER/Outpatient 3	□ DOA	OTHER 4 Nurs	ing Home	5 🗆 Res	idence 8	Other (Spi	ecity)				
	27, MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF II (Month, Day	NJURY (, Year)	28b. TIMI INJ	E OF URY	28c. INJI	RK?		28d. OEŞCRIB	BE HOW IN	JURY OCC	CUREO		
à	2 Accident Investigation	20a PLACE OF	IN RIPY As been		M	1 🗆 Y		$\rightarrow$			_			
TED	4 Homicide determined									oute Number,				
COMPLE	29e. CERTIFIER (Check only 1) CERTIFYING PHYSIC	IAN: To the best of n	ny knowledge, des	th occurre	d at the tir	no, date	and place, a	end due t	o the cause(s)	) end men	ner as stat	ed.		
§ S													end menner se stated.	
w I	296. SIGNATURE AND TITLE OF CERTIFIER	_				T	29c. LICEN	ISE NUME	BER		29d. DATE	E SIGNED	(Month, Day, Year)	
0											13, 1996			
	Ted E. Howe, M. D.	18100 5	Slade Sc	:hoo1		d S	andy	Spr	ing, M	lary l	and	208	60	
	31. DATE FILED MANUEL POY 1 4 1990	Jalia di	S SIGNATURE	Sall.										



hospit	ched	9
the	det	0
6	be	16
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Pe	ge 5	96 7
may.	or, pe	ust it
age 6	direct	er m
th. P	neral	min
r dea	he fu	еха
s afte	th th	dicai
Nour	led in	me
1	ely fil	, the
1 with	mplet	vent
cuted	nd col	tic e
e exe	an an	Emu
ate b	hysicia	r tra
ertific	ng pl	othe
ath ca	al Hw	0
he de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or remand.	njury
that th	d by	my in
ires t	signe	55
redn	of h	sho
e law	has t	1 23
N: Th	State	iten
SICIA	the	0
PHYS	this	rked
DING	After	E
TEN	TOR:	-E
JR AT	IRECT NUTS A	Em 2
AL D	AL D	of its
DSPIT	INER,	N
보무	当る	PRTA
10	日本	MPC
,		-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF REGISTRAR	MARYLAND A	DEPAR	RTMENT	OF H	EALTH	AND I		YGIEN EG. NO				
9	1. DECEDENT'S NAME (First, Middle, Last) NELLIE POWELL HAST							2. DATE OF D	DEATN		96	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  216-12-1532  9. FACILITY NAME (If not institution, give street end number)	6. AGE (In yrs. la:	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF B (Month, De)	IRTH (, Ybar)		e. BIRTH	ryland	
TOR	106 Franklin Ave.			96. CITY	Ber	IIn	ON OF DE	EATH		9c. COUNTY OF DEATH Worcester			
DIRECTOR	MD 10b. COUNTY Worcester		10c. CIT	Berl		ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	106. Street and Number 106 Franklin Ave.				101	ZIP CODE	811			10g. CITIZ	US/	YHAT COUNTRY?	
ВУ	1 Never Married 2 Married FORCES?	PENT EVER IN U.S. AF 1 YES 2 X E WAR OR DATES	BMED NO		f yea, spe	ENDENT O	n, Mexice	HC ORIGIN? (Sp n, Puerto Rican /:	ecity Yes , etc.)	or No—	Black	E — American Indian, k, Whita, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or	5+) (G	ive kind of . Do NOT u	work done (se retired.)	during mos	st of working	ng .			y Sale			
BE COI	17. FATNER'S NAME (First, Middle, Last) Walter Wilson Powell					Ð	aise	ME (First, Middle	Birc	h-(Dai	isy l	R. Birch	
TO 8	190. INFORMANT'S NAME (Type/Print) Thomas T. Powell	Į.	6. MAILING	Id La	(Street or andi	nd Number	or Rural F	Route Number, C Millsb	ity or Tow	n, State, Zip	Code)		
	20s. METHOD OF DISPOSITION  1												
	M. Sick Buch	4		В	urb	age	Fun	eral Ho				Md.21811	
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Dest disease or condition resulting in deeth)  Due To (on AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
MEDICAL C	PERFORMED?											WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATN?	
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO (25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		E OF DEA	S N Check	only one)	UNC	ERTAIN	N D				1 YES 2 NO	
	27. MANNER OF DEATN  1 Netural 5 Pending (Month)	OF INJURY , Day, Year)	26b. TIM	4 Num	26c. INJU	JRY AT		8 Other (Spe 28d. DESCRIB	-	NJURY OCC	URED		
тер ву	3 Suicide 28e. PLACI	OF INJURY — All hong, etc. (Specify)	me, larm,	street, lect	ory, office			281. LOCATION City or Tox		ind Number	or Rural R	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of											end menner ee stated.	
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER					29c. LICE	NSE NUM	676				(Month, Day, Year) 14,1996	
8	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C Bsher A. Touleimat, M. 31. DATE FILED (Month, Day, Year) 32. REGIST				thwa	y D	r.,	Berlin	, Mc	3. 218	311		
		udian Cal	Ц_									DHMH.16 Ray 1/89	

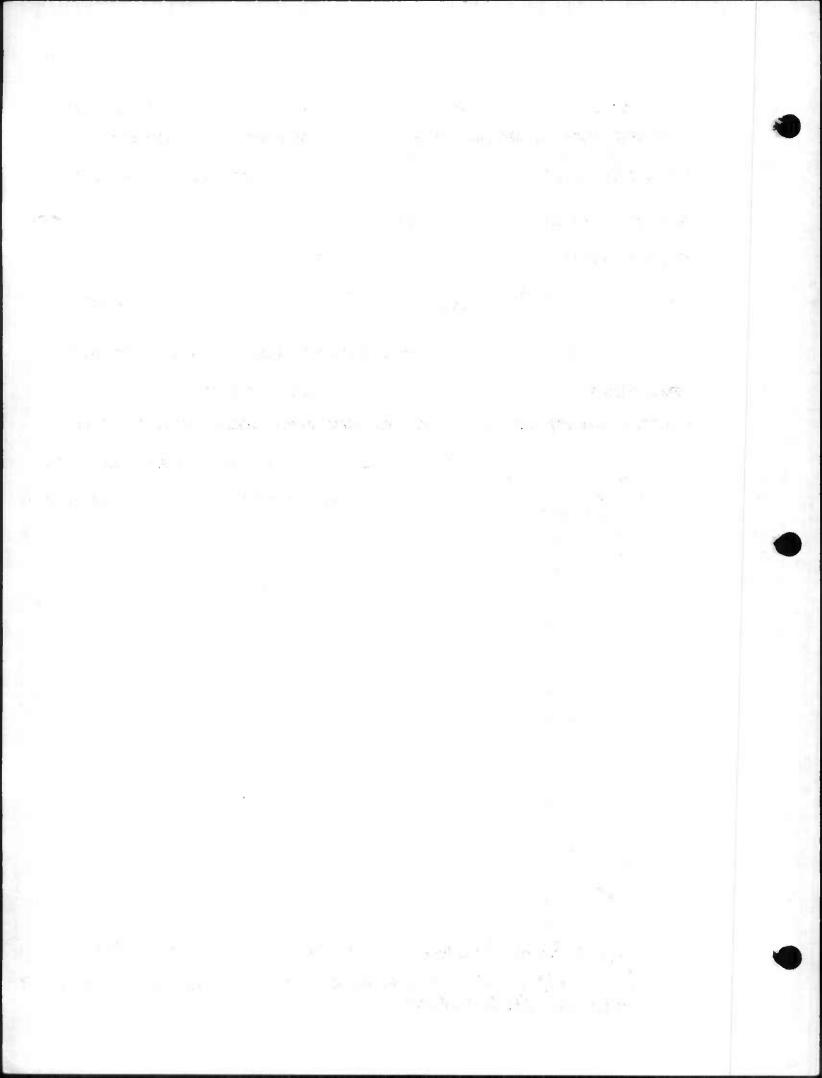


#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						C	ertificati	e of	Death			Reg. No.		
			1. Decedent's Neme (First, Middle	e, Last)				3.1			2. Dete of De		A COLUMN	3. Time of Deeth
	Physic /Medi		OSCAR	WI	LLIAM			Hu	id Son	_	Month	Dey 10 1	996	0852
	Exami		4e. Fecility Neme (If not institution								ocation of Deeth	4c. County		
			PENINSULA REG	TONAL MEDI	CAL CE	NTER				[SBU]			OMICO	
Ĭ,	Funeral		5. Social Security Number	6. Sex 7.	. Age (In yrs.		Months	1 Yeer Deys		24 Hrs. Min.	8. Dete of Birt (Month, De	th y, Year)	9. Birthp	lace (Stete or Foreign
	Director		070-28-3941 Usuel Residence of Decedent	72111 201	90	) Yrs					MAR. 20	1906		YLAND
	and *=		10e. Stete 10b. County		10c. Cit	y, Town or	r Location						1	0d. Inside City Limits
	Mary	ō	MARYLAND WICC	MICO	Tal	ILLA	RDS							1 ☐ Yes 2 No
	1 the	Director	10e. Street and Number				10f. Zip	Code				10g. Citizen of V	Whet Cour	ntry?
	3a or		7995 BETHEL ROA	D				218	27/1			USA		,
	death with the Maryland ms 23s or 28s-f show I must be notined at	Funeral	11. Maritel Stetus	12. Wes Deced		,S. 1	3. Was Deced	lent of	Hispanic One	gin? (Sp	ecify Yes or No	- 14. Rec	e - Americ	
0	or its		1 ☐ Never Merried 2 ☐ Man		□ No				ban, Mexican	i, Puerto	Hican, etc.)	9 . 7 (1)	ck, White,	etc.
00	72 hours efter natural!, or its	by	3 X Widowed 4 ☐ Divorced	If Yes, Give Yeer or Det	es:1926-	53	1□Yes 2	ZIZINO	Specify:			Specify	WH	ITE
5-(		Completed	15. Deceden (Specify only highe			16e. De	cedent's Usue ive kind of wor	ol Occu	ipation a during most	t of work	ing	16b. Kind of Bu	siness/inc	dustry
12	be filed within tal Hygiene. d other than svent, the Me	шb	Elementery/Secondary (0-12)	College (1-4	lor 5+)	life	e. <i>DO NOT</i> us HIEF WA	e retin	ed)			II C C	OACT	CHARD
d 2	Hygie ther the	ပိ	17. Father's Neme (First, Middle,	( ast)		CI.	HIEF WA	MA				U.S. Co		GUARD
an	d be ed o	o Be											(6)	
Maryland 21215-0020	should b nd Menta rmarked urretic s	7	GEORGE HUDSON  19e. Informent's Neme/Reletions	hip (Type, Print)		19b. Mr	eiling Address	(Stree			WILKINS	er, City or Town,	State Zin	Code)
Š	tre tre		DOROTHY H. RAIN		R							MARYLA		1811
altimore,	f Health frem 27 other tr		20e. Method of Disposition		20b. P		sposition (Nem			1	Dete	20c. Location -		
E	Page ent o mt: If ry or		1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S		ate		E CEME			6/	13/96	WILLARD	S M	ARVI AND
a	permit. Pages 1 ar Department of Hea Important: If item 2 any injury or other 2003.		21. Signature of Editeral Service		1121	1101	22. Name en	-			13/70	WILLIAM	,0, 11	AKILAND
m	Depariment of the series		D(1).0	1.DK 1	1_	1	HASTING	C F	TIMEDAI	НО	ME CEI	RVVIIIE	DEI	AWARE 1997
	-		23e. Pert1. Enter the disease, or	complications that sad	d the deet								, ,	Approximete
7	Physician		shock, or heert feilure. List	only one ceuse on mac	m line.								1	Intervel Between Onset end Deeth
Ų.	/Medical		Immediete Cause (Finel diseese or condition	· Asys	the								1	
	Examiner		resulting in death)	0. 1 /		or es e con	sequence of):				- 1			
_	D #5	line		RESPI	Mon	1	ure /	/ \	Heart	F	nilva		i	
	certificate be executed ding physician and ise as the burlet-transit	Examiner	Sequentially list conditions, if any, leading to immediate	~	9		sequence of):	4					1	
68760,	be e lician burie		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	6. 119	ocard	1~1	Contar	cn	-				ì	
687	ficate phys s the	/Medical	that initieted events resulting in deeth) Lest			A 1	sequenca of):						i	
X				q. Cor	mary	ANU	y Bro	ساما	f					
ň	seath of for u	by Physicia	Pert II. Other significant condition	ne contribution to dont	th but not con	ultina la the			ives in Deat !		OOF DIE	ahaan maa	naulbura An	the cause of death?
0	by the	hys	0 1	C 1	in out not rest	umig in the	e underlying or	ause g	iven in Petti.					pebly 4 Onknown
	s tha	y P	Arut Rena	1411016								100 2010		
Records,	law requires that the death as been signed by the etter 2 should be detached for i		N- 1 MJ	Aortic F	20000	- 112					24e. Wes	en eutopsy med?	24b. We	ere autopsy findings eilable prior to
000	aw re	plet	146 0 1121.			(3 104					perio	illiou i	COL	mpletion of cause death?
	The la	Completed	Congestion H	eart Fact	7						101	res 22 No	1 [	Yes 2 No
E		Be	25. Wes case referred to medical exeminer?						26. Plece	of Deetl	n (Check only o	ne)		
> 1	Physician: r this certific rral director,	10	1 Yes 2 No	Hospitel: 1 Z Inp		ER/Outpat		A		rsing Ho	me 5 Resid	dence 8 DOth	er (Specify	1)
Ĕ	ding P. h. After t	on:	27. Menner of Death  1. Neturel 5 ☐ Pendin	28e. Dete of (Month,	Injury Day Year)	28b. Time Injur		Bc. Inju		1	28d. Describe h	now injury occurs	red	
S	Attending I or death. actor: After by the fune	cat	2 Accident Investig	not be			М		Yes 2 1		00(1)			
Division of Vital	or At after of Direct In by	Certification:	4 ☐ Homicide determ	ned Zoe. Flece of	njury - At ho , etc. <i>(Specif</i> )	ome, term,	street, fectory	, office	•		City or Tox	Street end Numb vn, Stete)	er or Hura	i House Number,
	oral filled		29e. Certifier 1 Certifyin	n Physician: To the be	not of m., know	udadaa da	nath annuared a	nê êln n ê	ima data an	d place	and due to the			and a
	To the Hospital or Attend within 24 hours after deati To the Funeral Director: completely filled in by the	edicai	(Check only 2 Medical one)	g Physician: To the be Examiner: On the basi end menner	s of examinet	tion and/or	Investigetion,	in my	opinion, deet	th occurr	ed et the time,	dete end plece,	and due to	the ceuse(s)
	o the	Me	29b. Signeture end title of certifie				29c	. Licen	se number			29d. Dete signed	d (Month,	Day, Year)
	1	8	0-1	Camban	Ll. 1	1		0	MAN	20		(0.1	P. A	6
		JA	30. Neme end ed from of parson	who completed cause	of deeth (Item	23a) /Tvr	oa, Print)		, 10	91		<b>V</b> - 1	,	
		10	5.8120	erella N	W	106	, M, ) F	en	57 1	7 10	14 5	Sahiba	cu (	N 2188

State Registrar



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** Alana Horseman 0822 AM 10, 1996 /Medical LINE 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Hopkins If Under 1 Year | If Under 24 Hrs. Hospital City The Johns 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys 26 Months 3 Hours Min. 1 M 2 F Yrs. 220-45-6608 Director 15,1996 Maryland Usuai Residenca of Decedent 10a. State 10b. County 10c, City, Town or Location 10d. Inside City Limits 28a-f show 1 Yes 2 No Md. Wicomico Director Pittsville 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? death with ò 7380 Gumboro Road, Apt. # 18 or Items 23a 21850 U.S.A.

14. Rece - American Indian,
Black, White, etc. 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give X 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify þ Specify: White 3 Widowed 4 Divorced "natural", Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages I and 2 should be filed withit Department of Health and Mental Hygiene. Important: if item 27 is marked other than any Injury or other traumetic. Elementary/Secondary (0-12) College (1-4or 5+) N/A N/A N/A 17. Father's Neme (First, Middle, Last) 18. Mother'a Name (First, Middle, Melden Sumeme) Be Michael Horseman Kristin Schaeffer 19a, Informant's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Michael & Kristin Horseman 7380 Gumboro Road, Pittsville, Maryland 218 Maryland 21850 20a. Method of Disposition 20b. Piace of Disposition (Name of cemetery, cremetery or other piece) 1 Burial 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Wicomico Mem. Park 6/13 Salisbury, Maryland Funeral Servica Licenses 21. Sigrunu 22. Name and Address of Fecility Bounds Funeral Home, Salisbury, Md. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, ock, or heart failure. List only one cause on each line. Approximate Interval Setween Onset and Death **Physician** /Medical Immediate Cause (Finel Sun droma Omenns Imonth disease or condition resulting in death) Examiner Due to (or as a consequence of): Intection MV untnown physician and s the burial-transit The law requires that the death cartificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Inflieted events resulting in death) Last Due to (or as a consequence of): Records, P.O. Box 68760, Our dionus paths
Due to (or as a consequence of): Physician/Medical attending p signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes .2 7No 3 Probably 4 Unknown þ cate has been sig 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 2 No 1 Yes 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

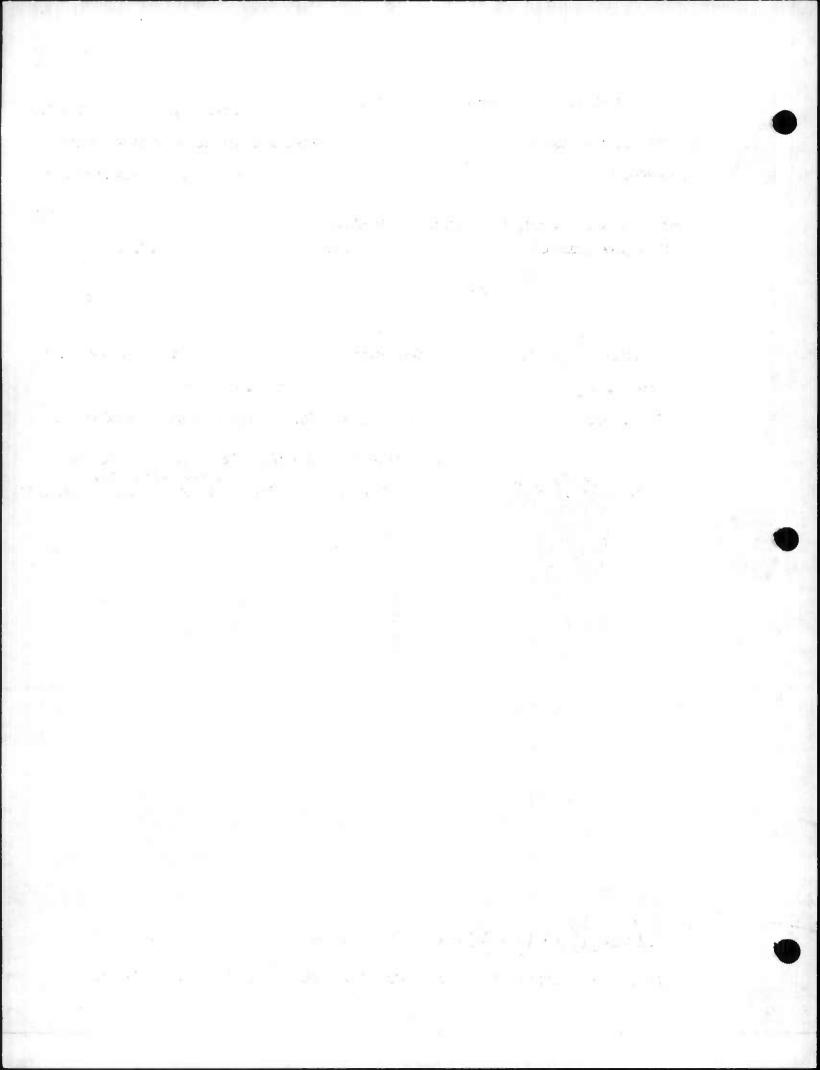
To the Funeral Director: After this certifica completely lilled in by the funeral director, t Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 27. Manner of Death 28c. Injury at Work? 28a. Date of injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred 1 Matural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 10 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier edicai (Check only one) 29b. Signature and title of certifier 29c. License number 29d, Date signed (Month, Day, Year) MOURDING 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Balliman MD Johns Hopkins Hospital C | PSCOMB Dev. Yeer) | 32. Regi MY 31. Date filed (Month, Dey, Yeer) 32. Registrar's Signeture State JUN 1 3 1996 Valia Develor Redall Registrar

g on Eq. (2) Agriculture of the control of the cont

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate	of Deat	h		Reg. No.		
Physicia /Medic		1. Decadant's Nama (First, Middla, Elizabeth		nson		Henry			2. Data of Da Month		Yaar	3. Time of Death  10:05AM
Examin		4a. Facility Nama (If not institution,	giva straat and numi	ber)			4b. City,	Town, or Lo	ocation of Deatl		ty of Death	10.00111
		6118 Alpine St	reet				Dis	trict	Height	s Princ	ce Geo	orge's
Funeral		5. Social Sacurity Number			last birthday)	It Undar 1 \	aar If Und	ar 24 Hrs.	8. Data of Bir (Month, Da		-	placa (Stata or Foreign
Director		201-20-7016	1□M 2∏F	71	Yrs.	I I I I I I I I I I I I I I I I I I I		14(1)	April	9,1925	Penns	sylvania
Hygiene. ther than "naturel", or items 23s or 28s-f show ont. The Medical Examiner must be notified at		Usual Rasidance of Dacadant  10a. Stata 10b. County		10a Cit	h. Town on L				-			
oho H	Ž.	Tou. State 100. County		100. 01	ty, Town or Lo	ocation					1	10d. Insida City Limits
188-	ecto	Maryland Prince	George's	Dis	strict	Height						1 ☐ Yas ⊉QXNo
item 27 is marked other than "natura", or items 23s or 28s-f show other traumatic event, the Madical Examiner must be notified at	Funeral Director	10e. Street and Number 6118 Alpine Stre	eet			10f. Zip Co	0747			10g. Citizan of U.S	What Cour	ntry?
Ę	ner	11. Marital Status	12. Was Deced		I,S. 13.	Was Dacadani	of Hispanic (	Origin? (Spe	ecify Yas or No Rican, atc.)	- 14. Ra	aca - Amaric	
al la		1 Navar Married 2 Marrie		VIVO		1 ☐ Yas 21			ricall, atc.		ack, Whita,	
	d by	3 Widowad 4 Divorced	Yaar or Dat	es:		TO THE ZX	140 Speci	iy.		Spec	ity: Whi	rte
	Completed	15. Decedent's (Spacify only highast	Education grada complated)		16a. Dece	dant's Usual O kind of work o	ccupation	ost of work	ina	16b. Kind of	Business/In	dustry
	du	Elamantary/Secondary (0-12)	Collega (1-4	or 5+)	lifa.	DO NOT usa r	atired)					
	S	12th	N/A		Secr	retary						vernment
П	Be	17. Fathar's Nama (First, Middla, L	ast)				18. Mo	thar's Name	a (First, Middla,	Maidan Suma	ma)	
	2	John C. Johns					Ma	ncy T	. Johns	on		
		19a. Intormant's Name/Ralationshi	p (Type, Print)		19b. Mallin	ng Addrass (S	traat and Nun	nber or Rura	al Routa Numb	er, City or Tow	n, Stata, Zip	Coda)
		Dale C. Henry			611	l8 Alpi	ne St.	Dist	rict He	ights,	Mary]	Land 20747
-		20a. Mathod of Disposition 1 ☐ Burial 24☐ Cramation	Domesial tram Ct	20b. F	Place of Dispo camatary, crai	osition (Nama omatory or otha	of r place)		Data	20c. Location	- City or To	own, Stata
once.		4 Donation 5 Other (Spa	acify)		ee Cre	ematory	June	18,	1996	Clinton	n. Mar	vland
9		21. Signature of Euneral Service to	ceptible /	1					e Funer			*
8	П	1/1/1/1/	4									on, Md 2073
		23a. Part1. Entar tha disaasa, or c shock, or haart failura. List o	omplications that cau	sad tha daat	th. Do not ent	tar tha moda of	dylng, such	as cardiac o	or raspiratory a	rrast,		Approximata Interval Between
an												Onsat and Death
al er		Immediata Causa (Final disaasa or condition	METAS	TATIC	NON SN	MALL CE	LL LUN	G CAN	CER			3 years
		resulting in death)	a	Due to (c	or as a consac	quence of):						
7	Examiner		<b>-</b> b									
	каш	Sequentially list conditions,		Dua to (o	or as a consec	quance of):						
		If any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury									1	
	/Medical	that initiated evants rasulting in death) Last	· .	Dua to (o	r as a conseq	juance of):						1004
			d									
	Physician	Part II. Other significant condition	a contributing to deat	h but not ras	ulting in the u	ndarlying caus	a givan In Pa	rt I.	23b. Dld	tobacco uee c	ontribute to	the cause of death?
		EMPHYSEMA, DEGE	NERATIVE A	ARTHRI'	TIS, H	YPERTEN	SION		120	Yes 2□ No	3 Proi	bably 4 ☐ Unknown
	þ											
	Completed									an autopsy rmed?	av	ara autopsy findings allable prior to
	pie											mpletion of causa death?
	50								10	Yas 2 No	10	□Yas 2□ No
	Be Be	25. Was case refarred to medical					26. Pla	ca of Death	(Check only o	ne)	1	
	0	axaminar? 1 ☐ Yas Z⊠No	Hospital: 1 ☐ Inp	atiant 2	ER/Outpatien	nt 3 DOA	Other: 4 🗆	Nursing Ho	ma 5 Rasio	dance 6 □O	thar (Specif	iv)
	on: T	27. Manner of Death 1. Statural 5 ☐ Panding	28a. Date of (Month,		28b. Time of injury	f 28c.	Injury at Work?		28d. Dascribe I			,,
	Cat	2 Accident investige 3 Sulcide 6 Could no	t he				1 ☐ Yas 2					
	Certification:	4 ☐ Homicide datarmin	ed 28a. Place of	atc. (Specif)	oma, farm, str	eat, factory, of	lice		City or Tox		iber or Hura	I Routa Number,
	edical	29a Certifier KCertifying	Physician: To the becaminer: On the basi	est of my know	wiedga, daath	occurred at the	na tima, data	and place, a	and dua to tha	causa(s) and n	nannar as s	tated.
	8	one A A	and manna	statad.	aon and or in				ou at the time,	oata anu piaca	, and dua to	o nia Cause(s)
	Σ	29b. Signature and title of certifier	11	0	12.	100000000000000000000000000000000000000	cense numbe	,		29d. Data sign		
		- www	MM	YUN	WW	100	01499			JUNE	18,	1330
		30. Nama and addrass of person w	no completed causa	ot daath (Itam	1 23a) (Type,	Print)						
		LEWIS HILLIARD I	ENNIS, M.	D. 62	01 GRE	ENBELT	ROAD	U-1 (	COLLEGE	PARK,	MD 2	20740
Stat	е	31. Data filed (Month Day Year)	1000 32. Reg	istrar's Signa	itura							* ** ** ** ** ** ** ** ** ** ** ** ** *
gistra	ır	20MI 8	1330	in Dave	itura Leon Ran	fall						



th. Page 6 may be retained by the hospital or attending physician. ALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL

BALLIMORE, MARYLAND 21215-0020	Thours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1. 2. 3 should	n, or removal.	se medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 88789	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

										96	1935	
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEP	ARTMEN IFICAT	TOF H	EALTH AND		HYGIEN	E			
77		)USER					2. DATE OF MONTH	DA	ľ	1996	3. TIME OF DEATH	
		¹⅓™2□F 73	In yrs. last birthda	MONTHS		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF (Month, D Aug 8	ay, Year)		Country)	ngton DC	
DIRECTOR	Charlotte Hall Ve			Cl	narlo	tte Hall				Mary		
	100.000111	George's	100		tvill	151					INSIDE CITY LIMITS?  YES 2 XNO	
FUNERAL	8104 Phelps Place	12. WAS DECEDENT EYER IN	NUS ARMED	149		20747 ENDENT OF HISPAI	NIC OBJOINS O		Uni	ted S	tates	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? XX YES	2 NO		If yes, sp	ocity Cuban, Mexica 2 X Specifi	in, Puerio Rica	on, etc.)	or No—	Specify.	- American Indian, Whita, atc. -	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NO	of work don Tuse retired.	e during mo .)	ON st of working		+bao				
BE COM	12 7 Cabinet Maker Smithsonia:  17. FATNER'S NAME (First, Middle, Lest)  Samuel Gower Houser Cathrine Jackson											
TO B	19a. INFORMANT'S NAME (Type/Print)	, State, Zip	Code)									
F	Helen Houser		8104	Phel	ps P	lace, Fo	restvi	lle,	Mary	land	20747	
	20a. METHOD OF DISPOSITION  XX Buriel 2 Cremation 3 Remov  4 Donation 5 Other (Specify)	al from State cem	PLACE AND DAT	TE OF DISPO	OSITION (Na	™°′June 1 Cemeter	7, 499	620c. LOC	CATION —	City or Town	n, Stata	
	4 ☐ Donation 5 ☐ Other (Specify)	Ma	aryland	Vete	erans	Cemeter	У	Che:	Ltenh	nam, 1	Maryland	
	14 5.5	#			old A	lexandri	a Ferr	y Rd	, Cli	inton	, Inc 6633 ,Md 20735	
	23. PART T. Enter the diseases, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) a.	at only one cause on a	ach line.			da of dying, auc			atory arr	eat,	Approximata interval Betwee Onset and Dea	
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A			R	'gref-	lun	5				
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):								
핑	PART II. Other algnificant conditions	contributing to deeth be	ut not resultin	g in the u	ınderiying	ceuse given in	Part I. 24	n. WAS AN A			PERE AUTOPSY FINDING	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRI	RITTE TO CALISE O	E DEATH Y	VEC I	NO D	UNCERTAIN		YES 2	NO.	0	OMPLETION OF CAUSE F DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE			UNCERIAII	4 🗆 📗					
SIC		HOSPITAL:	atient 3 DOA	OTHE	rsing Nome	5 Residence	6 Other (Sc	pecify)				
ВУ РН	27. MANNER OF DEATN  1	28e. DATE OF INJURY (Month, Day, Year)	28b. T		RK? 'ES 2 NO	28d. DEŞCRI	BE NOW IN	JURY OCC	URED			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	ety)					own, State)			to Number,	
COMPLETED	29a. CERTIFIEN (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(s) and manner as stated.											
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	moltr	n			D-US	ABER 43	.—	29d. DATE	SIGNED (A	forth, Day, Year)	

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

MUKESH MATHUR

31. DATE FILED (Month, Day, Your)

9 1996: 32. REGISTRAT'S SIGNATURE

JUN 1 9 1996: Julia dawdon Rardoll

32. REGISTRAR'S SIGNATURE
Julia Davidsor Radall

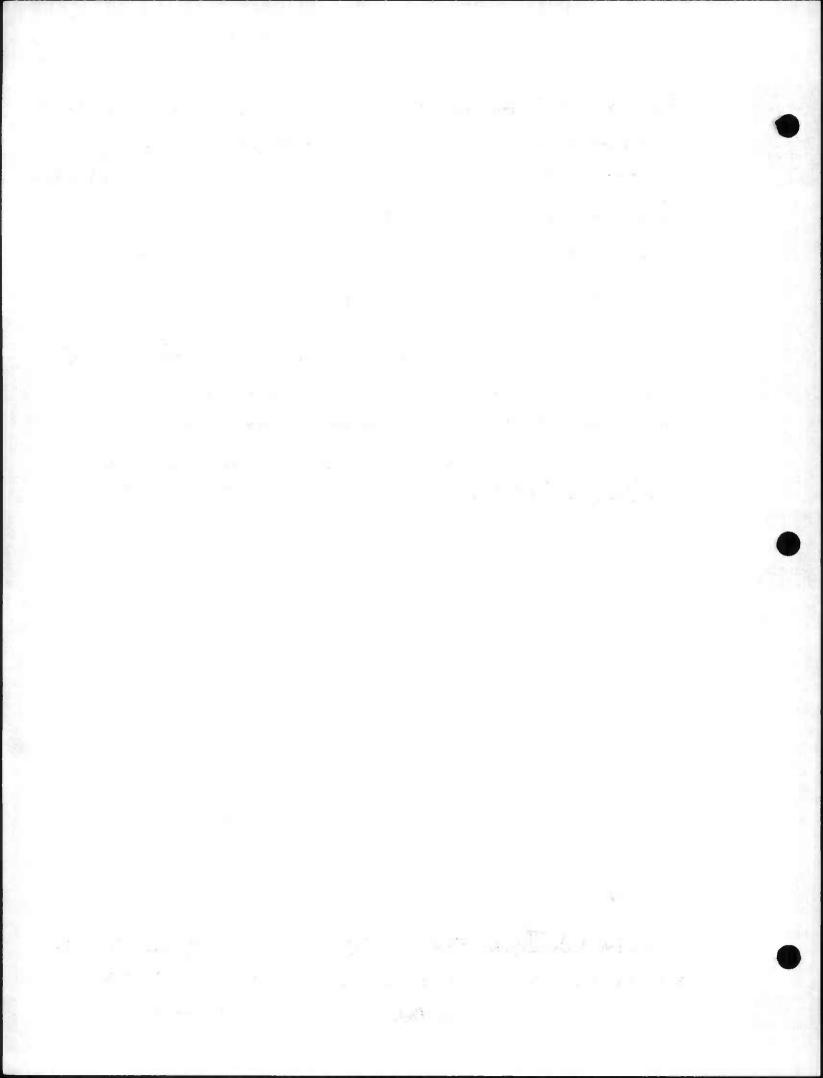
## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 19354

					C	ertifica	te of L	Death		Reg. N	lo.		
P	Dhyois	lan	1. Decedant's Nama (First, Middla, Last		41.4	0010			2. Data of D	eath			3. Tima of Daath
J	Physic /Medl			WILLIAM R.	HA	RRIS			JUNE	11,	199	6	1805
	Exami	ner	4a. Facility Name (If not Institution, giva  9 KEEL DRIVE	street and number)				b. City, Town, or BERLIN		th 4	WOR	of Death	ER
	Funeral Director		177 05 0025 /	x	last birthda Yrs.	y) If Und Month	ar 1 Yaar s Days	If Undar 24 Hrs Hours Min		irth Say. You	7	9. Birthplac	ca (Stata or Foraign
	Meryland a-f ahow	tor	Usual Rasidance of Decedant  10a. Stata 10b. County WORCEST		y, Town or	Location						10d	Insida City Limits
	th with the 23a or 28 ant be not	Funeral Director	9 KEEL DRIVE			101,	1811			10g. (	J'SA of W	hat Country	7
020	d 2 should be filed within 72 hours effer death with the Meryland thend Mental Hygiene. 7 Is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Exertities must be notified at	by	11. Marital Status  1 Nevar Marriad 2 Married  3 Widowed 4 Divorced	12. Was Decedant Evar in U Armed Forcas? 1 ⊠Yas 2 □ No If Yaa, Giva Yaar or Datas: WW			edant of Hi ecify Cuba 2 No	spanic Origin? ( n, Maxican, Pual Specify:	Spacify Yas or N rto Rican, atc.)	0-		- Amarican k, Whita, ato	).
5-0	72 ho	Completed	15. Decedant's Edu (Specify only highast grad	cation a complated)	16a. De	cedant's Us	uai Occupi	ation furing most of wo	orkina	16b.	Kind of Bu	sinass/Indus	stry
121	filed within Hygiene. ther than	mpi	Elementary/Secondary (0-12)	Collaga (1-4or 5+)	M A	CHIN	IST			Foo	DD MA	CHEN	IRY
d 2	Hygie ther t		17. Fathar's Nama (First, Middla, Last)					18 Mother's Na	ma (First, Middl				
an	ental ced o	To Be	DAVID HAR	RLS					McAvo		ar coman	*/	
Mary	CENE	1	19a. Informant's Name/Relationship (Ty NANCY KANE-DEV			iling Addra	ss (Street a	and Number or R	lural Routa Num		218	Stata, Zip Ci	oda)
Baltimore, Maryland 21215-0020	So to to		20a. Mathod of Disposition  1 Bunai 2 Caramation 3 F  4 Donation 5 Other (Specify)	Ramoval from Stata	Place of Dis sematary, c	ramatory o	rothar plac		Data 6-14			City or Town	
Balt	permit. Peg Department Important: It any injury o		21. Signature of Fundral Service License	il l				FUNERA	L HOME		BERL	IN, M	lp.
			23e. Part1. Enter the disease, or compleshock, or heart teilura. List only or	icetions that causad the deat	h. Do not a					arrest,		A	pproximata itarvel Between
	Physician /Medical Examiner		Immediata Cause (Finat diseasa or condition rasulting in death)	Seve		Ŀ	1/00	d	1055			0	2 weeks
	D #	ner		C (4.5	+vi	411	· ·					1	
50,	icate be executed physician end s the burial-transit	i Examiner	Sequentially list conditions, if any, laading to Immadiata cause. Entar Undarlying Causa (Diseasa or Injury	Oua to (c	or as a cons	equance o	t):					1	
x 68760,	\$ D 4	Medicai	resulting in death) Last	Dua to (c	r as a cons	equance of	i):					1	
Box	eath ce	cian											
P.O.	e the	Physician/	Part II. Other eignificant conditions cor	ntributing to death but not ras	ulting in the	undarlying	causa giv	an in Part I.		tobaco	2 No	tribute to th	he cause of death? bly 4 Unknown
Division of Vital Records,	been should	Completed by							24a. Wa	s an aut formed?		availa	autopsy findings able prior to eletion of cause ath?
Ä	0 - 0	E O							1□	Yas	2 No	101	ras 2□No
/ita	ysician: The is certificate director, pay	Be	25. Was casa retarred to medical axaminar?						eath (Check only	ona)	/3		
ou of \	ing Phys After this funeral di	tion: To	1 Yas 2 No 27. Manpar of Death 1 Natural 5 Panding	lospital: 1 Inpatiant 2 Inpati	ER/Outpat 28b. Tima Injun	of	28c. Injury World	4 U Nursing	Homa 5 Ras 28d. Describe		8 Otha		
Divisi	C 0 0	Certification:	2 Accidant invastigation 3 Sulcide 6 Could not be 4 Homicida datarmined	28a. Piace of Injury - At h building, etc. (Specif	oma, farm,				28f. Location City or To			er or Rural F	louta Number,
	apita neral	edicai C	29a. Cartiflar (Check only one)	afcfan: To the best of my knoner: On the basis of examine and manner stated.	wledga, da tion and/or	ath occurre Invastigetion	d at tha tim on, in my of	e, dete and plac Dinion, daath occ	e, and dua to the urred at the time	causa , data e	(s) and mar nd place, a	nnar as state and dua to th	ed. la cause(s)
	To the Ho within 24 I To the Fu completely	×	29b. Signatura and tale of certifies	1.1	1	A 2	9c. Licansa	number		29d. D	ata signed	(Month, Da	y, Year)
		<	1 Taluris	Makere	14	D	04	64 90		(	use	12	1996
			30. Nama and addrass of person who co	emplated causa of death (Item	200) (Typ	e, Print)	/	Hospij	4/	B	FRLA	v, //	1996 1996
	Sta Registr		31. Data tiled (Month, Day, Year)	32. Registrar's Signa	ture	2.12			l	702			

The Control of the Co La Creek Dariet

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

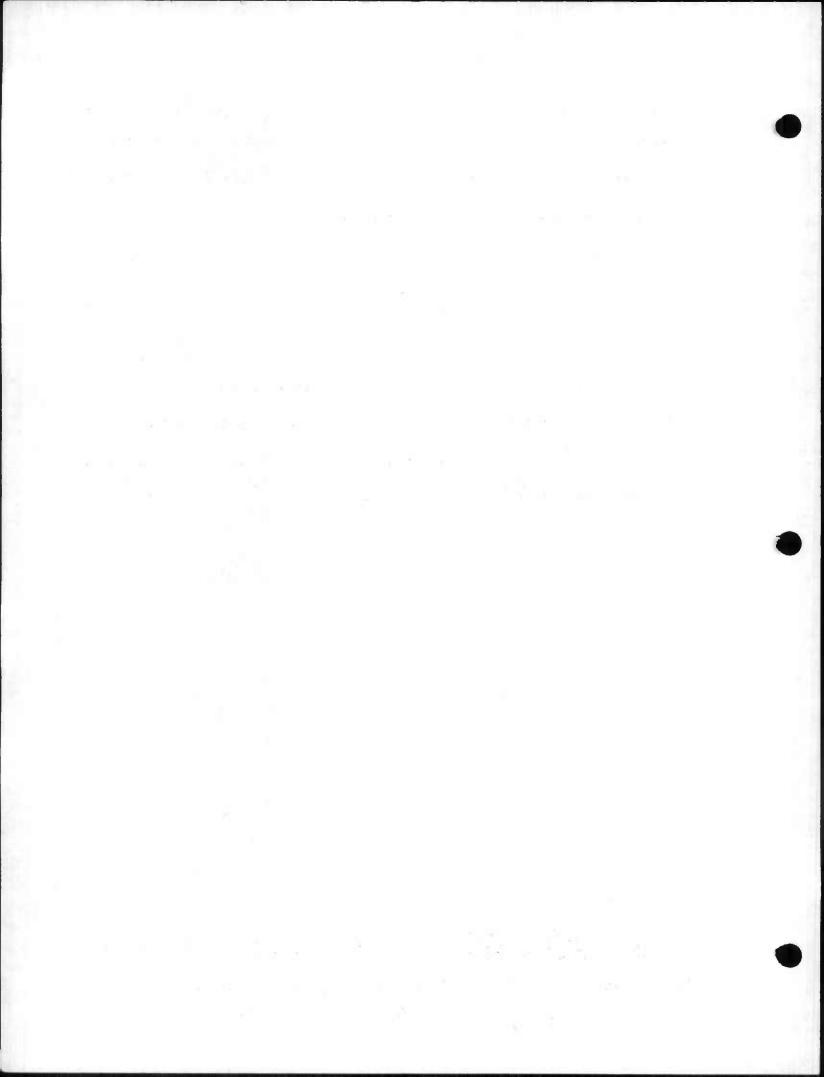
						Ce	rtificate	of	Death			Reg. No.			
	Physic		1. Decedent's Nema (First, Middle, L.		amman	55.	Sr.				2. Dete of De Month		Year	3. Time of D	
	/Medi Exami		4e. Fecility Name (If not institution, gi						4b. City, To	wn, or Lo	ocation of Deeth		unty of Deeth	11.	
7	LAUITIII	161	788 Woodsman Ci	rcle					Ham	pste	ead		Carro	11	
	Funeral			Sax	7. Aga (In yrs. las	t birthdey)	If Under 1	Yeer	If Undar		8. Dete of Bir	th			Foreign
	Director		219-38-4369 Usual Residence of Decedant	1☐M 2□F	54	Yrs.	Months	Days	Hours	Min.	(Month, Da May 3	y, Year)		lece (Stete or try) L Virgi	
	land H		10a. Stata 10b. County		10c. City,	Town or Lo	ocation						1	0d. Inside City	Limits
	Man Han	to	Merylami Carro	011			Hampst	tea	d					1 ☐ Yes	2 XNo
	158 th	9	10e. Street and Number				10f. Zlp C	Coda				10g. Citizen	of Whet Coun	trv?	
	permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show important: if item 27 is marked other than "natural", or items 23a or 28a-f show important: if item 27 is marked one than December 23a or 28a-f show any Injury or other traumatic event, the Medical Evanines must be not used at 2008.	by Funeral Director	788 Woodsman Ci	rcle					21074				USA	,.	
	deet France	Jer	11. Maritel Stetus	12. Wes Dec	edant Evar In U,S.	13.	Was Deceda	nt of I	ispanic Orl	gln? (Sp	ecify Yas or No	- 14.	Race - Amaric	an Indian,	
0	the results	E	1 Never Merried 2 Merried	Armed F			If Yas, specif	y Cub	an, Maxican	, Puerto	Rican, etc.)		Black, White,	etc.	
21215-0020	o	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G	iva		1 ☐ Yes 2	XNo	Specify:			Sp	ecity: Wi	nite	
Ö	2 ho		15. Decedent's E	ducation		16a. Dece	dent's Usuel	Occu	pation			16b. Kind o	of Business/Inc		-
15	in 7	Completed	(Specify only highest gr	ada completed)		(Give	kind of work DO NOT use	done	during mos.	t of work	ing		ial Sec		
212	filed within Hygiene. ther than "tent, the Mag	E	Elamantery/Secondery (0-12)	College (	1-4or 5+)	Co	mputer	· S1	ecial	ist			inistra	_	
	Hygi ther ont, t	Ü	17. Fathar's Nama (First, Middle, Las	t)			IIPUCCI		1		e (First, Middle,			acton_	
an	d be	o Be	Monroe Vincent	Hammond	S				77;	ola.	Ruth So	ahrado	20		
2	2 should be and Mental is marked o	2	19e. Informent's Name/Reletionship			10h Maili	na Address /	Stroo			al Route Number			Codel	
Maryland	d 2 s th an 7 is trau		Diana C. Hammon								stead,			0000)	
a)	1 end 2 Health em 27 i		20a. Method of Disposition	CD WII			osition (Neme		1 (1)	Ticity	Data		on - City or To	um State	
Baltimore,	Peges nent of nt: If Ita		1 ☐ Buriel 2 ☐ Cremetlon 3 [		CON	etery, cre	metory or oth	ar ple	ce)	1	10000	ZOO. LOOGI	on ony or 10	wii, State	
tin	tant tant		4 ☐ Donation 5 ☐ Other (Space	-	Har		ad Cem				6/21	Ham	pstead	, MD	
Sal	permit. Peg Department Important: h eny Injury o		21. Signeture of Filharal Service Lice	insee /	10	22	2. Name and	Addre	ess of Fecilit	y F	Eline Fr	uneral	Home		
_	40 F e d		Much	WC	ne-		934 S	M	ain St	, Ha	ampstead	dM, E	21074		
	7 -7		23a. Pert1. Enter the diseese, or con shock, or heart feilure. List only	plicetions thet	caused the death.	Do not en	ter the mode	of dyl	ng, such as	cardiac	or respiretory e	rrest,	1	Approximete Interval Between	
	Physician												1	Onset and De	aath
ч	/Medical		Immediate Cause (Final disaasa or condition	L1	mphod	Na							1	1 400	0
н	Examiner		rasulting In deeth)	Θ.	Due to (or e		nuence of):							. 20	
ч		ner					,						1		
	outed	Examiner	Sequentially list conditions	b. ———	Due to (or a	s e conse	quence of):								
o,	an an rial-ti		if any, leeding to Immediata cause. Enter Underlying				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1		
68760,	requires that the death certificele be executed een signed by the ettending physician and hould be detached for use as the burial-transit	Medical	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	Due to (or e	s e consec	uence of):								
89	o ph as th	8	resulting In deeth) Last				<i>(400.100 01)</i> .						1		
Box	ndin			d											
m	that the death cer ed by the ettendin detached for use	Physician	Dort II. Other elemificant conditions	nondribudin - do d	leaste tout mat annuité	na la tha .	adad da		iii ii mia t		non Did			M	4
0	the cy the ache	hys	Pert II. Other significant conditions	continuuting to a	eath but not rasum	ng in the u	indenying cat	nse gr	ven in Pert I	•			contribute to		
0	that ded b										10	Yes 2 2 79	lo 3∐Prot	ebly 4 U	nknown
Division of Vital Records,	signed I	d by									24a Wee	an eutopsy	24h Wa	ere autopsy fin	dinas
Ö		ete										rmed?	ava	allable prior to appletion of car	
360	5 C/	Completed											of	death?	
=		Col									10	Yes 2 N	lo 1 🗆	Yes 2	lo
/ita	ysician: The s certificate director, pag	Be	25. Wes case referred to medical exeminer?							of Deet	h (Check only o	one)			
=	nyslo	L O	1 ☐ Yes 2 No	Hospital: 1	Inpatient 2 EF	VOutpatier	nt 3 DOA	Oti	har: 4□ Nu	rsing Ho	me 5 Resid	dence 6 🗆	Other (Specif)	1)	
n n	tending Ph leath. for: After thi the funeral	:uc	27. Menner of Deeth 1   Neturei 5 □ Pending	28e. Dete (Mon	of Injury 28 th, Dey Year)	Bb. Time o	of 280	c. tnju Wo	ry et rk?		28d. Describe	how Injury o	courred		
0.0	auth.	ati	2 Accident investigation	n			М		Yes 2	No					
<u>&gt;</u>	er de recte	ti ti	3 Suicide 6 Could not be determined	289. Place	of Injury - At hom- ing, etc. (Specify)	e, farm, sti	reet, fectory,	office			28f. Location (S City or Tox		umber or Rura	Route Number	er,
0	a a de de de de de de de de de de de de de	Certification:		Dana	ing, oio. (opoony)						0., 0.	, 0.2.0,			
	To the Hospital or Attending Physicien: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director,		29e. Certifier 1 Certifying Pl	hysician: To the	best of my knowle	dge, deetl	h occurred at	the ti	me, dete an	d piece,	and due to the	cause(s) and	d menner es st	eted.	
	n 24 n 24 ne Fi	edicai	(Check only 2 Madicat Examone)	miner: On the b	asis of examinetion ner steted.	n end/or in	vestigation, ir	n my o	opinion, dee	th occurr	ed et the time,	dete end ple	ce, and due to	the cause(s)	
	To the	Σ	29b. Signetura and title of certifiar	-			29c. l	Licens	se number			29d. Dete si	gned (Month, I		
			War (a)	WIL	m'wc	,	a	) 4	462	9		nul	2 19	1996	5
			30. Neme and address of person who	1			Print\			-		0			
			Han W. Hinn	(N)	600	N.	W0140	= "	5+.	Ba	Himor	c MD	717	-87	
	Sta	te	31. Dete filed (Month, Dey, Year)		Registrer's Signatur	θ 6	•				It mor		0		
	اد Registi			1996 4	his driver	-	di .	JUN	1201	996	Julia at	indian.	revell		
	3.7.			7							V				



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

19356 State of Maryland / Department of Health and Mental Hygiene

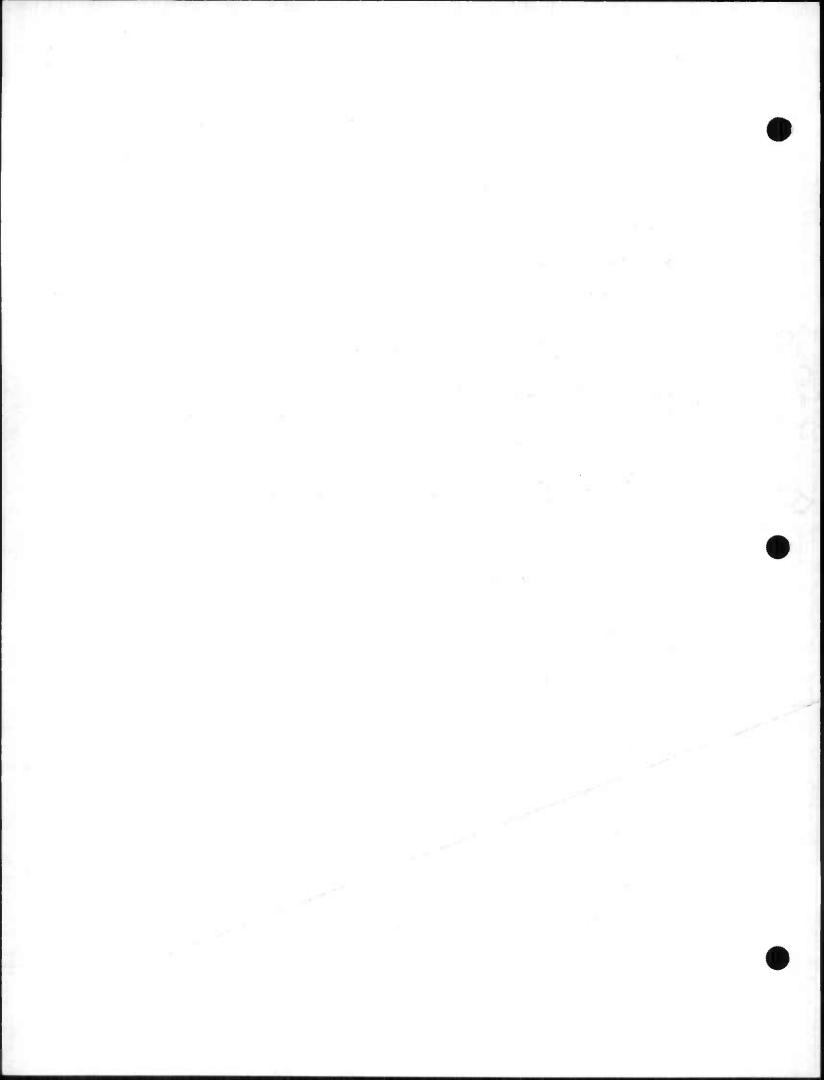
							Cer	tificate	e of i	Death			Reg. No.			
	Physic	ian	Decedent's Neme (First, Mid									2. Dete of De Month	eth Dey	Year	3. Time of Death	
40	/Medi		Sterling									June	16, 1	.996	6:36 PM	
	Exami	ner	4a. Fecility Neme (If not instituti						4			ocation of Deet		ty of Death		
			1215 N. Carro							Hamp				arrol	1	
	Funeral		5. Social Security Number	6. Sex 1 √M 2 □ I		e (In yrs. las		If Under Months	1 Yeer Deys	If Under	24 Hrs. Min.	8. Dete of Bir (Month, De	th by, Year)	9. Birthp	ilece (State or Foreigntry)	n
н	Director		217-07-2348	TOXIM 201		78	Yrs.					Mar 2	5,1918		yland	
	P .		Usuel Rasidance of Decedent  10e. State 10b. Coun	he		10c. City, 7	own or Lo	nation							0d. Inside City Limits	
	eho e	5		rroll		100. Ony, 1		mpste	hec					'	1 ☐ Yes 2 🛣 No	
	76 N N N N N N N N N N N N N N N N N N N	ect	2				110	_								
	Vith Vith	급	10e. Street end Number 1215 N. Carro	11 Stroot				10f. Zip	Code	210	74		10g. Citizen of		itry?	
	eth v	Funeral Director												USA		
	er de	- Cu	11. Meritei Stetus	Armed	Forces?		13. V	Vas Deced Yes, spec	ent of H	ispenic Ori n, Mexicen	gin? (Spe n, Puerto	ecify Yes or No Ricen, etc.)	)- 14. Re	ece - Americ eck, White,		
20	a p	by F	1 Never Merried 2 Ma 3 Widowed 4 Divorce	. If Yes,	s 2□ Give		_   1	☐ Yes 2	2 DANO	Specify:			Spec	lfy: T.T.	2 4	
8	within 72 hours after death with the Meryland ilene. Than "natural", or Items 23s or 28s-f show the Medical Examinet must be notified at			10010	r Detes:	WW II			10				400 100 1 10		ite	
5	C	Completed		ent's Education lest grade complete	ed)		6a. Deced	ent's Usue kind of wor	k done	etion during mosi d)	t of work	ing	16b. Kind of I		•	
12	within ene.	E	Elementery/Secondery (0-12)	Colleg	e (1-4or	5+)		euten		"/				Vehi		
d 2	를 찾을 본		17. Fether's Neme (First, Middle	a. Last)	_		יבנג	deen	anc	18 Mothe	r's Neme	a (First Middle	, Melden Surna	istra	CTOU	_
an	of a b y	Be C	John Wilmer He									Brown				
Maryland 21215-0020	d 2 should be filed h and Mental Hygl ? Is marked other traumatic event, it	2	19e. Informent's Neme/Relation				10b Mallin	a Address	(Street				er, City or Tow	n Ctata Zia	Codel	_
Ma			Dorothy P. Ho		e			-					d, MD 2		(0000)	
ē,	of Health a item 27 le		20a. Method of Disposition			20b. Plac	e of Dispos	sition (Nem	ne of		- / 110	Dete	20c. Location		wn. Stete	_
2	Pages nent of I int: If ite		1 Buriel 2 ☐ Cremettor		m Stete		etery, crem	-								
Baltimore,	rtme rtem		4 ☐ Donation 5 ☐ Other ( 21. Signeture of Funerel Service		70	Gree	enmour		-			5/19	Hamps	tead,	MD	_
Ba	permit. Pages Department of Important: If it any injury or once.		21. Signeture of funerer Service	S LIGHT C	1/		22.			ss of Fecilit	EJ		neral H			
			xucuu	WE	10	re							d, MD 2	1074		
			23a. Part1. Enter the diseese, shock, or heert feilure. Li	or complications the st only one cause o	at cause n eech II	d the deeth. ne.	Do not ente	er the mode	e of dyln	g, such es	cerdiec (	or respiretory a	rrest,		Approximete Interval Between	
	Physician				1	/			/	/				i	Onset end Death	
	/Medical Examiner		Immediete Causa (Final diseese or condition resulting in deeth)	e	It	rho515	0	1	ie	1100	er			1	245	
li.		_	rooming in coomy			Due to (or e		uence of):						1	/	
	bed sit	Examiner		b										- 1		
	certificate be executed iding physician and ise as the buriel-transit	xan	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury			Dua to (or a	s e conseq	uence of):								
68760,	be e iclan burie		Cause (Disease or Injury	C										i		
387	phys the	<b>Medical</b>	that initieted events rasulting in deeth) Last	1		Due to (or es	e consequ	ence of):						1		
) XC	ding se a	Z		d												
B	- 3	clar					_									
o.	e ≠ €	Physician	Pert II. Other significant condit	ions contributing to	death b	ut not resultir	ng in the un	derlying ca	ause giv	en in Pert I.					the cause of death	
0	es that the igned by be detected		None									10	Yes No	3 Prol	bably 4 Unknov	/n
ds,	8 5 8	d by										240 Wes	en eutopsy	24h W	ere eutopsy findings	
Ö	v requin	ete											ormed?	av	ailable prior to mpletion of cause	
360	8 S CA	Completed					_								death?	
of Vital Record	T age	S										1 🗆	Yes 28 No	-15	<del>Ves 2</del> No	
Vit.	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medic examiner?	50.000					104		of Death	n (Check only	ona)			
of	5 00	ို	1 Yes 2 No		☐ Inpatie		/Outpetient		_	4 🗆 Nu			dence 6 🗆 O		y)	
		on	27. Mannar of Deeth 10 ■ Natural 5 □ Pend	ing (M	ita of Inju Ion <i>th, D</i> a		b. Time of tnjury		Bc. tnjun Worl			28d. Describe	how injury occu	irred		
S	Attending or death. ector: Afte by the fune	cat	2 Accident inves	tigetion				- M		Yes 2 1						
Division	or Attendent efter death Director:	Certification:		mined   286. Pi	iding, et	ury - At home c. <i>(Specify)</i>	o, ferm, stre	at, fectory	, office			28f. Location ( City or To		iber or Rura	Il Route Number,	
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by		OO Oodilles													
	24 hours 24 hours Funeral etely filled	edical	29e. Cartifier ts Certify (Check only one)  1	ing Physician: To I Examiner: On the	basis o	examinetion	dge, deeth end/or inv	occurred e estigetion,	ot the tim	na, data an pinion, deel	d place, a th occurr	and due to the ed et the time,	dete end plece	nenner es si , and due to	teted. the ceuse(s)	
	To the within 2 To the comple	Med	29b. Signeture end title of certifi		ennar st	ered.		200	License	e number			29d. Dete sign	ed (Month	Dev Yearl	
	1 × 10 00	-	Distribution of Continue or Continue	2/2//	///	()		1			~	0				
			una//	1 CHOCKE	up	)			) (L	100	20		6-1	0 9	0	
			30. Name and address of perso		-	leeth (Itam 23	Sa) (Type, F	Print)	5	1.	//	n. (	6-1	OIL		
			31. Dete filed (Month, Dey, Yea	720	0 1	nira	Tyer	ive	2	+Kesv	11/10	/N T	1 21	07		
	Sta Registr		11 IN 9	1772	alea o	Rubbear	Redal	L								



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

												00	19351	
1 - STATE REGISTRAR		STATE OF I	MARYLA	ND / DE	PARTN FIFIC	MENT OF	F HEAI	LTH AND EATH	MEN	TAL HYGIE REG. N				
1. DECEDENT'S NAME (First	, Middle, Last)									ATE OF DEATN		1	3. TIME OF DEATN	
Helen	Mae					JACKS	ON		Ji		5 1	9 9 6	10:40 PM	
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. lest birth		UNDER 1 YE	-	UNDER 24 HRS	- 14	ATE OF BIRTH forth, Day, Year)		8. BIRTI	HPLACE (State or Foreign	
215-20-159	1	1 □ M 2 🛣 F	70	Y	RS. MO	NTHS DA	YS HOI	URS MIN.		8 19	26	Maryland		
9e. FACILITY NAME (If not in	stitution, give s	treet and number)			96	. CITY, TOV	WN OR LO	CATION OF	DEATH		9c. COL	INTY OF DEATH		
WESLEYAN I		HCARE	CENT	ER		DENT	0 N				CA	ROLI	INE	
10a. STATE	10b. COUNTY	1		100	c. CITY, T	OWN OR LO	OCATION						10d. INSIDE CITY	
Maryland	Carol	ine			Go1	Ldsbo	ro						LIMITS?	
10s. STREET AND NUMBER							101, ZIP	CODE			10g. CI1	TIZEN OF	WHAT COUNTRY?	
14489 Gree	nsboro	Road					2	1636			U.S	. A.		
11. MARITAL STATUS		12. WAS DECEDER	T EVER IN	U.S. ARMED						IIGIN? (Specify \	es or No-	14. RAC	E — American Indian, k, White, etc.	
1 Never Married 2 🔯		FORCES?						NO Spe		rto Rican, etc.)		Spec	elly:	
3 Widowed 4 Divo													white	
	EDENT'S EDU y highest grade			16a. DECEDE (Give kir	nd of work	done during		working		16b. KIND OF B	USINESS/IN	DUSTRY		
Elementary/Secondary (6		College (1-4 or 5	+)		VOT use re	,				Coois1	Corari	000	St of MD	
12	2			comp	otro.	TTEL						ices,	St OI IID	
17. FATHER'S NAME (First, M	,,									irst, Middle, Maide				
Harrison B										ylveste				
William R.		on						oro Ro		Number, City or R			21636	
WITIIAIII K.		OII					_							
t Burial 2 ☐ Cremette	on 3 🗆 Ram	oval from Stata	ceme	PLACE AND D Ligry, cremator STEENS	yor other	placel	N (Name o	037	1		OCATION -		- 12-12	
4 Donation 5 Other		PENSEE		31 eens	DOL		_	DDRESS OF			eenst	oro,	Maryland	
. //	/	16	1	,						ein Fur	eral	Home		
My	a	(/1	eng	M		P.C	. Bo	$0 \times 160$	) G	reensbo	oro, l	$\Delta$ D 2	21639	
immediate cause (Fidesess or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disesse or Injuste Initiated events resulting in death) LAS	dions, diate ing	С.		CONSEQUEN		acti	nog	enic s. P	Clelv	ancer	Lux	25	interval Between Onset and Daath	
		0												
PART II. Other eignifica	1	1 A	r Cont		ting in t	the under	lying ca	use given	in Pert	1. 24a. WAS / PERF	ORMED?	241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
DID TOBACCO L	JSE CONT	RIBUTE TO CA	AUSE OF	DEATH	YES	NO.		JNCERT/	AIN E	o				
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:	2	8. PLACE DE	,		one)							
1 ☐ YES 2 → NO		1 Inpatient 2	☐ ER/Outpa	rtlent 3 🗆 D		Nursing	Nome 5	☐ Raalden	08 8 🗆	Other (Specify)				
27. MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day, Year)	28	b. TIME O		: INJURY WORK?	AT	28d.	DESCRIBE NOV	V INJURY O	CCURED		
1 Natural 5  2 Accident	Pending Investigation							2 NO						
3 Suicide 8 Suicide	Could not ba determined	28s. PLACE building	OF INJURY - , etc. (Specif	— At homa, i	farm, stre	et, factory,	offica		281.	LOCATION (Stree City or Town, Sta	et and Numb (e)	er or Rural	Route Number,	
one)		ICIAN: To the best of											(a) and manner as stated.	
290. SIGNATURE AND THE	OF CENTIFIE	R		-			29	c. LICENSE I	NUMBER 29	4	29d, DA	TE SIGNE	O (Month, Day, Year)	
30. NAME AND ADDRESS O		1.	JSE OF DEA			et S	(+	2	to		0	211	29	
31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGNA		TON K		/ 1 (	178	7410	m,	-a-	46	, 9	
	96			-Rand	.00									



BALTIMORE, MARYLAND 21215-0020

	ľ
	,
Φ	
-	
00	
(0)	
-	
BOX 6876	
0	
m	
_	
	-
$\circ$	
٠.	
P.0	
- In	
ഗ	
0	
	ľ
RECORDS,	
$\overline{}$	
$\circ$	
Ü	
~	
ш	
C	
_1	
_	
eq.	
-	1
_	
>	
OF VITAL	
$\equiv$	
$\circ$	
Z	
$\overline{}$	
$\circ$	
4.00	
DIVISION	
>	
$\cap$	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE ( REGISTRAR		) / DEPARTM			MENTAL HYGIE			
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		115	3. TIME OF DEATH
	HENRY SIDNEY	JACOB	SS			June 5, 19	96	YEAR	11:25 PM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	058-09-6803 1 <sub>K</sub> M <sup>2</sup> [	∃F 89	YRS. MO	THS DAYS	HOURS MIN.	January 18	, 1907	New	y York
	9e. FACILITY NAME (If not institution, give street end numb	er)	96	CITY, TOWN	R LOCATION OF DE			NTY OF O	DEATH
DIRECTOR	307 North Boulevard			Salis	bury		Wi	comi	.co
2	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY		10c, CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY
8	Maryland Wicomico			lisbury					LIMITS?
	10e. STREET AND NUMBER				. ZIP COOE		10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	307 North Boulevard				21801			USA	
3		EDENT EVER IN U.S.				IIC ORIGIN? (Specify		14. RACI	E — American Indian,
BY F		7 1 YES 2 GIVE WAR OR OATES			ecify Cuban, Mexicar 2 № NO Specify	n, Puerto Ricen, etc.)		Spec	k, White, etc.
				<u> </u>					White
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	150,	Give kind of work (Give NOT use re	done during mo		16b. KIND OF	BUSINESS/IND	DUSTRY	
٦	Elementary/Secondery (0-12) Coilege (1-4	or 5+)	Clerk	,		г.,	1.0		
M	17. FATHER'S NAME (First, Middle, Last)		Clerk		15 MOTHER'S NAI	ME (First, Middle, Maid	al Go	vern	ment
	Joseph Jonas Jacobs				Minnie	Hau	,		
BE	19e, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or		Code)	-
2	Naomi L. Jacobs/Wife		307 No	orth Bl	vd., Sal	isbury,MI	2180	1	
	20e. METHOD OF OISPOSITION 13 Burlet 2 Cremetion 3 Removal from Str		CE AND DATE OF D	SPOSITION (N			LOCATION -		own, Stats
	4 Donetion 6 Other (Specify)		Israel Ce	emetery		6/7/96	Salisb	urv.	MD
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE			22. NAME A	OF ADDRESS OF FAC	eral Home			
	Nowed to	nn ma			-	1 Rd., Sa		ru M	D 21804
$\neg$	23. PART I. Enter the diseases, or complication	a that csused the	deeth. Do not						Approximats
	shock, or heart failure. List only or IMMEDIATE CAUSE (Final			-					Onset and Death
	disease or condition reaulting in death)	oronary	artery	disea	se /my	ocerdial	intarc	Lin	(day
	D D	UE TO (OR AS A CON	SEQUENCE OF):					7	
Z	Sequentially list conditions,								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	UE TO (OR AS A CON	NSEQUENCE OF):						
SE	CAUSE (Disease or Injury C.	UE TO (OR AS A CON	SEQUENCE OF:						
E	that initiated events resulting in death) LAST		TOLLOCK OF J.						
8	d								
AL.	PART II. Other algnificant conditions contributi	ng to death but n	ot resulting in t	he underlyin	g cause given in		AN AUTOPSY ORMEO?	241	AVAILABLE PRIOR TO
8						1 _ YES	2 NO		COMPLETION OF CAUSE OF DEATH?
ME					/		ŕ		1 TES 2 NO
PHYSICIAN: MEDIO	DID TOBACCO USE CONTRIBUTE TO		PLACE OF DEATH		UNCERTAIN				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	L:	0	THER:	/				
1YS		nt 2 ER/Outpetler	28b, TIME O		NO 5 Reeldence				
		onth, Day, Year)	INJUR	W	YES 2 NO	28d. DESCRIBE HO	W INJURY OC	COHED	
BY	2 Accident Investigation 3 Suicide Could get by 28e. Pt	ACE OF INJURY - A	At home, ferm, stre-			281. LOCATION (Stre	et and Number	r or Aural	Boute Number
	4 Homicide 8 Could not be but	iliding, etc. (Specify)		,,		City or Town, St		01 110101	ricate (tarneo),
COMPLET	29e. CERTIFIER (Check only	heat of my knowledge	double accounted a	t the time det	and place and due	to the country and			
₽	(Check only one)  2 MEDICAL EXAMINER: On the bac								e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CENTRALER	_	MILES ST.		29c. LICENSE NUN				
B	Chal R thunk	in			Dans	8 (3	▶ C.	/ >	O (Month, Day, Year)
임	30. NAME AND AGORESS OF PERSON WHO COMPLETE	D CAUSE OF OEATH	(ITEM 27) (Type, Pri	nt)	200	4 3 )		1/	110
	Charles B. Silvio	, Jr	MO	100	Power	Street	Salis	bur	1 MD 21801
		BISTAR'S SIGNATUR		, 00			1 -0		

#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

	_	neg. rec.										
Physic		Decedant's Nama (First, Middle, Last)     GREGORY ORLANDO JANEY					2. Data of D Month		Day Year			a of Death
/Medi		4a. Facility Nama (If not Institution, giva street and number)				JUNE  4b. City, Town, or Location of Death						
Exami	ner											
		PRINCE GEORGES HOSPITAL					Chever1	PRINCE GEORGES				
Funeral Director	Director							n. (Month, Day, Year) Country)			laca (Sta htry) lary1	
gas 1 and 2 should be filed within 72 hours after death with the Meryland it of Heelth and Mental Hygiene. If flem 27 is marked other than "naturel", or itema 23a or 28a-f show or other treumatic event, the Medical Examiner must be notified at		Usual Rasidance of Dacedant  10a. Stata 10b. County		10c City Tou	en or Loca	tion				1	Od Incld	- Oltre I imple
												a City Limits
		Maryland Calvert Prince Frederick					rick	T 42 000 400				do Eggito
	늄	10e. Street and Number		10f. Zip Coda				10g. Citizan of What Country?				
	Funeral	310 Rivers Reach Court				20678			USA			
		11. Marital Status	Evar In U,S. Io	13. Wa	as Decedant of (as, specify Cul	Hispanic Origin? (Spoan, Maxican, Puarto	14. Race - Amarican Indian, Black, Whita, atc.			1.		
	by F	1 Navar Marriad 2 Married 1			10	□Yas 2X No	Specify:	Specify: B			lack	
ture al E	8					nt's Usual Occupation 16b. Kind of Businas					dustry	
nin 72	Completed	(Specify only highast grada complated)			(Giva kind of work dona during most of wo lifa. DO NOT usa ratired)			orking				
within iene.		Elamantary/Secondary (0-12)   Collega (1-4or 5+)					taller Insulati					
al Hygie other t	O	17. Fathar's Nama (First, Middle, Last)						Nema (First, Middla, Meiden Sumama)				
should be nd Mental merked o	To Be	Earl Foote,					Alice	Janev				
2 shou and M ie mar eumat	-	19a. Informant's Name/Reletionship (7		-	b. Mailing	Addrass (Stree	et and Number or Run	al Routa Numbe	er, City or Town,	Stata, Zip	Code)	
old 2		William Janey/Bro	ther	83	19 Ca	lvert T	own Drive	Prince	e Freder	ick,	MD	20678
f Her frem othe		20a. Mathod of Disposition		20b. Placa o	of Disposit	tion (Nama of	2001	Data	20c. Location -	City or To	wn, State	1
Page ent o nt: If ry or		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specify	i e	camatary, cramatory or other place) colland Cemetery 6/13/90				Huntingtown, MD				
permit. Pages 1 and 2 Department of Heelth s Important: If item 27 is eny injury or other tre once.												
Depariment Department on in porce.		21. Signature of Funaral Sarvice Licensee  22. Nama and Addrass of Facility Sewell Funeral Home  1451 Dares Beach Rd. Prince Frederick, MD 20678										
¢		23a Part1, inter the disease, or comp	lications that caused	tha death Do						ICK,		
		23a. Part I inter the disaasa, or complications that caused tha daath. Do not enter tha mode of dying, such es cardiac or raspiratory arrest, hock or heart failure. List only one ceuse on each line.  Approximate Interval										
Physician /Medical		Immediate Cause (Finel	11	01	1		~			1		
Examiner		disaasa or condition rasulting in daath)  a. Multiple Sryryes										
	ē		1	Dua to (or as a	consaqua	ance of):	,			1		
uted ansit	Examiner		b	Dun to /or on o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
exec n and ial-tra	Exa	Sequantially list conditions, if any, leading to immediate										
e be rsicia e bur	cal	Cause (Disaasa or injury										
tificate be executed g physician and as the bunal-transit	8	rasulting in death) Last  Dua to (or as a consequence of):										
og John	an/Medical	d										
thet the death led by the etter deteched for	sicia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						23b. Did tobacco use contribute to the cause of death?				
t the	Physicia							10	1 Yes 2 No 3 Probably 4 Unknown			
w requires that been signed to should be detailed	by P											7
quire on sig								24a. Was	an autopsy	24b. We	era autop ailabla pri	sy findings
aw re	olet							perio	performed? available prior to completion of death?			
The law ate hes page 2	Completed							16	∕as 2□No	1.4	Vas :	2□ No
iclan: The certificate rector, pag	0	25. Was casa rafarred to medical					26. Placa of Daat			7	1.00	
5 00 0	To B	avaminar?	Hospital: 1 ☐ Inpatlar	o 2₹1EB/O	utnationt	3 DOA O	thar-		dance 8 Othe	ar (Snacih	v)	
		27. Mannar of Death	28a. Data of Injur	y 28b.	Tima of				now Injury occurr			Lat to
Attending I or death. ector: After by the fune	Certification:	27. Mannar of Death  1 Natural 5 Pending (Month, Day Year)  28a. Data of Injury (Month, Day Year)  28b. Tima of Injury Work?  1 Year On M  1 Year On								maca in		
dea ctor	fice	3 Suicida 6 Could not be determined 28a, Place of Injury - At home, farm, streat, factory, office 28f. Locati						28f. Location (Straat and Number or Rural Routa Number,				
afte d'in t	ent							City or Tov	Town, Stata) Route 23/in			
epita nours neral		29a. Cartifilar 1 Certifying Physician: To tha best of my knowladga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.										
To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	(Check only one) 2 Medical Exam	inar: On tha basis of and mannar sta	examinetion en	nd/or Inva	stigetion, in my	opinion, deeth occur	ed et the time,	date end piece, e	and due to	the caus	se(s)
Vithir Vomp	Me	29b. Signatura and titla of certifiar		,		29c. Licar	sa number		29d. Data signed	1 (Month,	Day, Yes	ir)
		Theodor Uhund up OCME						JUNE 09,1996				
7		30. Name and address of person who complated cause of death (Item 23e) (Type, Print)							///			
/		THEUDORE	The state of the s				et, Balt	imore	Marvl	and	217	201
Ct	ite	31. Data filed (Month, Day, Year)		r's Signatura					4			

State Registrar

The first of the f 1 1 

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. | 9360

State of Maryland / Department of Health and Mental Hygiene

					,	Certifica		Death	, ,	eg. No.			
Physici		ion	1. Decedent's Neme (First, Middle, Last)					2. Dete of Dee			3. Time of Death		
	Physici /Medic Examin			n Jackson					June .	L5 <b>, 1</b> 996		4:00AM	
			As Parille Name of Control of the Control of										
	Funeral Director		1 1/7-10-1110  7(   1)								ce (Stete or Foreign		
pue ?	pue *		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Tow	n or Location						I. Inside City Limits	
	/anyle	Director		Ceorge!s							100	1 ☐ Yes 2√ No	
21215-0020 d within 72 hours after deeth with the Marylend	the h		Maryland Prince George's Suitland  10e. Street end Number  10g. Citizen of Whet Country?										
	eth with the Marylen 23a or 28a-f ehow								U.S.				
	n 72 hours after deal "neturel", or items	by Funeral	11. Meritel Stetus 1 □ Never Merried 2 □ Married 3 □ Widowed 4 □ Oivorced	12. Wes Decedent E Armed Forces? 1 Yes 2 XX If Yes, Give Year or Detes:	1 ☐ Yes 2 🕅 No If Yes, Give 1 ☐ Yes 2 🔯			at of Hispenic Origin? (Specify Yes or No- Cuben, Mexican, Puerto Rican, etc.)  No Specify:			14. Rece - Americen Indien, Bleck, White, etc.  Specify: Black		
	within 72 ho lene. than "netul	etec	15. Decedent's (Specify only highest of	Education rade completed)	fucation 16e. Decedent's Usuel C ade completed) (Give kind of work of			al Occupation rk done during most of working se retired)		DC Government Dept. of Human			
12	filed within Hygiene. ther than	To Be Completed	Eiementery/Secondery (0-12)	College (1-4or 5	College (1-40r5+)		nor use retired)  ng Assistant						
7			12th 17. Fether's Name (First, Middle, La:	N/A	IN IN	ursnig	USST						
ano	a la b		Joseph Henry	Barnes				18. Mother's Neme (First, Midd Mary Emily					
1 and 2 shy Health and	d 2 should b th and Ments 7 le marked traumatic e		19e. Informent's Neme/Reletionship				es (Street			Zin Code)			
	d 2 in		Agnes L. Pr					Road Wal					
	f Healt item 2 other		20e. Method of Disposition			Disposition (Nry, cremetory or				20c. Location			
	permit. Pages Department of Important: If it any Injury or once.		Burial 2 Cremetion 3 4 Donetion 5 Other (Spec						- 10 100	00 01:		M33	
	artmontary		21. Signature of Funeral Service Dio	**	Resur			ss of Fecility Lec				Maryland	
ä	Depa Impo any I		· Vail De	Stall								Md 20735	
			23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line.  Approximate Interval Between Onset and Death										
	Physician												
	/Medicai Examiner		Immediate Cause (Final disease or condition resulting in death)  e. carcinoma of Breast alth mets. 3yks.										
		Į.	Due to (or es a consequence of):										
- P	nsit	Examiner		l b		,					i		
	icete be executed physician and s the buriel-transit	Exa	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury										
760	sicia bur												
cords, P.O. Box 68760, requires that the death certificate be executed	\$ 0 a	Medical											
	attendin	Physician/W								23b. Did tobacco use contribute to the cause of death?			
that the de detached detached		Jysi	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.					en in Pert I.				he cause of death? bly 4 Dinknown	
J.	that ned b	by P	Anem 19	U					1 U Y	20 No	3 Probat	ay 4 □ Onknown	
or Vital Records,	cords, F v requires that been signed t should be det		mal nu CVA	hat.					24e. Wes e			eutopsy findings	
ပ္ပ		Completed	7 7 201 1100	1311cm.					perfor	med?	comp	able prior to detion of cause eth?	
ř	m - 5	mo	CAIX						1 🗆 Y	es 2 No	1 D Y		
Ē	ician: The certificate rector, pag	To Be C	25. Wes case referred to medical					26. Place of Dec	th (Check only or		1,		
>			examiner? 1 Yes 2 YNo	Hospitel:	nt 2 ER/Ou	tpetient 3	OOA Oth	or	ome 5 Reside		er (Specify)		
0	g Physical dispersal di		27. Menner of Death	28a. Dete of injury 28b. Time of 28c. Injury et						28d. Describe how Injury occurred			
DIVISION or Attending	eth.	atio	2 Accident Investigation M 1 Yes 2 No										
Š	r Atte	Certification:							28f. Location (Street end Number or Rural Route Number, City or Town, Stete)				
5 8	o le le le le le le le le le le le le le	Ö											
	To the Hospital or Attending Is within 24 hours effer death.  To the Funeral Director: After completely filled in by the funer	edicai	29e. Certifler  (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.  2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the ceuse(s) end menner steted.									ed. le ceuse(s)	
	Nithin To the	Me					9c. License number			29d. Dete signed (Month, Dey, Year)			
	- 2 - 0		\$ Sul 6			D46478				June 18			
			30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print)					0 1 / 0	vane/			,116	
			Suresh Patel,		Surratt		#302.	Clinton	Md. 20	735			
	Sta	ite	31. Dete filed (Month, Dey, Year)	32. Registre	r's Signature								
	Registi		JUN 1 9 19	196 Juli	divoler	Cardall							

DHMH 16 Rev 6/95

100 mg . . . 

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and the hospital in the terminal certificate has been signed by the attending physician and completely filled in the terminal protor, page 5 should be detached how be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.	A Plan 6 may be retained by the hospital	me prector, page 5 should be detached for		ninger must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours 🌥 the first the 6 may be retained by the hospital of	9 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the thine	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam

1. DECEDENT'S NAME (First ROBERT					IIICA	LOF	DEATH		REG. NO	<u>.                                    </u>			
	, Middle, Last)								OF OEATH	AY		3. TIME OF DEAT	Н
	G	EORGE	K	EAR	SR			June	10, 19		YEAR	8:10	P
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. lest birtho	"	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			HPLACE (State or Fo	reign
187-24-861	4	1 🖳 M 2 🗆 F	66	YR	S. MONTH	S DAYS	HOURS MIN.	Marc	h 19, 19	30	Penn	sylvania	
9a. FACILITY NAME (If not in		treet and number)			9b. C	ITY, TOWN C	OR LOCATION OF DE		, , ,		NTY OF I		_
616 Zion R					S	alisb	ury			Wi	comi	со	
10a. STATE	10b. COUNTY	Y		10c.	CITY, TOW	N OR LOCAT	ION					10d. INSIDE CITY	
Maryland	Wic	omico			Sali	sbury						LIMITS?	NO
toe. STREET AND NUMBER		Omico			Dail		. ZIP CODE			100 CIT	IZEN OF	WNAT COUNTRY?	NO
616 Zion R	٠.					"	2 1804			log. Gr			
11. MARITAL STATUS	α.	12. WAS DECEDEN	T FUED IN I	10 101150			Z 10U4 ENDENT OF HISPAN			1	USA		
1 Never Married 2 🛛	Merried	FORCES? t	XYES	2 NO		If yes, sp	ecify Cuben, Mexica	in, Puerto F		s or No —	14. RAC	E American India ck, White, stc.	m,
3 Wildowed 4 Dive	proed	IF YES, GIVE V	Kor			1 TYES	2 K NO Specify	y:			Spec	White	
15. DEC	CEDENT'S EDU	CATION		60. DECEDER	I I I S'TE	OCCUPATION	NA.	166	KIND OF BU	CINECC/IN	OLISTON	WILLEE	_
(Specify on	ly highest grade	completed)		(Give kind	d of work do OT use retire	ne durina mo	st of working	100.	OF BU	UNITED IN			
Elementary/Secondary (i	3-12)	College (1-4 or 5	+)						C C1		-		
17. FATHER'S NAME (First, M	Aiddle ( not)			Optio	21an		18. MOTHER'S NA		Eye Gl		S		_
		17								,			
Robert Har		Kear		T	72.0		Claire						
		,					nd Number or Rural				p Code)		
Peggy M		/spouse					, Salisb						
20a. METHOD OF DISPOSIT t ☐ Burlal 2 🖒 Crematic	ION on 3 - Ram	oval from State	cemet	LACE AND D	or other ole	cel			E 20c. L.0				
4 Donation 5 Other			Sa	lisbu	ry Cr	emato	ry	16/	13 Sa	alisb	ury,	MD	
21. SIGNATURE OF FUNERA	A. SERVICE LIC	DENSEE				HOTTO	Way Fune	ciuty	Home				
N X /a	11/4	Phone	100				Snow Hill			ishur	v. N	ID 21804	
23. PART i. Enter the d	liseasea, or	complications the	it caused t	the death.	Do not en				· .			Approxima	ata .
shock, or h	neart fallure.	List only one can								,		interval B	twee
iMMEDIATE CAUSE (Fit disease or condition		1			, ,							Onset and	
resulting in death)	$\rightarrow$	s. Re.	~ /	Ce 11	(4	rein	oma					5 ye	ary
		DUE TO	(OR AS A C	CONSEQUENC	E OF):								
Sequentially list condit	tions.	b	.00.10.10										
If any, leading to imme cause. Enter UNDERLY	diate	DUE TO	(OH AS A C	ONSEQUENC	E OF):								
CAUSE (Disease or Inje		c											
that initiated events resulting in death) LAS	ST .	905 10	(UH AS A C	CONSEQUENC	JE OF):								
		d					_						
PART ii. Other significa	ant condition	ns contributing to	death but	t not result	ing in the	underlyin	g cause given in	Part i.	24a. WAS AI		24	b. WERE AUTOPSY F	NOINGS
										RMED?		AWAILABLE PRIOR COMPLETION OF C	
									1 TYES	2 NO		OF DEATH?	
DID TOBACCO U	ISE CONIT	DIDLITE TO CA	ILISE OF	DEATH	VEC F	NO E	LINICEDTAI	N D				1 YES 2 1	10
25. WAS CASE REFERRED T		T T	_	6. PLACE OF			UNCERIAII						
EXAMINER?	O MEDICAL	HOSPITAL:			OTH								
1 TYES 2 NO		1 Xinpatient 2 [				-	e 5 Residence	*					
27. MANNER OF DEATH  1 Natural 5	Pandina	28e. DATE Of (Month, E		286	. TIME OF		PRK?	28d. DES	CRIBE HOW	INJURY OC	CURED		
2 Accident Investigation													
Z Accident											Route Number,		
3 Suicide s	S Could not be determined building, etc. (Specify)  29s. CERTIFFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(a) and menner at the time, date and place, and due to the cause(b) and menner at the time, date and place, and due to the cause(b) and menner at the time, date and place, and due to the cause(b) and menner at the time, date and place, and due to the cause(b) and the time, date and place, and due to the cause(b) and the time, date and place, and due to the cause(b) and the time, date and place, and due to the cause(b) and the time, date and place, and due to the cause(b) and the time, date and place, and due to the cause(b) and the time, date and place, and due to the cause(b) and the time, date and place, and due to the cause(b) and the time, date an												
3 Suicide s	Cetalinined		29e. CERTIFIER  (Check only  (C										
3 Suicide 8 Homicide		ICIAN: To the best of	f my knowled	dge, death oc	curred at 1	ne time, date	and pieca, and due	to the cau	ise(s) and mi	nner as ste	ited.		
3 Suicide S Homicide 4 Homicide  299. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of										(a) and menner as a	tated.
3 Suicide S Homicide 4 Homicide  299. CERTIFIER (Check only	TIFYING PHYS	ER: On the basis of a						time, date		nd due to t	he cause	(a) and menner as a D (Month, Day, Year)	tated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

Some E. Martin, M. 2, 145

31. DATE FILED (Month, Day, Ybar)

JUN 12 1996

JUN 12 1996

DHMH-16 Rev 1/89

the second second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	ige 6 may by lirector, page	retained by the 5 should be de
be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or ramoval.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	r must be	notified at or

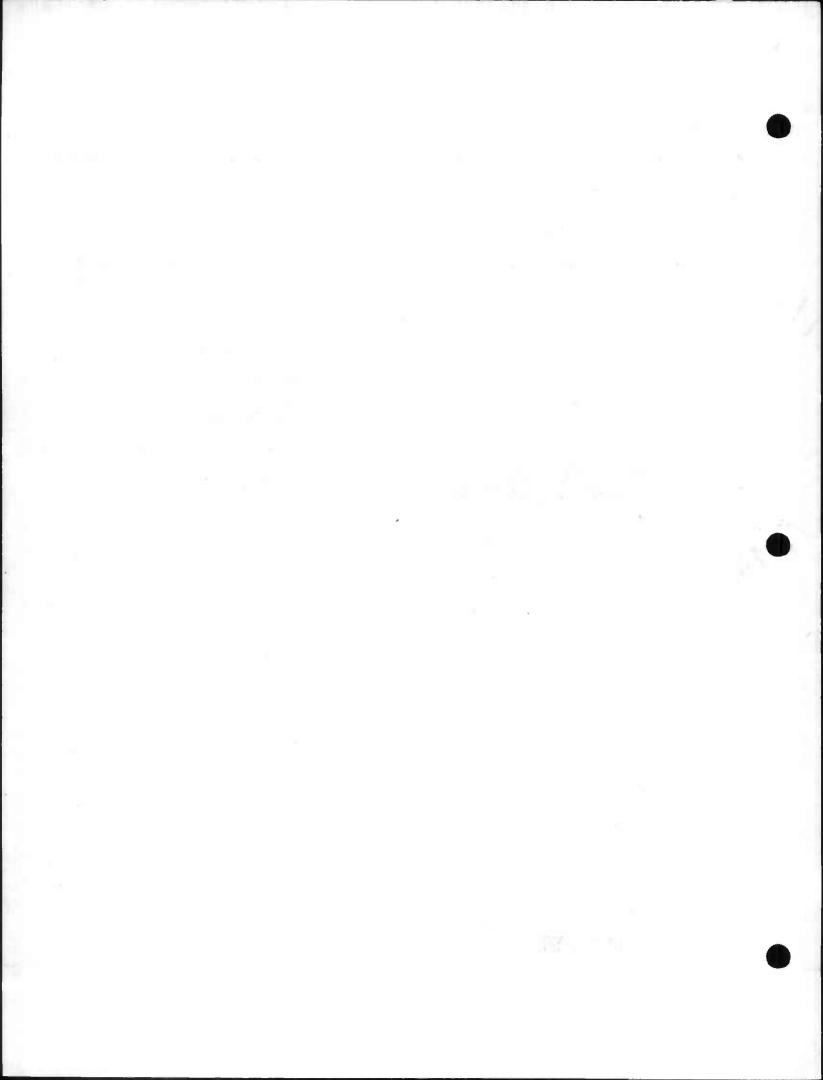
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF					MENTAL	HYGIEN			1 200			
	DECEDENT'S NAME (First, Middle, Last)	Agnes D. Ka		IOAIL	. 01	DEAT		2. DATE MONTH June	OF DEATH	AY	YEAR 996	3. TIME OF 0		м	
	4. SOCIAL SECURITY NUMBER 194-01-1377	1□M2⊠F 78	n yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER 2	MIN.	7. DATE (Month) Aug.	Day, Year)	1917	Penr	sylvar			
DIRECTOR	96. FACILITY NAME (If not institution, give to 10937 Bellehaven RESIDENCE OF DECEDENT			_	ascu	R LOCATION	N OF DE	EATH			ntgon				
REC	10e. STATE 10b. COUNT			ry, town o		ON						10d. INSIDE (	ITY		
		gomery	Dat	nascu								1   YE\$ 2			
FUNERAL	100. STREET AND NUMBER 10937 Bellehaven	Blvd.			727	O872				117		of what country?  I States			
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3XXWidowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 ANO		WAS DECE f yes, spe I YES	cify Cuban,	HISPAN Maxica Specify	ican, Puerto Rican, etc.) Black, V							
	15. DECEDENT'S EDU	CATION	tee. DECEDENT'S	1 101141 0	COLUBATIO	AI		1405	KIND OF BU	0111500 1111	DUGTON	Whit	e		
COMPLETED	(Specify only highest grade		(Give kind of life, Do NOT u	work done (	during mos	N It of working		100	wn Ho		DUSTRY				
ш	17. FATHER'S NAME (First, Middle, Last)  John Jurasko							ME (First, M Kuce	liddle, Maiden	Surname)					
TO B	190. INFORMANT'S NAME (Type/Print) Alan Kalons								er, City or Town			1. 2087	72		
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION / Name of commetted suries 2 Cremetton 3 Removal from State completely, crematory occupier place)													
	Gate of Heaven Cemetery 6/15/96 Silver Spring  11. SHEMATURE OF EUNERAL MERVICE LICENSEE    Cate of Heaven Cemetery 6/15/96 Silver Spring Olin L. Molesworth P.A. 26401 Ridge Road, Damascus, Maryl												20872	2	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on a	the death. Do sch fine.	not enter	the mod	de of dyln	ig, suc	h as card	lac or resp	iratory a	rmest.	Appro	imata I Betwee	n	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Ventri	relay	ula Fibrillation								CNO.	and Dea	th les	
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  OUE TO (OR AS A	CONSEQUENCE OF	o Heant tealure y Gutery Diseas								Twen	IEAR Y YEA	rs	
T. 1	PART ii. Other significent condition	na contributing to death be	ut not resulting	In the ur	derlying	ceuse gl	ven in	Pert i.	24a. WAS AN		24t	WERE AUTOPS		is	
MEDICAL								-	1 TYES			AVAILABLE PR COMPLETION OF DEATH?	DF CAUSE		
N.	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH Y	ES 🔲 I	NO Z	UNCE	ERTAIL	N 🗆				1  YES 2	□ NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:	26. PLACE OF DEA	OTHE	<b>R</b> :									_	
/ PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	1   Inpetient 2   ER/Outpetient 3   DOA 4   Nursing Hon     28e. DATE OF INJURY (Month, Day, Year)   28b. TIME OF INJURY WG			28c. INJI WO	JRY AT			(Specify) CRIBE HOW	INJURY O	CCURED			7	
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Spec	— At home, term,	street, fact	ory, office				ATION (Street or Town, State		er or Rural	Route Number,			
COMPLE	onel	ICIAN: To the best of my knowl ER: On the basis of exemination										a) and menner	on stated.		
TO BE C	29b SIGNATURE AND TITLE OF CERTIFIE	ehart				29c. LICEP	nse nui	MBER		0	TE SIGNED	(Month, Day, )	6		

Joann Urquhart MD. 9711 Medical Center Drive, Rockville, Maryland. 20850

31. DATE FILED (Month, Day, Year)

JUN 1. 4. 1996

32. REGISTAR'S SIGNATURE
July a dhuchen Raylett



State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate o	t Death			Reg. No.		
	Physic /Medi		1. Decedant's Neme (First, Middle Julia		ce Kre	sen				2. Data of De Month June	Day 10, 1	Year 996	3. Tima of Death 3:00 PM
	Exami		49. Facility Name (If not institution Frederick Memo					4b. City, To		ocation of Deat k		of Deeth erick	
	Funeral Director		5. Social Sacurity Number 150-01-1203	6. Sex 1 M 2 F		s. last birthday) 85 Yrs.	If Undar 1 Yee Months Dey		24 Hrs. Min.	8. Data of Bir (Month, Da July 2	th y, Year) 2, 1910	9. Birtho Cour Penn	olaca (Stata or Foreigntry) 1Sylvania
	how	1.	Usuel Rasidance of Dacedent  10a. Stata 10b. County		10c. C	City, Town or Lo	ocation					1	0d. Inside City Limit
	Wa Ta	cto	Maryland Frede	rick	F	rederic	k						1 □ Yas 2 🖾
104	20 1	Director	10e. Street end Number				10f. Zip Code				10g. Citizan of V	What Cour	ntry?
	8 23a		6853 Buckthorn				2170				U.S.		
	n /2 hours after death with the Maryland "natural", or flems 23a or 28a-f ahow potest Examiner must be notified at	by Funeral	11. Meritei Stetus  1 Never Merried 2 Meri  3 Widowed 4 Divorced	Armed F	2 No iva		Was Decedent of If Yas, specify Cu 1 ☐ Yas 2X N	uben, Mexicar	gin? (Spe n, Puerto	ecity Yes of No Rican, etc.)		k, White,	
	afura cel E		15. Decedan	t's Education		16a. Dece	dant's Usual Occ	upation			16b. Kind of Bu		
4 (144.1	jene.	Completed	(Specify only higha Elemantary/Secondary (0-12) 12	st grada complated, Collega	) (1-4or 5+)		dant's Usual Occ kind of work don DO NOT usa reti Cretary				Not 1	known	
	S	To Be C	17. Fathar's Nama <i>(First, Middle,</i> Unknown	Last) Pels				18. Moths		a (First, Middla, Unkno	Maidan Sumen Wn	16)	
	E E		19a. Informant's Neme/Ralations	thip (Type, Print)		19b. Mailir	ng Addrass (Stre	et and Numbe	er or Run	al Route Numb	er, City or Town,	Stata, Zip	Code)
	Healt F		Dolores L. Kre 20a. Mathod of Disposition 1 XBurial 2 Cremetion			Piace of Dispo	O Sage :		e, Ge	ermanto Dete	wn, Mary 20c. Location -	land	20874 own, State
	reges nent of h ant: If ite ury or of		4 Donetion 5 Other (S	3 □ Hamovel from	State	-	ivet Cer			6/14	Frederi	ick,	Maryland
	Department of Himportant: If the any injury or or ondo		21. Signature of Funeral Service	Segreca Del	wit		BERT E.				ERAL HON	-	
			23a. Part L Sater the Officese, or shock, or heart failure. List	complications that	couned the des								Approximete Intarval Batween
E	/Medical Examiner	Examiner	Immediate Cause (Final disease or condition rasulting in death)  Sequentially list conditions.	a. ATH	Due to	(or as a consec	quance of):  RICAL Paguance of):	RDIOVA	s ev dys r	CHYTH	d ISEASE		20 YR 4 YR
and of the same of	certificate be executed adding physician and use es the burlel-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated evants resulting in death) Last  Dua to (or as a consequence of):  Dua to (or es e consequence of):											
the death	e atter	Physician	Pert II. Other significant condition	ons contributing to c	leath but not ra	sulting In tha u	ndarlying causa	givan In Part I					the cause of deal
that the										10	Yes 20PNo	3 Pro	bably 4 ☐ Unkno
Ohmelelen. The law recuires	s been s 2 should	Completed by									an autopsy ormed?	av	are autopsy findings ailabla prior to impletion of cause daath?
1	2 2 0	E O								10	Yas 2 No	10	Yas 2 No
-fam.	s certificate director, pag	Be	25. Was casa rafarred to medica axaminar?	1				26. Pleca	of Daati	h (Check only o	ona)		
Ohmelolen	this o	2	1 Yas 2 No			☐ ER/Outpatier	IL SIE DUA				denca 6 □Oth		fy)
a Della	After funer	tion	27. Mannac of Death  1 ☑ Netural 5 ☐ Pandir	30	of Injury oth, Day Year)	28b. Tima of Injury	W	juryat /ork? □Yes 2□		28d. Describe	how injury occur	red	
or Attended	ofter deat Director: in by the	Certification:	2 Accidant invasti 3 Suicida 6 Could 4 Homicida detarm	not be 28a. Plac	e of Injury - At I ling, etc. (Spec		eet, factory, offic			28f. Location ( City or To		er or Rura	al Routa Number,
the Unesited	Euroral Funeral letely filled	edicai C	29a. Cartifiar (Check only one)	g Physician: To the Examiner: On tha b end mar	e best of my kn casis of axamin	owiedga, daatt ation and/or in	n occurred at tha vastigation, in my	tima, data an opinion, daa	d piaca, th occurr	and dua to tha red et the tima,	cause(s) and ma data and pieca,	inner as s and due to	tated. the cause(s)
Tothe	within 7 To the comple	Me	29b. Signature and title of certifia	r		o Mn		nse number	4		29d. Date signe		Dey, Year)
				-0.00				193.	-		6.12	10	
			30. Nema and addrass of person Andrew O. Done		-			ie. Fra	deri	ick Ma	ryland 2	1701	
	Sta	ate	31. Data filed (Month, Day, Year)		Registrar's Sign		→ Aveil	.c, rie	.derl	LCR, Fld.	Lyland 2	1/01	- In the State of Contract of
	Registi		JUN 1	1		wilson Ro	roballi						
нмі	H 16 Rev 6/9	5		- 1000	U								

State of Maryland / Department of Health and Mental Hygiene 96

		11			C	ertificate d	of Death	Re	g. No.		13001
	Physic	ian	1. Decedant's Name (First, Middla, Las	t)				2. Data of Death Month	Dey	Year	3. Tima of Death
	/Medi		CURTIS	Μ,	LAWS			June		996	9:05 AM
7	Examir	ner	4e. Fecility Nama (If not institution, give	street end number)			4b. City, Town, or	Location of Death	4c. County of	of Deeth	
	Funeral Director		Salisbury Centers Sociel Security Number 8. St. 18-16-5/56		s Elder			8. Dete of Birth	Wico:		aca (State or Foreign
	arylend		Usuai Rasidance of Decedent  10a. Stete 10b. County		10c. City, Town or	/ / \				100	d. Inside City Limits
	or 28a-f	Director	10e. Street and Number	MILO	الله ل	10f. Zip Cod		10	g. Citizen of W	fhst Countr	Yas 2□ No
	ath w		200 CIVIC	AVC			18.01		11.2	71	
020	s within 72 hours after death with the Marylend liene. Then "nature!", or ferms 23a or 28a-f show the Wedical Examine must be notified as	by Funeral	11. Msritai Stetus  1 Never Merried 2 Merried  3 Widowed Divorced	12. Wes Decedant Ev Armed Forces?* 1 ☐ Yas 2 No if Yas, Giva Yaer or Dstas:	er in U,S. 13	3. Wes Decedant of If Yas, specify C	of Hispanic Origin? (S cuben, Maxican, Puar No Specify:	Specify Yes or No- to Ricen, atc.)		- America k, White, et	
5-0	72 h	eted	15. Decedant's Ed (Specify only highest grad	ucetion da completed)	16e. Dec	cedant's Usuai Oc	cupation	rkina 1	6b. Kind of Bus	sinass/Indu	istry
21215-0020		Completed	Elemantary/Secondery (0-12)	Coilege (1-4or 5+)	lifa	DO NOT use re	ne during most of wo tired) MIH		Jezf	2005	
Maryland	od ala	To Be C	17. Fathar's Nama (First, Middle, Last)	aws			18. Mother's Ne	ma (First, Middla, M	aidan Sumame	9)	
ary	S D E E	F	19e. Informant's Name/Relationship (7		19b. Ma	iling Addrass (Str	eet and Number or R	ural Routa Number,	City or Town, S	Steta, Zip C	Code) Q
	1 and 2 lealth e im 27 le		20m. Method of Disposition	W5	32	J	ster ulle	Rd, I	BIVZI	100,1	4) 18/2
Baltimore,	t the		Buriai 2 Cramation 3 4 Donation 5 Other (Specify		cemelery, c	rematory or other	(Em.	8/10/98	Oc. Location - 0	city of Tow	m, State
Balt	pemit. Peg Department Important: It any Injury o		21. Signature of Funaral Sarvice Licens	Hug- 4	17/	22. Name and Ad	drass of Facility	end Non	R. P.	O.B	ax 61
			23a. Part1. Entar tha disaesa, or comp shock, or haart failura. List only c	lications that caused th	na daath. Do not e	enter the mode of	dving, such as cardie	c or raspiratory erra	14		Approximeta
vi	Physician		shock, or heart failure. List only o	ne ceuse on each line.						1	Intarval Batween Onset and Death
7	/Medical		Immediata Causa (Finai disaase or condition	Supp	no On	ATIP.	Suspec	T ARR	1 Honer	-	miles
	Examiner		resulting In death)		ua to (or as a cons	sequance of):	7-0				
	D #	luei	_	A5760	Sclero	tue (	ARPIOL	Malsor	Lilens.	210	wease
_	icata be executed physicien end s the burial-trensit	Examiner	Sequantially list conditions, if any, leading to Immedieta ceusa. Entar Undarlying	Di	ua to (or as a cons	equance of):					
90	be en icien buria	alE	ceusa, Entar Undarlying Causa (Disaasa or injury that initiated evants	c							
x 68760	E 50	Medical	rasulting in deeth) Last		ia to (or as a cons	equance of):				1	
Box	ettendir for use	Physician/		d						Ī	
0.	that tha de led by the e detached	ysk	Part II. Other significant conditions co	ntributing to death but	not rasuiting in tha	undarlying causa	givan in Part f.				the cause of death?
	s that gned b	by Pt						1 🗆 Ye	2 No	3 Proba	ably 42 Unknow
Vital Records,	S S	Completed						24a. Was en perform	autopsy ed?	com	a autopsy findings labia prior lo lpletion of ceuse aeth?
Ī	0 - 0	E O						1 □ Yes	20 No	1 🗆	Yas No
IIa		Be (	25. Was cesa refarred to madicei axaminar?				26. Pieca of Da	ath (Chack only ona	)		
ot v	5 00	10	1 Yas 2 No	Hospitai: 1 ☐ inpatiant		iant 3 DOA	Other: 4 Nursing I	loma 5□Rasidar	ce 6 □Othe	r (Specify)	
ono	Ing Affai fune	ation:	27. Mennar of Death  Natural 5 Panding  Accident investigation	28a. Data of Injury (Month, Day Y	28b. Tima Injun	/	njuryat Nork? I □ Yes 2 □ No	28d. Dascribe hov	v injury occurre	əd	
Division	frer direction by	Certification:	3 ☐ Suicida 6 ☐ Couid not be 4 ☐ Homicide dataminad	28e. Pisce of Injury building, atc. (	- At home, farm, (Specify)	straat, fsctory, offi	са	28f. Location (Str. City or Town,		er or Rural	Routa Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	(Check only 2 Medical Exam	sician: To the best of r	kamination and/or	ath occurred at the investigation, in m	a tima, dsta and piece	e, end due to the ceaurred et the time, de	/se(s) and man	nnar as sts	ted. tha ceuse(s)
	thin 2 the mple	Med	29b. Signatura and title of certifiar	and mannar state	d.		ansa number		d. Deta signed		
	¥ ¥ 60		200	o M				29	6/5	190	5
			30. Name and eddress of person who c	ompieted ceuse of dee	th (itam 23a) Typ	Print)	3983 Orne,	SALIST	Zens 1	10	21801
	CAO	to	31. Dsta filed (Month, Dsy, Yaar)	32 Registrar	s Signstura			ے رپان	0/	9	
	Sta Registr		JUN 07 199	16 Juliati	s Signstura	ell					

State of Maryland / Department of Health and Mental Hygiene 96

1	9	3	6	5
		-	0	-

					C	ertificate c	of Death		Reg. No.		300
Π	Physic	ian	Decadant's Nama (First, Middla, Las	*	C.			Month			
	/Medi	cal		KLRY	Jr.			June	13	1996	1045
F	Exami	ner	4a. Facility Nama (If not institution, give Washington Cou	nty Hospita		M. Hadas 4 Va	Hagers		Was	hing to	7
	Funeral Director		5. Social Sacurity Number 6. S 219 20 3800  Usual Rasidenca of Dacedant	ex 7. Aga (In yr. 60	s. last birthda Yrs.	y) If Undar 1 Ya Months Da		in. (Month, L	inh Day, Year) 5,1926		Steta or Foraign
	deeth with the Maryland ms 23s or 28s-f show	ctor	MD. 10b. County Washing	A	City, Town or Hagers						aide City Limits Yas 2□ No
	23a or 28	Funeral Director	10e. Street and Number 316 NProspect	Street		10f. Zip Cod	a 740		10g. Citizen of USA	What Country?	
UZU	or its	by	11. Maritai Status  1 □ Nevar Married 2☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedant Evar in Armed Forcas? 1 ☐ Yas 2€No If Yas, Giva Yaar or Datas:	U,S. 13	B. Was Decedant of If Yas, specify C	of Hispanic Origin? Juban, Maxicen, Put No Specify:	(Specify Yes or Narto Ricen, atc.)	Bia	ce - Amarican Ind ck, Whita, atc. y: Black	ian,
1215-002U	E 20	Be Completed	15. Decedant's Ed (Specify only highast gra	da completed)	18a. Dec (Gir lifa	edant's Usual Oc va kind of work do DO NOT usa rei	cupation na during most of w tired)	vorking	16b. Kind of B	usiness/industry	
7	d within giene. ir than "	mo	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)		pairman			Milita	ary	
maryland	should be filed and Mental Hygin marked other matic event, to	To Be C	17. Fathar's Nama (First, Middla, Last) Herbert Lockle	У				lama (First, Middl Lock 1 e	a, Maidan Sumar Y	na)	
al	2 should and Mer is marks aumatic	-	19a. Informant's Name/Ralationship (7	Type, Print)	19b. Ma	iling Addrass (Str	eet and Number or	Rural Routa Num	ber, City or Town	, Steta, Zip Coda,	)
	Tt.		Kathryn Lockle				pect St	. Hager	stown,	MD. 217	740
pailimore,	8 = 5		20a. Mathod of Disposition  1  Burial 2  Cramation 3  4  Donation 5  Other (Specify	namoval nom Stata		position (Nama of rematory or other)		Data 6/17/9	20c. Location	- City or Town, St rstown	
Dail	pemit. Pa Departmen important: any injury		21. Signaturi of Funaral Sarvice Licen	E. Watt	-/	22. Nama and Ad	drass of Facility hel St.		Funer stown, M		
	Physician /Medical Examiner		234 Part 1. Enter the disaasa, or comp shock, or haart failura. List only of Immediate Causa (Final disaasa or condition rasulting in daath)	a. Due to	ath. Do not a		tying, such as cerd			Approintery Onsa	oximata vai Between it end Death
ox peron,	certificate be executed and and physician end use as the bunal-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disease or Injury that initiated evants rasulting in death) Last	c. <i>U</i>	(or as a consi	aquance of):	W Wie	of Milas	Jose 2	- ge	arz
0.0	that the death certified by the attending deteched for use at	Physician	Part II. Other significant conditions co		asulting in tha	underlying causa	givan in Part I.		d tobacco use co		
ds, F	signed b	by	ghers pen	Calaria				-	Yee 2 No	3 ☐ Probably	4 Unknown
Hecords,	aw raquas been 2 should	Completed	- fremia	3 muchie	7	tivo T		per	s an autopsy tormad?	availabla completion of death?	prior to on of ceuse
			25 Man anno sofoward to modical	3 Journa	CG .	110 2			Yas 2 No	1 🗆 Yas	2[] No
ol vital	Physicien: this certific ral director,	o Be	25. Was casa rafarred to medical exeminar?  1 Yas 2 No	Hospital:	TER/Outpati	ent 3 DOA	Other	laath (Check only	ona) sidance 8 □Oth	nos (Possifu)	
5	Jing Ph h. After thi funeral	ition: T	27. Mannar of Death  1 Natural 5 Panding 2 Accident invastigation	28a. Data of Injury (Month, Day Year)	28b. Tima Injury	of 28c. Ir	njury at Nork?		how injury occur		
DIVISION	or Attendionation after death.  Director: All in by the fu	Certification:	3 Suicida 6 Could not be datarmined	28a. Place of Injury - At building, atc. (Spec	homa, farm, s	streat, factory, office	ce	28f. Location City or To	(Street and Numi	ber or Rural Route	a Number,
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edical C	29a. Cartifier 1 ☐ Certifying Phy (Check only one) 2 ☐ Medical Exam	rsician: To the best of my kr iner: On tha basis of axamir and mannar stated.	nowledga, dae nation and/or	ath occurred at the invastigation, in m	tima, date and pla y opinion, death oc	ce, and dua to the curred at the time	a causa(s) and m	anner as stated. and due to the ce	ausa(s)
	To the Comp	Σ	29b. Signatura and titia of certifiar				ansa number		29d. Data signe	d (Month, Day, Y	'ear)
)			30. Nama and address of person who con FRANCISCO L. AK	completed causa of death (Ite	am 23a) (Type	p, Print)	12788	(OA)	6/1	3/96	
	Sta	ate.	FRANCISCO L. AK 31. Data filed (Month, Day, Year)	DICADE 35	natura	ILL ST. 1	THUCKST	, ,	-1/2/1	* 0	
	- JIC	110									

Registrar

JUN 1 4 1996 Jelk Studen Parket

of the manufactures and the second

State of Maryland / Department of Health and Mental Hygiene 96

19366

						Cer	tificate	of	Death		Reg. No.	20		300
	House.		1. Decedent's Name (First, Middle, La	st)						2. Date of D	eath		3. Tir	ne of Death
H	Physici /Medi		Hazel Marie Ler	ntz						Month	Dey 1.5	1996	1.	2:59
	Examir		4a. Fecliity Name (If not institution, giv						4b. City, Town, or		th 4c. Coun	ty of Deeth	1 10	1
	6		Washington Cour	nty Hospital					Hagers	town	Was	shing	ton	
	Funeral		5. Social Security Number 6. S 212-18-1894	ex 7. Age (In yrs. 76		hday) (rs.	If Under 1 Months	Yeer	If Undar 24 Hrs		irth		place (Si	teta or Foreign
			Usual Residence of Decedent			1		-		100 20	, , , , , ,	rial	yıu	II G
	yland		10a. State 10b. County	10c. Cit	y, Town	or Lo	cation					-	10d. Insi	de City Limits
	Mar	to	MD Washi	ington			H	ag	erstown				1 🗆	Yes X No
	or 28	Director	10e. Street end Number				10f. Zlp C	ode			10g. Citizen of	What Cou	ntry?	
	h wi		13719 Dixie Dri	ve					21742		Ü	ISA		
	dea	Funeral	11. Marital Status	12. Was Decedent Evar in U Armed Forces?	,S.	13. V	Vas Deceder	nt of H	ilspanic Origin? (S an, Mexican, Puerl	pecify Yes or N	o- 14. Re	ace - Amaric		n,
21215-0020	permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any follury or other traumatic event, the Medical Examinat roust be notified at ances.	by	1 ☐ Never Married 2 🕅 Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 21 No If Yes, Give Yeer or Datas:			Yea %		Specify:	o riioaii, eio.		<sup>⊮y:</sup> Whi		
2-0	72 ho	Completed	15. Decedent's Ed (Specify only highest gra	ducation	16e.	Deced	lent's Usuel (	Occup	pation	rkina	16b. Kind of	Business/In	dustry	
7	thin an	pje	Elementary/Secondary (0-12)	College (1-4or 5+)					during most of word)	King				
	filed with Hygiene. ther ther	9	12			]	Bookk	ee	per		Jewel	ry S	tor	e
Maryland	of Hy	Be (	17. Fether's Neme (First, Middle, Last)						18. Mother's Nar	ma (First, Middl	a, Malden Sume	me)		
yla	should be find Mentel it	2	Harold C. Rohrk	ough					Marie T	. Lang	e Rohr	boug	h W	agner
a	and and is ma	i	19a. Informant's Name/Relationship (	Type, Print)	19b.	Mailln	g Address (S	Street	end Number or Ru	iral Route Num	ber, City or Town	n, Stete, Zip	Code)	
	1 end 2 Health em 27 i		Harry M. Lentz,	Husband	13	719	9 Dix	ie	Drive,	Hager	stown,	MD	21	742
more,	of He		20a. Method of Disposition		Placa of	Dispos	sition (Neme	of er ple	ca)	Date	20c. Location	- City or To	own, Sta	te
Ĕ	Pages nent of H ant: If ite		↑ Buriel 2 □ Cremation 3 □ 4 □ Donetlon 5 □ Other (Specify)	Res	t H	ave	en Ce	me	tery	6/18	Hagers	town	, M	D
a	permit. P Departme Importan any injur		21. Signature of Funeral Service Licen	560	71	22	. Name and	Addre	ss of Fecility Fiery Fu					
m	Depare Impor		Mand &	71:								MD	217	142
-		_	23a. Part1. Enter the disease, or com	plications that orused the deat	h. Don	ot ente	or the mode	cer of dvir	n Blvd.	or raspiratory	erstown arrast	, MD	217	
	Physician		shock, or hearf laiture. List only	one cause of which lina.						,			Interva	I Batween end Deeth
	/Medical		immediate Ceuse (Finai	Manc	0~	1.	0.0	1	Je. vo +	100		10	Lo	47
ı	Examiner		disease or condition resulting in death)	· Myoc	И 1			1 1	1910	(00)			10	NYS
		je.		uue to (c	or as e c	onseq	uence or):		U			1		
	uted	Examiner	Company of the Heat control of the	b. ————————————————————————————————————			uence of):					-		
Ć,	certificate be executed rding physician end use as the buriel-transit	Exa	Sequentially list conditions, if any, leading to immediata cause. Enter Underlying	D0 01 60 (C	n es a c	Oriseqi	derice or).					1		
68760,	e be rsicia	edicai	Ceuse (Diseese or injury that initiated events	cDue to (o	. 00 0 0	oneogu	innon of):							
9	ificat g phy as th	b	resulting in deeth) Last	200 10 (0	1 63 a C	Ullabde	dance or).					į		
ŏ.		N/U		d			<u>.</u>							
m "	satte d for	lcia	Part II. Other significant conditions of	outributing to death but not rea	ulting in	the un	dod dos services	ne el	on in final I	22h Di	tobacco use c	amtelbuta t	o the co	una of death!
0	that the death co	Physician	Carren significant conditions of	ontributing to death out hot les	a l	trie un	oenying cau	0	0		/			4 Unknow
<b>D</b>	es that igned to be deta	by P	Perent Ch.	wind Dis	13t	m	lue	V	mony	2	Yes 2□No	3 1 10	Datory	4 Unknow
Records,	requires that the death seen signed by the atter hould be detached for a			5	2					24a. Wa	s an autopsy	24b. W	ere euto	psy findings
000	71 (2)	Completed		10000	106					per	formed?	CO		orior to n of causa
He	e law hes b	du.											death?	
	cate h									1L	Yes 2 No	1	Yes	2□ No
Vital	Physician: The lithis certificate he ral director, page	Be	25. Was case referred to medical examiner?	Hospital:				Oth	28. Place of Dea	ath (Check only	ona)			
	Phys this ral di	To	1 Yas 2 10	1 □ Inpatiant 2 ☑	ER/Out				4 Li Nuising r		sidence 6 0		<i>(y)</i>	
2	h. Aftar funer	lon	27. Manner of Death 1 ☑ Neturel 5 ☑ Pending	28a. Date of Injury (Month, Dey Year)	28b. T	ime or jury		. Injur		28d. Describe	how injury occu	Irred		
S	death tor: /	Certification:	2 Accident investigation 3 Suicide 6 Could not be		III II		М		Yes 2 □ No	004 1	(Character and Alexander)		nt Davida	Atuntun
Division of	or Al	ŧ	4 ☐ Homicide determined	28e. Pleca of Injury - At he building, etc. (Specif	ome, ter y)	m, stre	set, factory, o	OTTICE		City or To	(Street end Nun own, State)	iber of Hun	si moute	rvumber,
	orai C		20-0-25											
	To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completaly filled in by the fune	edical	29a. Certifier 1 Certifying Ph (Check only one) 1 Medical Exam	ysician: To the best of my kno niner: On the basis of examine	wledge, ti <i>o</i> n end	deeth Vor inv	occurred et estigetion, In	the tir	me, dete end piaca ppinion, deeth occu	rred et the time	e cause(s) and n , dete and place	nanner as a n, and due to	neted. o the cer	use(s)
	the the mble	Mec	29b. Signetura and title of cartifier	end manner stated.			200 1	icene	se number		29d, Date sign	ed (Month	Day Va	ar)
	1 × 5 8	_		MX MI	)		250. 1	1	CID (	21	Lou. Date sign	177	151	<u> </u>
			1 000	1					TI	50	0	(/	/ (	3
			30. Name and address of person who	completed cause of deeth (Item	23a) (	Type, I	Print	00	hill	wem	10 11	IC PA	10	252
			0.11100000	1		-1	UN	سكاما	00111	VVCIV	1 10	7	110	7
	Sta	te	31. Data filed (Month, Day, Year)	32. Registrar's Signa	ture						MO	X1 /	YC	)

State of Maryland / Department of Health and Mental Hygiene

19367

					ertificate of	Death		eg. No.		
Physici	an	Decedent's Neme (First, Middle, Last     N A DELT N			D		2. Dete of Deet Month_		Yeer	3. Time of Deeth
/Media	cal		JAMES	T	EH,JR.		JUNE		9 geer	6:46 PM
Examir	ner	4e. Fecility Neme (If not institution, give DORCHESTER GEN		PITAL		4b. City, Town, or L		4c. County DORCE		ER
uneral irector		200 02 3000 7	7. Age 7. Age 29 7. Age	(In yrs. last birtho	Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey, May 23	Year) 1967	9. Birthple Count Penn	ece (State or Foreig ry) Sylvania
A m		Usual Residence of Decedent  10e. Stete 10b. County		10c. City, Town o	r Location				10	d. Inside City Limit
Sa-f show	ctor	Penn. Northam	pton	Eas	ton					1 Yes 2 □ N
23a or 28	Funeral Director	10e. Street end Number 470 Grant	St.		10f. Zip Code	8042	10	og. Citizen of V	Whet Count	ry?
al', or items 23a or 28a-i sho Examiner must be notified at	by	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:	ver in U,S.	3. Was Decedent of H If Yes, specify Cubi 1 ☐ Yes 2 No	lispanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		e - America ck, White, e v: wh	
natra	Completed	15. Decedent's Ed (Specify only highest green Elementary/Secondary (0-12)	ucation de completed) College (1-4or 54	16a. De (G	cedent's Usuel Occup ive kind of work done e. DO NOT use retired mechani	petion during most of work d)	ing	CORVEY		ustry nufacturi
matic event, tre M	To Be Co	17. Father's Name (First, Middle, Last)  Martin	James L	eh	-	18. Mother's Name		Maiden Sumen		
7 is marke treumatic		19a. Informent's Name/Relationship (7			eiling Address (Street				Stete, Zip	Code)
other tr		Mr. Martin J. Leh 20e. Method of Disposition	/ father		Grant St.	, Easton				
- 2		1 Burial 2 Cremation 3 4 Donetion 5 Other (Specify	Removel from State	H.G. Sm	sposition (Neme of cremetory or other place ith		1	oc. Location - Strouds		
any injury o		21. Signature of Funerel Service Licans			22. Name end Addre Thomas Fun			Jer o das	Dui 6	
# 9		Kenuth R	Thomas	7.	700 Locust			21613		
for use es the burial-transit	Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	b	ue to (or es e con	sequenca of):					
or us	cian		d							
Jetachec	by Physician	Pert II. Other significant conditions co	ntributing to death but	not resulting in the	e underlying cause giv	en in Part I.	23b. Did tobacco t		3 ☐ Probe	
							24a. Wes ar	autopsy led?	evei	e autopsy findings leble prior to pletion of cause
shou	plete									
shou	Complete						1 □ Ye	s 2000	1,75	Yes 2□ No
ector, page 2 shou	Be Completed	25. Wes case referred to medical exeminer?				26. Piece of Deeth		, (	125	Yes 2 No
il director, page 2 shou	To Be	exeminer?  **Comparison of the comparison of the	Hospitel: 1 ☐ Inpatient	-		er: 4 Nursing Ho	n (Check only one	nca 6 🗆 Oth	er (Specify)	
the funeral director, page 2 shou	To Be	exeminer?  **Exeminer?  27. Menner of Deeth  1	28a. Dete of injury (Month) Dey	Year) 28b. Time tnjur	28c. injun Word	er: 4 Nursing Ho y at k? Yes 2 No	me 5 Resider	nca 6 □Othwinjury occurr	er (Specify)	
the funeral director, page 2 shou	Certification: To Be	exeminer?  **X*Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending	28a. Dete of injury (Month) Dey	Year) 28b. Time tnjur 6 00	28c. injun	er: 4 Nursing Ho y at k? Yes 2 No	me 5 ☐ Resider	nca 6 Oth-	er (Specify)	Route Number »
Funeral Director: After this Sertificate has been tely filled in by the funeral director, page 2 should be seen that the second of the second	Certification: To Be	exeminer?    VEWes 2   No	28a. Dete of injury (Month) Dey (29a) Piece of Injury building, etc.  alcian: To the best of ener: On the best of ener:	Year) 28b. Time Injur 6 00 y - At home, fem, (Specify) my knowledge, de xaminetion end/or	street, factory, office	er: 4 Nursing Ho	me 5 Resider 28d. Describe hor 28f. Location (Str. City or Town,	eet and Numb Stete) /432  Doro	er (Specify) red er of Rural (Wee da C	Route Number Prosing Rd Co Pro
• Funeral Director: After this certificate has pletely filled in by the funeral director, page 2	To Be	exeminer?  **Times	28a. Dete of injury (Month) Dey (6 - 12 - 96) 28e. Plece of Injury building, etc.	Year) 28b. Time Injur 6 00 y - At home, fem, (Specify) my knowledge, de xaminetion end/or	street, factory, office  eth occurred et the tin Investigation, In my o	er: 4 Nursing Ho	me 5 Resider 28d. Describe hor 28f. Location (Str City or Town, and due to the called et the time, da	eet and Numb Stete) /432  Doro	er (Specify) red er of Rural Wac 44 charter enner es ste end due to t	Route Number of Ce free others of the ceuse(s)

Registrar

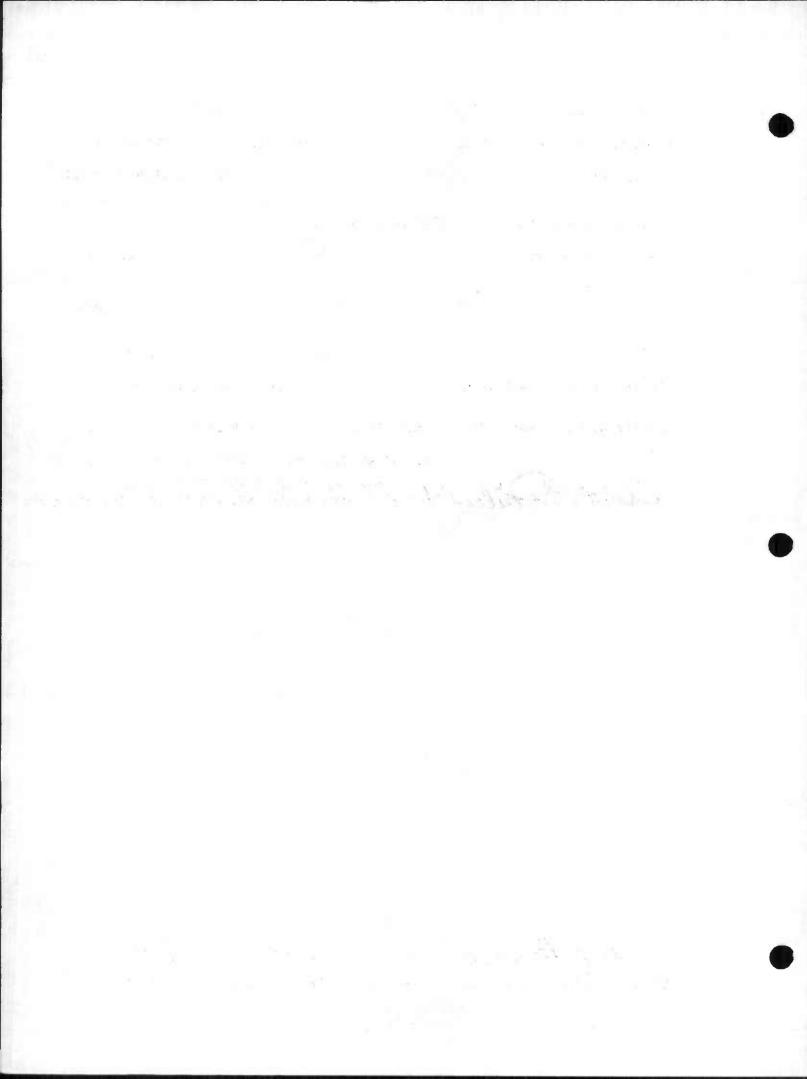
JUN 1 7 1996 Jahr Dawler Rawlell

the state of the s

1 8 11 98

				State of M		epartment of li Certificate of			iene 🕽 🕻 19. No.	19368
	Physici	an	1. Decedent's Neme (First, Middle, La	st)				2. Dete of Deat Month	h Dey	3. Time the
	/Medic		Betty Rose		amb			June 10	, 1996	2:55 m
ä	Examir	ner	4a. Facility Neme (If not institution, giv	,	1			Location of Deeth	4c. County	
H			Frederick Memoria 5. Social Security Number 6. S				Frederic		Frede	
	Funeral Director			M 2DF	e (In yrs. last birt)	rs. Months Deys			, 1938	9. Birthpiece (State or Foreign Country) Virginia
	Mand Mand		10e. Stete 10b. County		10c. City, Town	or Location				10d. Inside City Limits
	Man	to	Maryland Freder	ick	Walker	sville				1 Yes 2 □ No
	or 28.	je	10e. Street end Number		1	10f. Zip Code		10	Og. Citizen of V	Vhet Country?
	th wi	al	8843 Whimsey Cou	rt		217	93		J	J.S.A.
020	filed within 72 hours after death with the Maryland Hyglene. Idher than "natural", or flerne 23a or 23a-f show ent, the Medical Examiner must be noorled at	by Funeral Director	11. Meritel Stetus  1 Never Merried	12. Wes Decedent Armed Forces? 1 Yes 24 If Yes, Give Yeer or Detes:		13. Wes Decedent of If Yes, specify Cut 1 ☐ Yes 2 ☒ No		Specify Yes or No- to Rican, etc.)		e - American indien, k, White, etc.  White
9	2 hou	8	15. Decedent's Ed	ducation	16a. l	Decedent's Usuel Occu	pation		16b. Kind of Bu	usiness/Industry
Maryland 21215-0020	d within 7; jiene. r than "na tra Medi	Completed by	(Specify only highest gra Elementery/Secondery (0-12)	de completed) Coilege (1-4or !	5+)	Decedent's Usuel Occu Give kind of work done life. DO NOT use retire Homemake		rking	None	
9	be filed with ital Hyglene. Id other than event, the M		17. Fether's Neme (First, Middle, Last)			Homemare		me (First, Middle, A		
lan		To Be	Charles Franklin	Seabolt S	Sr.			Caroline		~/
ary		-	19e. informant's Neme/Reletionship (	Type, Print)	19b.	Meliing Address (Stree	t end Number or R	urel Route Number,	City or Town,	State, Zip Code)
	and 2 paith a n 27 is er trat		Charles A. Lamb	(Husband)	884	3 Whimsey	Court, W	alkersvil	le, MD	21793
ore	一工 5 名		20e. Method of Disposition 1 XBuriai 2 ☐ Cremetion 3 ☐	Domercal from Ctate	20b. Plece of I	Disposition (Neme of cremetory or other ple				City or Town, Stete
Ē	Pages ment of ant: If its ury or o		4 □ Donetion 5 □ Other (Specify		Mount (	Olivet Ceme	tery	6/13 F	rederio	ck, Maryland
Baltimore,	permit. Pages Department of Important: If it any Injury or o		21. Signeture of Funeral Service Lieu	Dile	14	ROBERT MEA				MES, P.A. MARYLAND 21701
			23s. Part Enter the disease or com- shock of hear fallure. List only	plications that Caused one cause on each li	the death. Do no	ot enter the mode of dy	ing, such es cardie	c or respiretory erre	est,	Approximete Interval Between
1	Physician				/					Onset and Deeth
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	· PNL	a mon	14				Weke
		<b>a</b>	Tooling in ooding	1	Due to (or es e co	onsequence of);	,			wars
	nsit	Examiner		b. July	ncwa		rusis			years
Ć,	sata be executed shysician and the burial-transit	Exa	Sequentially list conditions, it eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	,	Due to (or es e co	ensequence of):				
8760,	ysicia ye bur	dical	thet initieted events	C	Due to (or es e co	assemistics of).				
9	the death certificata be executed y the attending physician and sched for usa as the bunal-transit	Wed	resulting In deeth) Last		550 (0 (0. 00 0 0	77004801700 017.				
Вох	aath certific attending p	Physiclan/Me		d						
0	the at	/sic	Pert II. Other significant conditions of	ontributing to death b	ut not resulting In	the underlying cause g	ven in Pert I.	23b. Dld to	bacco use cor	ntributs to the cause of death?
Δ.	that the de ned by the detached							1 🗆 Ye	2 □ 10	3 ☐ Probably 4 ☐ Unknow
Records,	requires to been signe should be	ted by						24e. Wes er		24b. Were autopsy findings available prior to
ec	2 S S W	ple								completion of cause of death?
	Tha ata h	Completed						1□ Ye	s 2DNo	1 ☐ Yes 2 ☐ No
Viital	Physician: The	Be	25. Wes case referred to medicei examiner?					eth (Check only one	e)	
of	Physic this c	ို	1 Yes 2 100	Hospitei: 1 A inpatie		Allent 3LI DOA		lome 5 Reside		
ion	ang Tune	atlon	27. Menner of Deeth  1. ☐ Neturel 5 ☐ Pending 2 ☐ Accident		ry Year) 28b. Ti	ury Wo	nyet ork? ]Yes 2∐No	28d. Describe ho	w Injury occurr	<b>B</b> d
Division	al or Attends after death	Certification:	3 ☐ Suicide 8 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injubulding, etc	ury - At home, ferr c. (Specify)	n, street, fectory, office		28f. Location (Str City or Town		er or Rural Route Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct complataly filled in by	edicai (	29e. Certifier 17 Certifying Ph (Check only one) 1 Medical Exam	ysicien: To the best of liner: On the basis of end menner ste	examinetion end/	deeth occurred et the toor investigetion, in my	lme, dete and piece oplnion, deeth occu	e, and due to the ce arred et the time, de	use(s) and ma ite end place, e	nner as stated. and due to the cause(s)
	To the within 2 To the compla	Σ	29b. Signeture end title of certifier	/ /		29c. Licen	se number	29	. 1	i (Month, Dey, Year)
			Kerl H	79/wwsin	him	1	22101		5/10/9	6
			30. Name and address of person who			ype, Print)			1	
			Lloyd E. Halvors			Avenue, E	rederick	, Marylan	d 21701	
	Sta		31. Dete filed (Month, Dey, Year)	32. Registro	or's Signeture					
	Registr	ar	JUN 1 3 19	96	Stevelson	Cardally				

DHMH 16 Rev 6/95



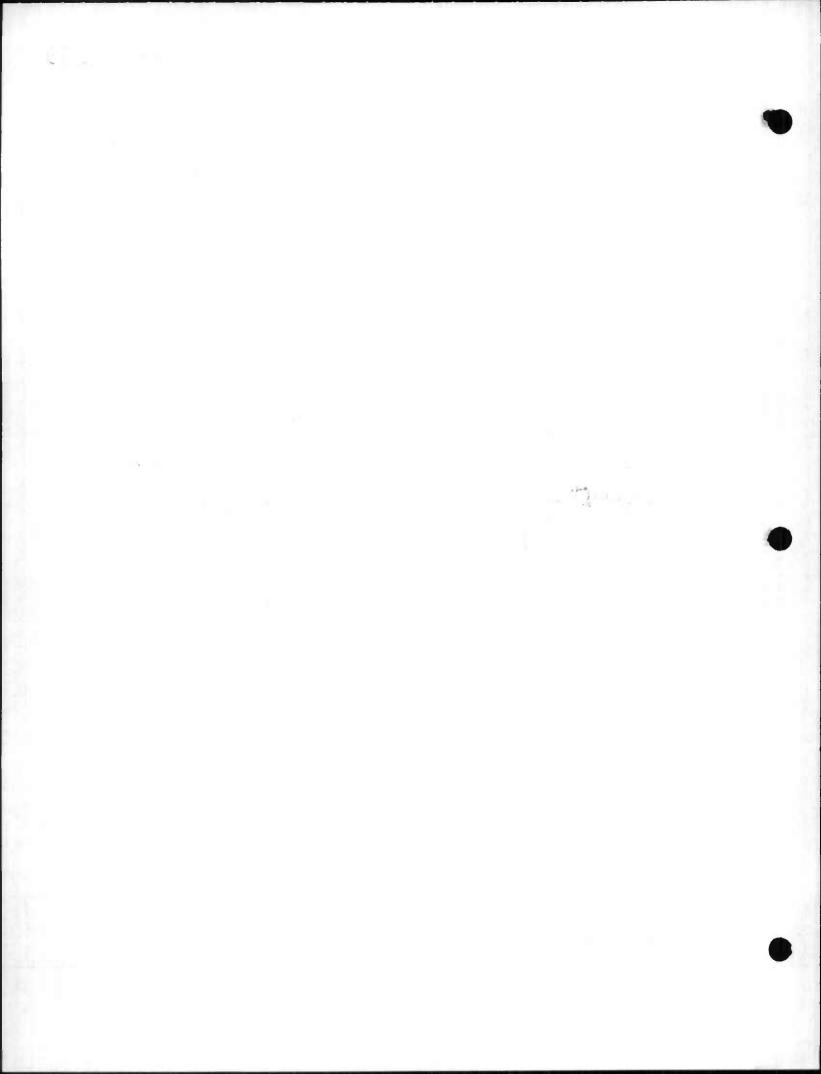
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral effects, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or minimal must be notified at once,

	1 - FOR STATE OF MARYLAND REGISTRAR	DEPARTMENT		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)  Mary Anna Murphy			2. DATE OF DEATH DO	AY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	ist birthday) IF UNDER 1	YEAR IF UNDER 24 HRS.	June 10,	1996	1/4 OCF *		
	218-20-4039 1 N 2 T 93	YRS. MONTHS	DAYE HOURS MIN.	(Month, Day, Year) February 1,	Coun	HPLACE (State or Foreign try) USYLVania		
_	Se. FACILITY NAME (If not institution, give street end number)	9b. CITY,	TOWN OR LOCATION OF C	OF DEATH 9c. COUNTY OF DEATH				
DIRECTOR	9800 Pearson Road	I	Denton		Carol:	ine		
RE	10e. STATE 10b. COUNTY	10c. CITY, TOWN OF	LOCATION			10d. INSIDE CITY		
₫	Maryland Caroline	Dent	on			LIMITS?		
F	10e. STREET AND NUMBER	Dem	10f. ZIP CODE		10a, CITIZEN OF	WHAT COUNTRY?		
FUNERAL	9800 Pearson Road		21620					
Z	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI	PMED 12 W	21629	ANIC ORIGIN? (Specify Yes	U.S.			
	1 Never Married 2 Married FORCES? 1 YES 2 X	NO H	yes, specify Cuban, Mexic	an, Puerto Rican, atc.)	Blee	E - American Indian, ck, White, etc.		
BY	3 X Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1	TYES 2 NO Spec	ffy:	Spe	,		
	15. DECEDENT'S EDUCATION 16a DI	ECEDENT'S USUAL OC	MIDATION	401 1000 00 000		acasian		
Ë	(Specify only highest grade completed) ((	Give kind of work done do Do NOT use retired.)	uring most of working	166. KIND OF BUS	SINESS/INDUSTRY			
Ë	Elementary/Secondary (0-12) College (1-4 or 5 +) Unknown	s. Do Nor use remed.)						
COMPLETED		Homemaker			me			
응	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Melden	Surname)			
BE	Charles Edward Carey		Amar	nda Mills				
2	19e. INFORMANT'S NAME (Type/Print)	b. MAILING ADDRESS	Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)			
F	Florence Whisler Daughter	9800 Pear	son Road, I	enton, Mar	vland 21	629		
	20a. METHOD OF DISPOSITION 20b PLACE	AND DATE OF DISPOSIT			CATION — City or T			
	1 LxBuriel 2 Cremation 3 Removal from State cemetery, co	ematory or other placel						
	21. STENATURE OF FUNERAL SERVICE LICENSEE	athedral (	AME AND ADDRESS OF F		imore, N	aryland		
	1. K (Ab) (///				3			
	L' James Lily 1/60	we I	O Drawer B	al Home, P. Denton, N	A. farvland	21629		
П	23. PART I. Enter the diseases, of complications that caused the de	eath. Do not enter t	he mode of dying, su	ch sa cardiac or reapi	ratory arrest.	Approximate		
- 1	shock, or heart fallure. List only one cause on each line	ه.				Interval Between		
	disease or condition	nAllA				1 WEEK		
	resulting in deeth)  a.	2/V/7T	4 ,		4	TWEEK		
_	- OFNEDALI	ZEN (	Achexi	n		thonnie		
ģΙ	Sequentially list conditions,  DUE TO (OR AS A CONSE					4/11/01/19		
4	If any, leading to Immediate cause. Enter UNDERLYING	750	DOTEDIA	SOLFR	DOLE	thronis		
윤	CAUSE (Disease or Injury	CUENCE OF	IKIBKU	1000 IC	0315	MINONE		
RTIFICATION	that initiated events resulting in death) LAST	OUENCE OF):						
	C 4.							
AL	PART II. Other algnificant conditions contributing to death but not	resulting in the und	eriving ceuse given in	Part I. 24s, WAS AN	AUTOPSY 241	. WERE AUTOPSY FINDINGS		
	CHRONIC RESPIRATORY F	=A-11110	<i>L</i> =	PERFOR	MED?	AVAILABLE PRIOR TO		
ā	CITY COLOR T	/ / / / / /	,	1 TYES 2	XNO	OF DEATH?		
Σ					, .	1 TES 2 NO		
ž								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH (C	heck only one)				
ก	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3	OTHER:	ng Home 5 Residence	8 Other (Specify)				
Ē	27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME OF 1	8c. INJURY AT	28d. DESCRIBE HOW II	JURY OCCURED			
	1 Natural 5 Pending (Month, Dey, Yeer)	INJURY M	WORK?					
B	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At he	ome farm street factor		28f. LOCATION (Street a	and Mumbas as Dural	David March 11		
	4 Homicide determined building, etc. (Specify)		y, orrica	City or Town, State)	no Number or Horal	Houte Number,		
ų.	29a, CERTIFIER							
COMPLETED	(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, de							
5	2 MEDICAL EXAMINER: On the besie of examination end/or	investigation, in my opi	nion, death occured at the	time, date end place, end	due to the cause(	e) end menner ee stated.		
	296 SHINATURE AND PITLE OF CERTIFIED	10	29c. LICENSE NU	MBER /	29d. DATE SIGNED	(Month) Day, Year)		
100	(WATANAM & LOMAPAI) VI	11	D/41	264	>C/1.	2/9/		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	4119	007	0/1	7/6		
	C.E. TENSENMO BOY	690 D	FILTAIL	MDO	1670	7		
	31. DATE FRIENIMONING COMPANY 32, PREGISTRAB'S SIGNATURE	010,0	LNUV	111112	104			
	JUN 1 3 96 Girla Davidson Ra	ndale.						



State of Maryland / Department of Health and Mental Hygiene 96

19370

						Cen	tificate of	Death		Reg. No.		10010
	14		1. Decedent's Nama (First, Middla, La	est)					2. Data of De	eath	TTV PI	3. Tima of Death
	Physic		AGNES	NEIL	,		MURPHY		June	10	1996	6:30pm
×.	/Medi Examii		4a. Facility Nama (If not Institution, give	a street and number)				4b. City, Town, or			y of Death	10.30pm
	CAdmii	ICI	The Memorial	- III III III- III- III- III- II		Easto	n	Easton		Talb		(
					a (In yrs. las		If Undar 1 Yaar					place /State or Foreign
	Funeral Director			1□м ஆБ F	60	Yrs.	Months Days		(Month, Da	ay, Year)	Cour	placa (Stata or Foraign
			214-32-6005 Usuat Rasidance of Decedent		-				July 20	, 1935	NOTE	h Carolina
0	* tu		10a. Stata 10b. County		10c. City,	Town or Loc	ation				1	Od. Insida City Limits
9		5	No. 23 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2			a	9					1 ☐ Yas 2 ☑ No
,	10 28	Director	Maryland Talbo	C	(	Cordov	10f. Zip Coda			10g. Citizan of	What Cour	440
5-0020	0.8											nty r
4	23	Funeral	32393 Geib Road	T			21625			U.S		
4		Š	11. Maritai Status	12. Was Decedant Armed Forcas?		13. W	as Decedant of a Yas, specify Cub	Hispanic Origin? (S ban, Maxican, Puar	specify Yas or No to Rican, atc.)		ca - Amaric ck, Whita,	
2	20		1 Nevar Married 2 Married	1 ☐ Yas 24 ☐ If Yas, Giva	No	1	□Yas 2□No	Specify:		Speci	fv:	
8		d by	3 Widowed 4 Divorced	Yaar or Datas:							casia	n
21215-0020	inett.	Completed	15. Decedant's E (Specify only highast gra	ducation ada complated)		(Giva k	ant's Usuai Occu	during most of wo	rking	16b. Kind of E	Businass/Inc	dustry
2121	9. 6	du	Eiamantsry/Secondary (0-12)	Coliaga (1-4or !	5+)	lifa. D	O NOT use ratire	9d)				
	Hygiene ther tha	So	8			L	ine work	cer		Food	Proce	essing
pue	T & S	Be	17. Father's Name (First, Middla, Last,	)	,			18. Mothar's Na	ma (First, Middle	, Maldan Suma	ma)	
Maryland	Mental Mental arked c	T0	Marshall	Herman Ad	kins			Mai	rtha Enn	is Flee	ner	
aryla	DEE		19a. Informant's Name/Raiationship (	Type, Print)		19b. Meliing	Addrass (Stree	t and Number or R	ural Routa Numb	er, City or Town	, Stata, Zip	Code)
	Health and 27 lead the tra		Clayton F. Murph	v		32393	Geib R	oad, Cord	lova. Ma	rvland	21625	
<u> </u>	A E e		20a. Mathod of Disposition			ca of Dispos	ition (Nama of		Data	20c. Location		
TOUR PAGE	5 = 6		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif				atory or othar pla					
Baltimore,	Department mportant any injury 2008		21. Signature of Funeral Service Licer	A -	Dei		emetery		6/14	Denton	, Mar	yland
Ba	Department important any injury once.		( ) alm	UIN		IV.	Nama and Addr	noral Hom	no D 7			
			Kaucey	4.11/x	re	F	O Drawe	r B. Deni	ton. Mar	vland	21629	
			23a. Part 1. Eitter the disease or com shock, or heart failure. Light only	plications that chused one cause on each if	tha daath.	Do not antai	r tha moda of dy	ing, such as cardia	c or raspiratory a	rrast,		Approximata Intarvai Batween
P	Physician /Medical		23a. Part 1. Enter the disease or complications that clused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate Indiaval Between Onset and Death.									
			Immediata Cause (Final disease or condition rasulting in death)  a. Alepato renal syndrome / who found to (or as a consequence of):  b. Alepatic Curhosis + failure / yr									140/2
-	xaminer		rasulting in death)	a. / /	Dua to (or a	s a consequ	ence of):	of the	-1011		1	, , , ,
ų		De		6/2	not	1 1	wihn	Ci +	fail,	103	1	1 gr
- di	physician and the burial-transit	Examiner	Sequentially list conditions	ь. — У	Due to (or a	a consequ		300	, or con			
o a	an ar											
6876U,	ysicl be bu	edical	Causa (Disaasa or Injury that Initiated avants	с	Dua to (or a	s a conseque	ance of):				-	
	d d d	e	rasulting in daath) Last								į	
A 6	9 2 2	M/ul		d								
מַ	d for	Physician	Part It. Other significant conditions of	ontributing to death h	ut not resulti	ng in the un	dartvina causa di	iven in Pert I	23h Did	tohacco use co	ontribute to	the cause of death?
) g	ed by the e	hys	The street of th	online along to could be	ut 110( 1830H)	ing in the one	oarrying causa gr	want in Fall 1.		1.4		bebly 4 Unknow
J =	igned to	by P							''	Yes 20 No	3 Pro	JEDIY 4 DONKHOW
I Records, P.O.	ld b								24a Was	an autopsy	24b. W	ara autopsy findings
O S	been si	ete								ormed?	SV	aiiable prior to impletion of cause
9	has 90 2	dr.										death?
= =	artificate he	Completed							10	Yas 2000	10	Yas 2 No
Vital	dertificate	Be	25. Was casa rafarred to medical axaminar?					28. Placa of De	ath (Check only	ona)		
	o '0	9	1 ☐ Yes 2 ☐ No	Hospital:	int 2 EF	VOutpatient	3□ DOA Ot	har: 4 Nursing h	loma 5 ☐ Ras	idence 8 🗆 Ot	har (Specif	y)
TO C			27. Mannar of Death 1 Statural 5 ☐ Pending	28a. Data of Inju (Month, Da	ry Year) 21	8b. Tima of Injury	28c. Inju	iry st	28d. Dascribe	how injury occu	rred	
DIVISION or Attending	r: Af	atlo	1 Øblatural 5 ☐ Pending 2 ☐ Accidant invastigation		, , , ,	,ury		Yas 2 □ No				
S Z	or de octo	110	3 ☐ Suicida 6 ☐ Couid not b 4 ☐ Homicida datarmined	Zoa. Place of inj	ury - At hom	a, farm, stree	et, factory, office		28f. Location	Street and Num	ber or Rura	Il Routa Number,
בֿ בֿ	a Di	Certification:	4 E Homoda	building, at	с. (Specify)				City or 10	wn, Siata/		
dica	noun y fille		29e. Cartiflar 1 Certifying Ph	yelctan: To the best	of my knowle	edge, deeth	occurred et tha ti	ima, data and place	, and due to tha	causa(s) end m	annar as s	teted.
7	Fu Fu	edical	(Check only one) 2 Medical Exam	niner: On the besis of and mannar sta	axamination	n and/or inva	astigation, in my	opinion, deeth occu	rred at tha tima,	data and place	, and dua to	tha cause(s)
ę.	within 24 hours after death.  To the Funeral Director: After the completely filled in by the funeral	ž	29b. Signatura and titla of confiner	101 m	20		29c. Lican	sa number		29d. Data signi	ed (Month:	Day, Year)
, "	> - 0		1000100	4/1/11	11	no	7	352	84	10/1	0/9	6
			20 Name of Colle	miles	a a th. (tr	0-1/7		<i>y</i>		QII	-11	~
			30. Name and addrass of person who							0.000		
			Andrea Allen, 31. Data filed (Month, Day, Year)	M.D., P	O Boz	x 496	, Dent	on, Mar	yland	21629		
	Sta Registr		JUN 12 '96	The Davi	dson-Ro	indell						
	negisti	al .	DOI 7 - 20	/ /	. (							

Sac a 2 of the condition of the The State of the S 

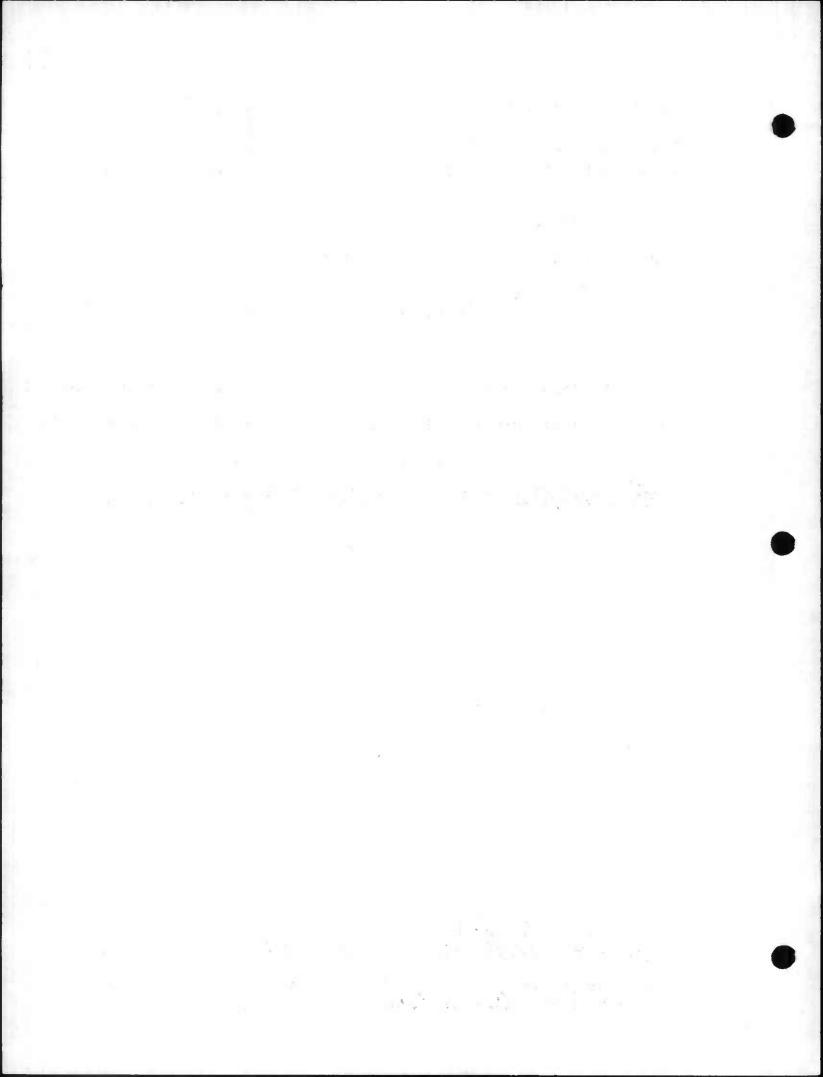
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 1

19371

						eruncate o	i Death		Reg. No.			
Н	Physic	ian	1. Decedent's Neme (First, Middle, Last)	,				2. Dete of D Month	Deeth Dey	Yeer	3. Time of Deeth	
	/Medi		Ray Francis Mar			06	06 05 199		20:15			
)	Exami	ner										
L			4921 South Uppe 5. Social Security Number 6. Sex		Road  e (In yrs. last birthde	If Under 1 Yes	Eden or If Under 24 Hrs	- D		omico		
н	Funeral Director	п		M 2 F	60 Yrs.	Months Dev			Dey, Year)		eca (State or Foreign ry)	
L	_		Usuel Residenca of Decadent		00			0,2,	33	Dela	aware	
	yland		10e. Stete 10b. County		10c. City, Town or	Location				10	d. inside City Limits	
	Ma Marked	ctor	MD Wicomico	)	Eden						1 ☐ Yes X☐ No	
	or 28	Director	10e. Street end Number			10f. Zip Code			10g. Citizan of	What Counti	ry?	
	23e	100	4921 South Uppe	er Ferry	Road	2182	2		US			
	er de	Funeral		2. Wes Decedent   Armed Forces?	Ever in U,S. 1	<ol><li>Wes Decedent of If Yes, specify Cu</li></ol>	f Hispanic Origin? ( uben, Mexican, Pue	Specify Yes or Note Rican, etc.)	lo- 14. Red Ble	ce - America ck, White, e	n tndien, tc.	
20	a within 72 hours after deeth with the Maryland liene. Then "natural", or hems 23s or 28s-f show the Medical Examine must be notified at	by F	1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 Ø Yes 2 ☐ I	1/3/54	1 □ Yes 2/□ N	o Specify:		Specif	.Whit	t.e	
21215-0020	tura	Pa	15. Decedent's Educ		9 1 1 1	cedent's Usual Occ	unation		16b. Kind of B			
215	n "nat	Completed	(Specify only highest grade	completed)	(G.	ive kind of work don DO NOT use reti	upation se during most of wo red)	orking			zotry	
217	d within giene. r than "	E	Elementery/Secondery (0-12) 1 2	College (1-4or 5	Shi	pping C	lerk		Conta	iner		
Pu	be filed tal Hygid d other event, II	Be	17. Fsther's Neme (First, Middle, Last) 18. Mother's Ne						le, Meiden Surnan	2.5		
yla		To	George William	Marvel			Helen I	ouise	MacAll	ister	r Marvel	
Maryland	and and		19e. tnforment's Neme/Reletionship (Typ		19b. Me	-	et and Number or F					
	Health Health em 27		Nancy L. Marvel	(wife)	4921		er Fer	ry Rd.		, MD		
mo	8 4 5		20e. Method of Disposition  1X Burial 2 □ Cremetion 3 □ Re	emovel from Stete	cametery, c	sposition (Name of cremstory or other p		Dete	20c. Location	City or Tow	m, Stete	
	Department of mportant: If any Injury or page.		4 Donetion 5 Other (Specify)	800	Hill C	rest Ce		6/9/9	Federa	lsbun	rg, MD	
Bal	Departm Importar any Injui		21. Signeture of Funerel Service Licentin	31-		Willia	ress of Fecility MSON Ful	neral i	Home			
	. =		Koniel M. Th	Mary		311 S.	Main S	t Fe	deralsb			
	Di		23a. Pert1. Enter the disease, or compile shock, or heart failure. List only on	a ceusa nn aach iir	na.	enter the mode of d	ying, such es cardie	c or respiratory	arrest,		Approximate Interval Between Onset and Deeth	
	Physician / /Medicai	5	Immediate Cause (Fine)									
	Examiner		Immediate Cause (Fine) disease or condition resulting in death)  e. Universal Cine of Longue, 2/17/94  Due to (or as s consequence of):									
		Je.		00.1.0	Jo / Or as s cons	sequence or):		,		1		
	icate be executed physician and s the buriel-transit	Examiner	Sequentially tist conditions.  Due to (or es e consequence of):									
0	e exe		Sequentially tist conditions, if eny, leading to immediate cause. Enter Undertying Ceuse (Disease or injury C.									
68760,	hysic the b	dica	thet initisted events resulting In deeth) Last		Due to (or es e cons	sequence of):				1		
9 xo	certificate be execut nding physician end use as the buriel-trar	N/Medical								-		
Bo	- 5 -											
P.0.	ires thet the death signed by the ette d be detached for	by Physicia	Pert II. Other significant conditions conf	ributing to death be	ut not resulting in the	underlying cause	given In Pert I.	23b. Die	d tobacco use co	ntribute to	the cause of death?	
	deta	P	Far Ildrewed Curan of Longue.						Yes 2 No 3 Probably 4 Unkn			
Records,	requires that een signed t hould be det	q p	n/././/	1	D 1 /	1			s an autopsy	24b. Wer	re autopsy findings	
00	w require been si should	lete	Metastope co	noce	Brake	al_		per	formed?	com	ilable prior to opletion of cause eath?	
Re	The law ste has b page 2 si	Completed	antino VI Ann		1			10	Yes X No		Yes No	
Vital	delan: The certificate rector, pag	BeC	25. Wss case referred to medical	smo	nat	_	28. Plece of Da	ath (Check only			100 (412)10	
>	Physician: this certific ral director,	To E	exeminar?	ospitel:	nt 2 ER/Outpet	tient 3 DOA	When	1.1	sidenca 6 □Oth	ner (Specify)	)	
n of	g Phys ter this neral di		27. Menner of Deeth  4 Neturel 5 ☐ Pending	28e. Dete of Injui	y Year) 28b. Time				how injury occur			
000	Attending or death.  ector: After by the fune	satic	2 Accident Investigation				☐ Yes 2☐ No					
Division	or Attending after death.  Director: After in by the fune	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injubuilding, etc.	ury - At home, ferm, c. (Specify)	street, fectory, offic	0		(Street and Numb own, Stete)	per or Rural	Route Number,	
	urs al											
	Hospita 24 hours Funeral stely filled	edical	29e. Certifier (Check only one)  1 ☐ Certifying Physical Examin	er: On the basis of	examinetion end/or	eth occurred et the Investigetion, in my	time, data end piec opinion, deeth occ	e, and due to the urred et the time	e cause(s) end <i>m</i> : e, dete end place,	and due to	ited. the ceuse(s)	
	To the Hospital or Attending Physician: The Is within 24 horurs after death.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	Med	29b. Signature and title of certifier	and manner sta	1	29c. Lice	nse number		29d. Dete signe	d (Month. D	Pay, Year)	
	F ≱ F 8		1/1/0/h	Va/10	11-	7	13191		71	0	/	
			30. Neme and address of person who con	nointed cause of a	eath (Item 22n) (Ton	a. Printi	3111		1 gu	no 70	9	
			560 RIVERSIL	A -	R B-10	2. SA.	LISBUR	1 mi	218	01		
	04		31. Date filed (Main Bay (Ver)	de Panial	r's Shnatur	11	-2010	1. 3	, 0			



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** WILLIAM Floyd MCCREADY. /Medical June 1996 3:35 AM 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Salisbury Center/Genisis Eldercare Salisbury, MD If Under 1 Yeer Months Deys If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Day, 9. Birthplece (State or Foreign — Country) **Funeral** 1XM 20 F 63 174-26-3339 PENNSYLVANIA Director 1993 Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at Salisbury MARYLAND Wicomico 12 Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours efter deeth with Department of Health and Mental Hygiene.
Important: if Item 27 is marked other than "---" any injury or other traument.
any injury or other traument. 21801 NSON Street 15H Funerai 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Maritel Stetus 14. Race - American Indian, Black, White, etc. 1 MYes 2 No If Yes, Give Yeer or Dates: 1951 1 Never Married 2 Married Specify: BLACK 1 ☐ Yes 2 No by 3 ☐ Widowed 4 ☑ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 4+ College (1-4or 5+) Elementery/Secondary (0-12) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be 2 LOYG 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. DIAne PALMEI same as above 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1⊠Buriel 2 ☐ Cremation 3 ☐ Removal from State Ebenezer Church Cemetery 6/8/96 MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 1213 Jersey Road Salisbury, MD 2180 |
Approximate |
Interval Between |
Onset and Death Solley MEMORIAL Chapel 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each inc. **Physician** ILLNESS 2° TO END STAGE ADS Immediate Cause (Finel diseese or condition resulting in deeth) /Medical 34enrs Examiner Due to (or es a consequence of) Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury thet initiated events resulting in deeth) Lest pue Due to (or as a consequence of): Box 68760, Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings eveilable prior to completion of cause of death? Completed 24a. Wes an autopsy performed? 1 ☐ Yes 2 No After this certificate 1 ☐ Yes Hospital or Attending Physician: funeral director, 25. Wes cese referred to medical examiner?

1 Yes 2 No Be 26. Place of Deeth (Check only one) Hospital: Other: Wursing Home Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 ☐ Residence 6 ☐ Other (Specify) 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural To the Hospital or Attendir within 24 hours after death.

To the Funeral Director: After completely filled in by the fu 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated. Medicai (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) VA MN D-39813

M.D., 1104 Healthway Dr., Salisbury, MD

21804

State Registrar Michael R.

30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)

fel routerstime Parlal

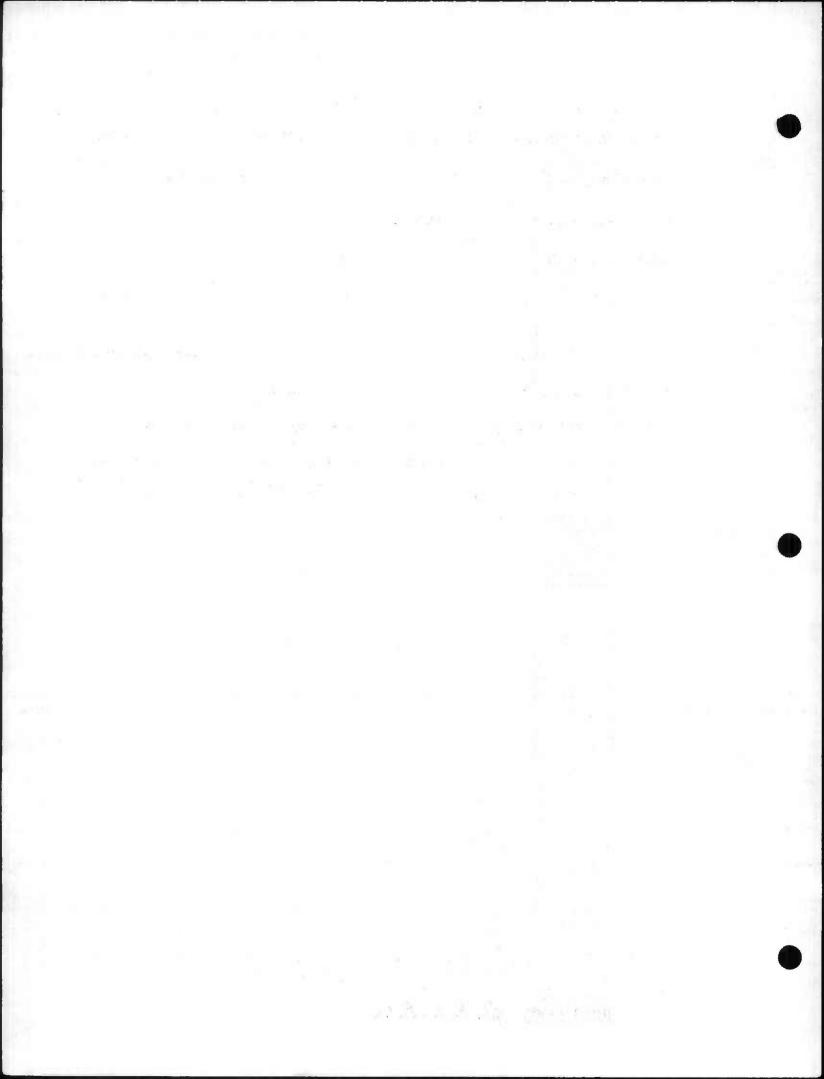
Atkins,

State of Maryland / Department of Health and Mental Hygiene

19373 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Tima of Deeth **Physician** Month 1996 CHARLIE WILLIAM 1032 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death
WICOMICO **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth
Montha Days Hours Min. (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 100M 2□ F Director 229-05-6556 AUG 22,1918 124. Usual Residence of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or ferms 23s or 28s-f show trsumstic event, the Medical Examiner must be nothed at ACCOMACK N☐ Yes 2☐ No Director SANFORD 10e. Street and Number 10f. Zip Coda 10g, Citizen of What Country? 23532 SAXIS ROAD USA 23426 Pagas 1 and 2 should be filed within 72 hours aftar death nant of Haelth and Mental Hygiene. Int: If Item 27 is marked other than "natural", or Items 23 Funerai 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, Whita, atc. 1 XYes 2 No If Yes, Giva Yaar or Datas: 1 Nevar Married 2 X Merrled 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE Ď 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Hygiene. Elamantery/Secondary (0-12) Collega (1-4or 5+) RIGGER CONSTRUCTION - U.S.GOVT Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Be CHARLIE G. MC CREADY MARION HALL 2 19a. intermant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) umant of Haelth an apportant: If Item 27 is m v injury or oth MADELINE MC CREADY (WIFE) 23532 SAXIS ROAD - SANFORD, VA. 23426 Baltimore, 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 X Buriel 2 ☐ Cramation 3 ☐ Removal from Stata Department of Important: If I any injury or once. 6-5-1996 4 ☐ Donation 5 ☐ Othar (Spacify) PARKSLEY CEMETERY PARKSLEU, VA. 21. Signeture of Funaral Service Licensee ma and Addrass of Fecility 23a Hart. Entar tha diseasa, or complications that causad tha daath. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haart tailura. List only one cause on each line. Approximata Intarval Betw Onset and Deeth **Physician** /Medical immediata Causa (Final CARPIAL AABEST disease or condition resulting in deeth) Examiner Dua to (or as a consequance of): Physician/Medical Examiner CURUMARY

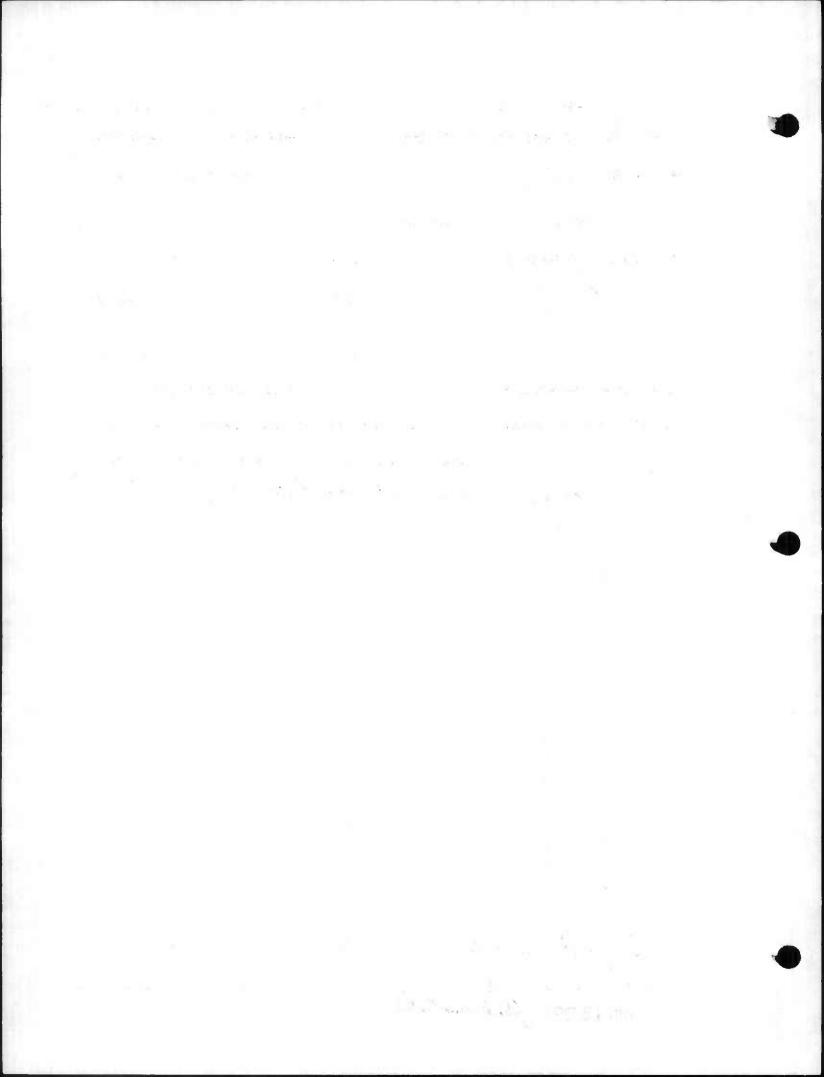
Dua to (or es e consequance of): ARTERY PISEASE or attending Physician: The law requires that the death certificete be associted efter death.

Director: After this certificate has been signed by the attending physician end the buriel-fransit Sequantially list conditions, if any, leading to immadiata cause. Entar Underlying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Lest Box 68760. ASCUD Dua to (or es e consequance ot): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Ware eutopsy tindings available prior to completion of cause of daath? 24a. Was an autopsy performed? Completed 1 Yas 2 1 No 1 □ Yas 2 □ No 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) Certification: To 1™Yes 2□ No 27. Manner of Deeth 28a. Data of injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Dascribe how Injury occurred 5 Pending investigation 1 Natural 2 ☐ Accidant 1 Yes 2 No filled in by tha 6 Could not be determined 3 ☐ Suicide 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homlcide To the Hospital of within 24 hours of To the Funeral D completely filled in 29a. Cartifiar Medical 1 Certifying Physician: To the best of my knowledga, death occurred at the time, dete end piece, and due to the cause(s) end menner as steted. (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature end title of certitian 29d. Data signad (Month, Day, Year) 30. Name and eddrass of parson who complated causa of death (Itam 23a) (Type, Print) St. Salisbury, Md. 2180 U Dennis Chodnieki 4 hocust Quincy 32. Registrar's Signature State Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6

				,	Certi	ficate of	f Death	,	Reg. No.	, ,		
Ohus	alan.	1. Decedent's Nama (First, Middla	, Last)					2. Data of De		Yaar 3.	. Tima of Death	
Phys /Me		EAR	L OSCA	R		mar:	shall JR		. 5 1	996	0807	
Exam		4a. Facility Nama (If not Institution,					4b. City, Town, or				Dan son F	
		PENINSULA REC	GIONAL MEDIO	CAL CE				SBURY	W.	ICOMICO	•	
Funera		5. Social Security Number  224-28-8398	10 M 20 E	ga (In yrs. las 71	I Dirtirody/	f Undar 1 Yaa lonths Day		. (Month, Da	y, Year)	Country)	(Stata or Foraign	
		Usual Rasidance of Decedant MAR. 29,1925 VA.										
nylan		10a. Stata 10b. County 10c. City, Town or Location									Insida City Limits	
Ma Par	cto	VA. ACCOMA	.CK	SAN	NFORD						1 XYas 2 No	
# 42 A	Director	10e. Street and Number				10f. Zip Coda			10g. Citizan of V	What Country?		
₩ £23	100	8252 SHAD LAND	ING ROAD			2342	6		USA			
or des	Funeral	11. Marital Status	12. Was Decedant Armed Forcas		13. Was	Decedant of as, specify Cu	Hispanic Orlgin? (ban, Maxican, Pua	Specify Yas or No rto Rican, atc.)	t4. Rac	ce - Amarican II	ndian,	
pernit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglens. Insportant: if item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examiner must be notified at	à	3 ☐ Widowed 4 ☐ Divorced	ed 1 ☐ Yas 2 ☐ X it Yes, Giva Yaar or Datas:	No		Yas 2 No				WHITE		
72 ho	Completed	15. Decedant'	s Education		16a. Decedent	t's Usual Occi	upation	a de la c	16b. Kind of B	usiness/industr	ry	
thin 7	ple	(Specify only highast grada complated) (Giva kind of work dona during most of working lifa. DO NOT usa retired)  Elementery/Secondary (0-12) Collaga (1-4or 5+)										
filed with Hyglene ther the	000	9	0		su	PERVIS	OR		CONSTR	RUCTION		
Male of the state	Be	17. Fathar's Nama (First, Middla, L	.ast)				18. Mothar's Na	ama (First, Middla	, Maidan Suman	na)		
d 2 should be file th and Mental Hy 7 Is marked oth traumatic avent	P	EARL OSCAR MA	RSHALL SR.				MARII	E ALVA DI	RUMMOND			
2 sho and le m		19a. Intormant's Neme/Ralationsh	lp (Type, Print)		19b. Mailing A	Addrass (Strat	at and Numbar or F	Rural Routa Numb	er, City or Town,	Stata, Zip Coc	da)	
1 and Health am 27 I		ROSALIE MARSHAL	L (WIFE)				NDING ROA	D, SANFO	ORD, VA.	23426		
of H of H of H		20a. Mathod of Disposition 1.	3 □Ramoval from State	0.000	ce of Disposition at any, cramato	on (Nama of ory or othar pi	ace)	Data	20c. Location -			
mit. Pages 1 ar partment of Hea cortant: If item;		4 Donation 5 Other (Sp			NING'S	CEMETE	Ry	6-8-96	OAK HAL	La VA.	10	
permit. Departn Importa any Inju	NIE N	1. Significant of Funeral Service Licensee  DOWNING'S CEMETERY  1. Significant of Funeral Service Licensee  DOWNING'S CEMETERY  1. Significant of Funeral Service Licensee  2. Name and Address of Facility  Furgeral Above  116.73 Someral Circles										
_		23a Part) Fetar the during or	I Lxman	19002	Do hot notes i	Peuc	ed Arm	e ma	2185		and the sta	
Dhusiala		23a. Part. Enter the dhefase, or complications that causad the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, interval Batween Onest and Death Onest and Death										
Physician / / / / / / / / / / / / / / / / / / /	_	Immediata Causa (Final disaesa or condition rasulting in death)  a. Intracranial humorrhage  Use his Dua to (or as a consequence ot):										
Examine	r 🗀											
	ē		- 11-4	1		nce ot):				1 4	1-	
uted d ansit	Examiner	Sequentially list conditions.  b. typinture, so  Dua to (or as a consequence of):										
exec an an rial-tr	Exe	if any, leading to immediate cause. Enter Underlying		Dua to (or a	o a consequar	100 01).				1		
rificate be executed g physician and as the burial-transit	edical	Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Disease or Injury that initiated avants	C	Due to (or as	s a consequan	nca of).						
E 0 6	led	rasulting in daath) Last		200 10 (0. 00	5 a 50.100qua.1	017.				1		
	Physician/M	N N	d									
deatl e atte	Sicia	Part ii. Other significant condition	s contributing to death b	out not rasultir	ng in the unde	riving causa o	ivan in Part i	23b. Did	tobacco usa co	otribute to the	cause of death	
t the	h,					.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		./		y 4 Unknow	
	by P										,	
law requires that the death cer as been signed by the attendin s 2 should be detached for use								24a. Was	an autopsy ormed?		outopsy tindings ble prior to	
s ber	Completed							penc	MINGI		ation of causa	
The law ste has page 2	E							10	Yas 20No	1 □ Ya	s 2 No	
elclan: The	BeC	25. Was casa referred to medical					26. Place of De	eeth (Check only o		12.0		
ysician: The la is certificate ha director, page	To B	axaminar?	Hospital:	ent 2 ER	VOutpatient	3 DOA	Whar.	Homa 5 Rasi		ar (Specify)		
ding Phys th. After this funeral d		27. Manner of Daath	28a. Data of Inju	ıry 28	Bb. Tima of	28c. Inj		-	how Injury occur			
tendin leath. tor: Aft the fur	atio	1 Natural 5 Panding 2 Accident Investige		ly roar)	injury		Yas 2 No					
200>	Certification:	3 Suicida 6 Could no 4 Homicida determin	and Zoa. Place of Inj	jury - At homa c. (Spacify)	a, tarm, straat,	factory, office	9	28f. Location ( City or To	Street and Numb wn, Stata)	per or Rural Ro	uta Number,	
Ars at Della												
4 hou	edical	Check only 2   Medical E	Physicien: To the best xaminer: On the basis of	ot my knowla f axamination	dga, daath oo	curred et the	tima, deta and plac	a, and dua to the	causa(s) and ma	innar as stated	j. cause(s)	
To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	Med	One)	and mannar st	ated.								
o in variable of the second o	-	29b. Signatura and titla of cartifiar	2	~			nsa number	29d. Data signed (Month,				
4		> supur	an m			D	41721		6/5/9	6		
	X	30. Nama and addrass of person w	1	laath (Itam 23	3a) (Typa, Prin	nt)	41721 side Br		0 1	1.		
			vlos M.D.		560	Kiver	side Por	, B101	Jalish	way U	ld.	
S	tate	31. Dete tiled (Month, Day, Year)	106 Pegistr	ar's Signetur	Cardoll							



State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Daath 3. Time of Death **Physician** Month 15,1996 Frederick David Morrison 12:45PM June /Medical 4e. Fecility Nema (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 1127 Red Eye Road Calvert Lusby 6. Sax 1. M 2□ F If Under 1 Yaar If Under 24 Hrs. 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Days Hours 251-32-3253 68 Yrs. Director April 7,1928 South Carolina Usuei Residence of Decedent tha Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours aftar death with tha Marylan Department of Haaith and Mentai Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumstic event, the Madical Examines must be notlined at Maryland Prince George's Clinton 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20735 U.S.A. 9406 Caldran Drive Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 1951-1970 Yas, specify Cuban, Mexican, Puerto Rican, atc.) If Yes, Give Yaar or Detes: 14. Reca - Amarican Indian, Black, White, atc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 þ Specify: White 3XXWidowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 12th College (1-4or 5+) Bell Atlantic Manager 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Paul Walton Morrison, Sr. Annie B. David 19e. Informent's Neme/Relationship (Type, Print) aughter 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Johanna Wilkinson 1127 Red Eye Rd Lusby Maryland 20657 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete June 19, Buriai 2 Cremetion 3 Removal from Stete 4 ☐ Donetion 5 ☐ Othar (Specify) Resurrection Cemetery 1996 Clinton, Maryland 22. Nama and Addrass of Facility Lee Funeral Home, Inc. 21. Signatura of Funeral Service License 6633 Old Alexandria Ferry Rd Clinton, Md 20735 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediete Cause (Finel disease or condition resulting in deeth) LUNG CANUM METATATIC **Examiner** Due to (or es a consequence of): Examine physician and the bunal-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? signed by t 1 108 2 No 3 Probably 4 Unknown Records, þ 24b. Wera autopsy findings availeble prior to completion of cause of death? 24a. Wes an autopsy performed? Completed 1 Tyes 2 No 1 ☐ Yas 2 ☐ No cartificata Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartific complataly filled in by the funeral director, 25. Wes case referred to medical examiner? 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Pesidence 8 Other (Specify) 1 Yes 2 1€ 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Dete of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? 1 DHaturei 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner as steted.

| Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end manner steted. 29a, Cartifier Medical 29b. Signature and tifle of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) 026358 30. Name a iddress of person who completed cause of death (Item 23e) (Type, Print) PRINCE FRANKRICK, MS-20678 State

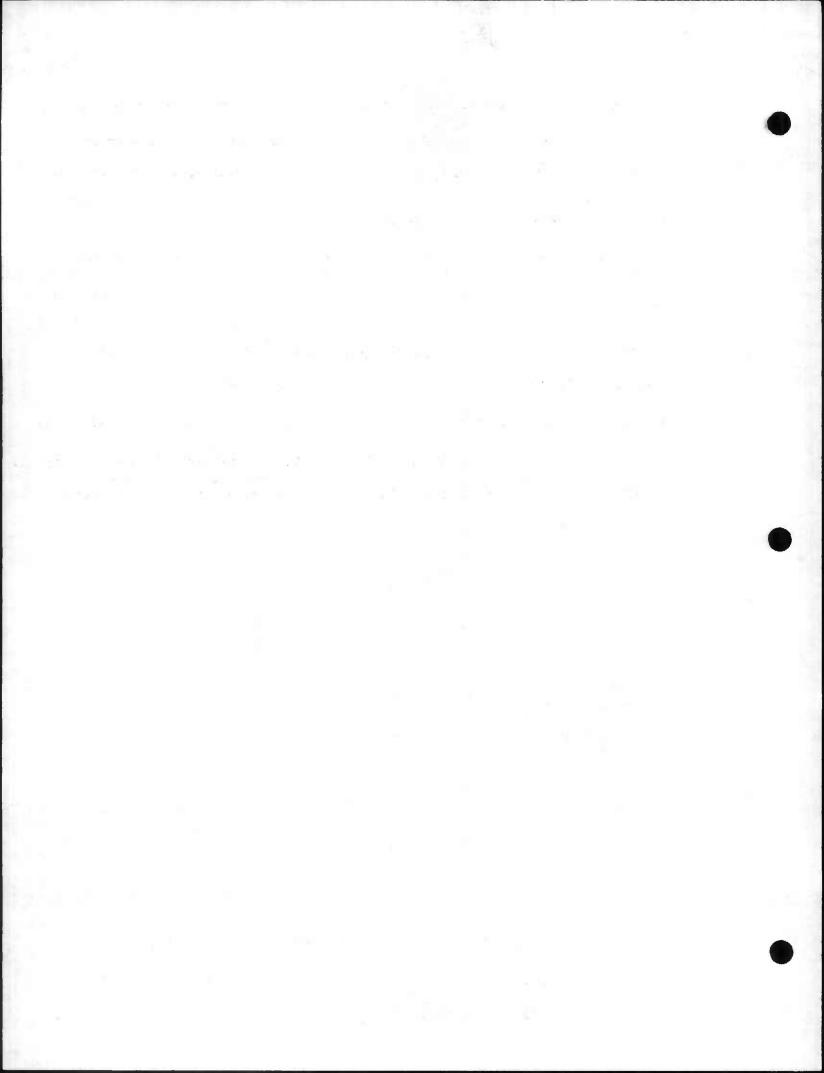
**DHMH 16 Rev 6/95** 

Je

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene C. A.

_				Otate of Ivid		ertificate of			leg. No.	1937	0	
	Physici	an	1. Decedant's Name (First, Middla, L.					2. Data of Dea Month		Year	of Death	
	/Medi		LUTHER	HOFFMAN	1	MARTIN		JUNE	13 19		a.m.	
	Examir	ner	4e. Facility Neme (If not institution, gi	and a transport of the said			4b. City, Town, or L		4c. County o			
			Frederick M			If Under 1 Year	Freder:			lerick		
	Funeral Director		5. Sociel Security Number 6. 217-10-9132  Usual Rasidance of Dacedent	VM one	a (In yrs. last birthdi ) 3 Yrs	Months Dave		8. Data of Birth (Month, Day Sept. I	6, 1902	9. Birthplace (Stata Country) Maryland	d d	
	how		10a. Stata 10b. County		10c. City, Town or	Location				10d. Insida (	City Limits	
	Mary Mary	cto	Maryland Frede	rick	Thurmo	nt				1 □ Ye	s XX No	
	章 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Dire.	10e. Street and Number			10f. Zip Coda		1	0g. Citizen of Wi	nat Country?		
	ath w	Ta	11011 Powell Ro				788		United			
020	d within 72 hours efter death with the Maryland ilene. Then "natural", or flems 23a or 28a-f show the Medical Examiner must be incitiled at	by Funeral Director	11. Marital Status  1 Never Merried 2 Married  3 W Widowed 4 Divorced	12. Was Decedant I Armed Forces? 1 Yes 2 XI If Yas, Give Yeer or Datae:	Evar in U,S. 1	Was Decedent of If Yas, specify Cul     □ Yas ※□ No		pecify Yas or No- Pican, atc.)		- Amarican Indian, , Whita, etc. White		
5-0	72 hc	at e	15. Decedent's E (Specify only highast gr	ducation ada completedi	18a. De	cedant's Usuel Occu iva kind of work done b. DO NOT usa ratin	petion	kina	16b. Kind of Bus	inass/Industry		
Maryland 21215-0020	1 and 2 ahould be filed within 'leelth and Mental Hygiene. Im 27 is marked other than "I the traumatic event, the Max	Completed	Elemantary/Secondary (0-12)	Collega (1-4or 5	+)	e. DO NOT usa ratio y Equipmen			Const	ruction		
b	be filed ital Hyg d other event,	Be C	17. Fethar's Name (First, Middla, Las	()		/ -1F	18. Mothar's Nam					
lar	henta ked ked ic ev	To B	Herbert F. Mar	tin			Annie	e Hoffma	n			
ary	d 2 ahould th end Mer 7 is merke traumatic		19a. informant's Name/Ralationship	(Type, Print)	19b. M	ailing Address (Stree	t and Number or Ru	ral Routa Numbe	r, City or Town, S	tata, Zip Code)		
	1 and 2 Heelth earn 27 is		Dorothy M. Lant:	z, daughter		4 Clearfi		Frederi	ck, Mary	land 21	702	
	0 = E P		20e. Mathod of Disposition  1	Dameual from State	20b. Place of Di- cematery, o	sposition (Nama of cramatory or other pla	ice)	Deta	20c. Location - C	ity or Town, Stete		
Ē	mit. Peges artment of I ortant: If its injury or o	1	4 □ Donation 5 □ Othar (Speci		Resthav	en Memoria	al Gardens	6/15/9	6 Frede	rick, Ma	rvland	
Baltimore,	permit. Peges 1 and Department of Health Important: If item 27 any injury or other tr 9000.		4 Donation 5 Other (Specify)  Resthaven Memorial Gardens 6/15/96 Frederick, N  21. Signature of Fineral Service Usersee)  Resthaven Memorial Gardens 6/15/96 Frederick, N  22. Nema end Addrass of Facility Stauffer Funeral Homes, P.									
ш	20299	1	1621 Opossumtown Pike Frederick, Maryland									
	T1 15 11		23a Part Letter the disease for complications that caused the death. Do not anter the mode of dying, such as cardiac or raspiratory errast, Approximet Intervel Bet									
1	Physician	4								Onset and	d Death	
	/Medicai Examiner		Immediata Cause (Finel disease or condition rasulting in daath)	a. pr	eunon:	7				Bre h	sock	
		e	,	V	Due to (or as a con	sequance of):						
	of d ansit	Examiner	Convention the that according	b	Due to for se a con	eaguance of):						
Sequentielly list conditions, if eny, laeding to immadiate cause. Enter Underlying Cause (Disease or Injury that inflieled evants rasulting in death) Last  Due to (or as a consequence of):  Due to (or es e consequence of):												
					sequance of):							
	= 00			d								
Вох	attending for use	Physician/M								İ		
P.O.	the d	ysic	Part II. Other significant conditions	contributing to death bu	t not resulting in the	e undarlying causa g	ivan in Part I.			ribute to the cause		
	uires that the de islgned by the a id be detached to	by Ph	Heart	Fri-luv	۷.			1 U Y	es 25 No	3 ☐ Probably 4 ☐	Unknown	
Records,	pear	Completed b	verno	fail are				24a. Was a		24b. Wara autopsy evallabla prior completion of of death?	r to	
	The law ate has page 2	E						1 🗆 Y	as 2 No	1 ☐ Yas 2[	□ No	
of Vital		Bec	25. Was casa refarred to medical axaminar?				26. Placa of Dea	th (Check only or	na)			
\ \		To	1 ☐ Yas 2⊠No	Hospital: 1 Hopatie	nt 2 ER/Outpa	tiant 3 DOA	her: 4 Nursing H	oma 5 🗆 Rasid	ance 8 Othar	(Specify)		
Division o	s of Attending Phy s efter death. Il Director: After this ed in by the funeral of	Certification:	27. Mennar of Death  12 Naturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Data of Injui (Month, Da)	Year) 28b. Time Injur	y Wo	ıryet ork? ]Yas 2 □ No	28d. Dascribe h	ow Injury occurre	d		
/isi	Atten r deal octor:	fica	3 ☐ Sulcida 6 ☐ Could not t	28a. Piace of Inju	iry - At home, ferm,	street, fectory, office	1.1-2.1-2.1-2.1-2.1-2.1-2.1-2.1-2.1-2.1-			r or Rural Routa Nu	ımber,	
ă	s efte	Cert	4 Homicida	bullding, etc	. (Specify)			City or Tow	n, Stata)			
	To the Hospital or Attending PI within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in the funeral completely fill	edical	29e. Cartifiar (Check only one) 1 Certifying Pl	hysician: To the best of miner: On the basis of and mennar ste	examinetion and/or	eth occurred at tha t Investigation, in my	ima, data and place, opinion, deeth occur	and dua to tha c red et the time, c	ausa(s) and man late end plece, er	ner as stated. Id due to the cause	)(s)	
	vithin Fo the	Me	29b. Signatura and title of certifiar			29c. Lican	sa number	2	9d. Data signed	(Month, Day, Year)		
	->-0		1 C. S			D 2	1648		6/13/9	6		
			30. Nama and eddrass of person who	complated cause of de	eath (Item 23a) (Typ	De, Print)		1	1			
				ARAKA		3 de 2.	tract F	reder;	che My	) 2-1701		
	Sta Registr		31. Dete filad (Month, Day, Year)	32. Registre	or's Signatura	0						

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

				00,		Death		Reg. No.		
	s Neme (First, Middle, I	Last)	,				2. Date of Da		3. Tima of Death	
nysician Medical	herine	Way W	Parti	î			June	Dey	1994 NO46	
	eme (If not institution, g					4b. City, Town, o	or Location of Deet	h 4c. County		
ALGITHI O	shington			a 1		Hager	stown		hington	
E Contat Co			Aga (In yrs. las		If Under 1 Year	If Under 24 H				
rai		1□ M 2X F	91	Yrs.	Months Days	Hours M	n. (Month, De	y, Year)	Birthplace (State or Foreig Country)	
	36-3804		91	110.			Feb.26	1905	Maryland	
10a. Stata	10b. County		10c City 1	Fown or Loc	etion				40d Inside City I imit	
			100. 0.17,	TOWN OF LOO	ation				10d. Inside City Limit	
g Md.	wasni	ngton	На	gerst	town				M∑ Yes 2□N	
Md.	nd Number				10f. Zip Coda			10g. Citizen of Whet Country?		
	6 Oak Hil	1 1 10			2174	0		U.S	5.A.	
11. Meritel S		12. Was Deceder	nt Ever In U.S.	13. W			(Specify Yes or No erto Rican, atc.)		ce - American Indian,	
1 Nev	r Married 2 Merried	Armed Force	s? N No			an, Maxican, Pu	erto Rican, atc.)		ick, Whita, etc.	
	wed 4 Divorced	If Yes, Giva Year or Detes		1	□Yes 21 No	Specify:		Specif	y: White	
				100 Danada	antia Ulavial Occur	-Man		401 101-1 10	CONTRACTOR OF THE CONTRACTOR O	
Elemante	15. Decedant's (Specify only highest of	grada completed)		(Giva k	ant'a Usual Occup ind of work dona O NOT usa retire	during most of w	vorking	100. Kind of B	Business/Industry	
Elemante	Elemantery/Secondary (0-12)		r 5+)							
8		4		Principa		T		Sch		
17. Fathar's	Nama (First, Middla, La						ama (First, Middle	, Maidan Sumar	ma)	
Joh	John Mentzer Martin			Lydia Fehl		L				
	19a. Informant'a Name/Relationship (Type, Print)  19b. Malling Addrass (Street and Number					and Number or	Rural Routa Number, City or Town, Stata, Zip Code)			
Geo	rge F. Ma	artin		185 พ	I. York	St. Bi	glervil	1e.Pa.	17307	
	of Disposition	~= 0		20b. Plece of Disposition (Name of cematary, crematory or other ple			Data		- City or Town, Stata	
	al 2 Cramation 3	☐Ramovel from Stat								
4 Do	etion 5 Other (Spec	cify)	Smit	tnsbu	rg Cem	etery	20,199	6 Smit	hsburg, Md.	
21 Signatu	21 Signature of Funeral Service Licensee 22. Nama and Address of Facility						125	12525 Bradbury Ave.		
1	Davis Funeral Home Smithsburg, Md. 2178									
23a Part1	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.  Approximate interval Between									
CO   DIRECT MINUSCOC	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting In death) Last  Dua to (or as a consequence of):  Dua to (or as a consequence of):									
N N	d									
lan/		d								
Part II. Other	eignificant conditions	d	but not resulting	ng in the unc	derlying cause giv	ren in Pert I.	23b. Did	tobacco use co	ontribute to the cause of death	
Part II. Other	1 1				-	ren in Pert I.		tobacco use co Yes 2⊠No	ontribute to the cause of death	
Part II. Othe	1 1	d s contributing to death  Velle Fu			-	ven in Pert I.				
Part II. Other	1 1				-	ren in Pert I.	1 🗆	Yes 205 No	3 Probably 4 Unknow	
Part II. Other	1 1				-	ven in Pert I.	1 🗆	Yes 255 No	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of causa	
Part II. Other	1 1				-	ven in Pert I.	1 🗆 24e. Was perf	Yes 25 No an autopsy prmed?	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to	
Part II. Othe	1 1				-	ven in Pert I.	1 🗆	Yes 25 No an autopsy prmed?	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of causa	
Part II. Othe Part II. Othe Part II. Othe Part II. Othe	betes M				-		1 🗆 24e. Was perf	an autopsy ormed?	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of death?	
Part II. Other Part II. Other Part II. Other Part II. Other Part II. Other Part II. Other Part III. Other Part	betes M	Velli fu	s Ty		Ott	26. Placa of D	24e. Was period	an autopsymmed?  Yas Mino	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of daath?  1 Yes 2 No	
Part II. Other Part III. Other Part II. Other Part	a rafarred to medical 200 No of Death al 5 Pending	Hospital: 1 Thipa  28a. Date of In (Month, L	S / y	pe II	3□ DOA Oth	26. Placa of Dier: 4 □ Nursing	24e. Was perfe	an autopsymmed?  Yas Mino	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of daath?  1 Yes 2 No	
Part II. Other Dr. a. Company of the part II. Ot	a ratarred to medicel  To No  To Death  al 5 Pending  dent invastigati	Hospital: 1 Tinpa  28a. Data of In (Month, D	S / cy	A/Outpetlent	3 DOA Oth	26. Placa of D ner: 4□ Nursing	24e. Was performed to the seath (Check only Home 5 Rasi 28d. Describe	Yes Donal  Yas Donal  Yas Donal  Onal  dance 6 Oth	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of death?  1 Yes 2 No	
Part II. Other Dr. a. Company of the	a rafarred to medical 7	Hospital: 1 Thpa  28a. Date of line (Month, Date 28a. Place of line 28a. Place of line	S / cy	A/Outpetlent	3□ DOA Oth	26. Placa of Dier: 4 □ Nursing	24e. Was performed to the seath (Check only Home 5 Rasi 28d. Describe	Yas No Ona)  dance 6 Otthow Injury occur	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of daath?  1 Yes 2 No	
Part II. Other Part I	a rafarred to medical  To No  To Death al 5 Pending invastigati de 6 Could not icide  Could not icide	Hospitai: 17 Inpa  28a. Data of In (Month, D  28a. Place of I building, 6	tiant 2 ER	VOutpetlent Bb. Tima of Injury	3 DOA Oth 28c. Injur Wor M 1 Det, factory, office	26. Placa of D Her: 4 □ Nursing yat k? Yas 2 □ No	249. Was perfu	Yas No ona) dance 6 Ott how Injury occur  Street and Number, State)	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of daath?  1 Yes 2 No  ther (Specify)  rred  ber or Rural Route Number,	
Part II. Other Part I	a rafarred to medical  No  Death al 5   Pending invastigati de 6   Could not icide datarmine	Hospital: 1 Impa  28a. Data of In (Month, D  28a. Place of I building, 6	tiant 2 ER jury ay Year)  28 injury - At home etc. (Specify)  at of my knowle of axamination	A/Outpetlent  Bb. Time of Injury  a, farm, street  and/or inve	3 DOA Oth World M 1 Det, factory, office occurred at the tirestigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation of the	26. Placa of Der: 4□ Nursing Yat k? Yas 2□ No	24e. Was perfect the control of the curred et the time,	Yes Done an autopsy ormed?  Yas No ona) dance 6 Ott how injury occur  Street and Number, State)  cause(s) and midata end place,	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of death?  1 Yes 2 No  ner (Specify)  rred  ber or Rural Route Number,  annar as atlated. and due to the cause(s)	
Part II. Other Part I	a rafarred to medical  No  Death al 5   Pending invastigati de 6   Could not icide datarmine	Hospital: 1 Impa  28a. Data of In (Month, D  28a. Place of I building, 6	tiant 2 ER jury ay Year)  28 injury - At home etc. (Specify)  at of my knowle of axamination	A/Outpetlent  Bb. Time of Injury  a, farm, street  and/or inve	3 DOA Oth World M 1 Det, factory, office occurred at the tirestigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation of the	26. Placa of Der: 4□ Nursing Yat k? Yas 2□ No	24e. Was perfect the control of the curred et the time,	Yes Done an autopsy ormed?  Yas No ona) dance 6 Ott how injury occur  Street and Number, State)  cause(s) and midata end place,	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of death?  1 Yes 2 No  ner (Specify)  rred  ber or Rural Route Number,  annar as atlated. and due to the cause(s)	
Part II. Other Part III. Other	a rafarred to medical  No  Death al 5   Pending invastigati de 6   Could not icide datarmine	Hospital: 1 Impa  28a. Data of In (Month, D  28a. Place of I building, 6	tiant 2 ER jury ay Year)  28 injury - At home etc. (Specify)  at of my knowle of axamination	A/Outpetlent  Bb. Time of Injury  a, farm, street  and/or inve	3 DOA Oth World M 1 Det, factory, office occurred at the tirestigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation of the	26. Placa of Der: 4□ Nursing Yat k? Yas 2□ No	24e. Was perfect the control of the curred et the time,	Yes Done an autopsy ormed?  Yas No ona) dance 6 Ott how injury occur  Street and Number, State)  cause(s) and midata end place,	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of death?  1 Yes 2 No  ner (Specify)  rred  ber or Rural Route Number,  annar as atlated. and due to the cause(s)	
Part II. Other Part I	a rafarred to medical  No  Death al 5   Pending invastigati de 6   Could not icide datarmine	Hospital: 1 Impa  28a. Data of In (Month, D  28a. Place of I building, 6	tiant 2 ER jury ay Year)  28 injury - At home etc. (Specify)  at of my knowle of axamination	A/Outpetlent  Bb. Time of Injury  a, farm, street  and/or inve	3 DOA Oth World M 1 Det, factory, office occurred at the tirestigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation of the	26. Placa of Der: 4□ Nursing Yat k? Yas 2□ No	24e. Was perfect the control of the curred et the time,	Yes Done an autopsy ormed?  Yas No ona) dance 6 Ott how injury occur  Street and Number, State)  cause(s) and midata end place,	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of death?  1 Yes 2 No  ner (Specify)  rred  ber or Rural Route Number,  annar as atlated. and due to the cause(s)	
Part II. Other Part I	a rafarred to medical  No  Death al 5   Pending invastigati de 6   Could not icide datarmine	Hospital: 1 Impa  28a. Data of In (Month, D  28a. Place of I building, 6	tiant 2 ER jury ay Year)  28 injury - At home etc. (Specify)  at of my knowle of axamination	A/Outpetlent  Bb. Time of Injury  a, farm, street  and/or inve	3 DOA Oth World M 1 Det, factory, office occurred at the tirestigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation of the	26. Placa of Der: 4□ Nursing Yat k? Yas 2□ No	24e. Was perfect the control of the curred et the time,	Yes Done an autopsy ormed?  Yas No ona) dance 6 Ott how injury occur  Street and Number, State)  cause(s) and midata end place,	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of death?  1 Yes 2 No  ner (Specify)  rred  ber or Rural Route Number,  annar as atlated. and due to the cause(s)	
Part II. Other Part I	a rafarred to medical  No  Death al 5   Pending invastigati de 6   Could not icide datarmine	Hospital: 1 Impa  28a. Data of In (Month, D  28a. Place of I building, 6	tiant 2 ER jury ay Year)  28 injury - At home etc. (Specify)  at of my knowle of axamination	A/Outpetlent  Bb. Time of Injury  a, farm, street  and/or inve	3 DOA Oth World M 1 Det, factory, office occurred at the tirestigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation of the	26. Placa of Der: 4□ Nursing Yat k? Yas 2□ No	24e. Was perfect the control of the curred et the time,	Yes Dono an autopsyormed?  Yas No ona) dance 6 Ott how injury occur  Street and Number, State)  cause(s) and medata end place,	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of death?  1 Yes 2 No  ner (Specify)  rred  ber or Rural Route Number,  annar as atlated. and due to the cause(s)	
Part II. Other Part I	a rafarred to medical  No  Death al 5   Pending invastigati de 6   Could not icide datarmine	Hospital: 1 Impa  28a. Data of In (Month, D  28a. Place of I building, 6  Physician: To tha bes aminer: On the basis	tiant 2 ER jury ay Year)  28 injury - At home etc. (Specify)  at of my knowle of axamination	A/Outpetlent  Bb. Time of Injury  a, farm, street  and/or inve	3 DOA Oth World M 1 Det, factory, office occurred at the tirestigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation of the	26. Placa of Der: 4□ Nursing Yat k? Yas 2□ No	24e. Was perfect the control of the curred et the time,	Yes Dono an autopsyormed?  Yas No ona) dance 6 Ott how injury occur  Street and Number, State)  cause(s) and medata end place,	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of death?  1 Yes 2 No  ner (Specify)  rred  ber or Rural Route Number,  annar as atlated. and due to the cause(s)	
Part II. Other Part I	a rafarred to medical  No  Death al 5   Pending invastigati de 6   Could not icide datarmine	Hospital: 1 Impa  28a. Data of In (Month, D  28a. Place of I building, 6  Physician: To tha bes aminer: On the basis	tiant 2 ER jury ay Year)  28 injury - At home etc. (Specify)  at of my knowle of axamination	A/Outpetlent  Bb. Time of Injury  a, farm, street  and/or inve	3 DOA Oth World M 1 Det, factory, office occurred at the tirestigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation, in my of the stigation of the	26. Placa of Der: 4□ Nursing Yat k? Yas 2□ No	24e. Was perfect the control of the curred et the time,	Yes Dono an autopsyormed?  Yas No ona) dance 6 Ott how injury occur  Street and Number, State)  cause(s) and medata end place,	3 Probably 4 Unknown  24b. Wara eutopsy findings available prior to completion of ceusa of death?  1 Yes 2 No  ner (Specify)  rred	

Charles Co.

	. 3 sho	
	1, 2	
	Pages	
	ar this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	
	nsit (	
ysician	irial-tra	
등	e Dr	
ngin	as th	
affe	asn	
io R	ğ	
osbil	ched	
ne n	deta	-
5	2	90
ned	Pould	200
reta	52	990
3 2	age	2
E	tor.	900
age c	direc	
E.	eral	1
Dear	P.	
aner	y the	and a
SIN	4	
24 III	filled	
JIII V	tely	*
*	apple 5	200
cuter	00 p	-
200	n an	9
e D	Sicia	1
CINCA	and I	har
9	ding	
negri	afte	2
me	the	min
PLI	50	200
Les	Signe	100
S FITSICHANT THE IAM REQUIRES THAT THE DEATH CENTRATE DE EXECUTED WITHIN 24 HOURS ARE DEATH. PAGE 6 MAY DE PETAINED DY THE DOSPITAL OF ATTENDING DING	een :	or who are considered to the contract of the c
MP	las b	23
1	ate h	lam.
HAN	rtific	200
1731	is ce	-
2	th th	Sark

왕

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Charles Daniel June 17. Miles Sr. 1996 5:00 Α 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign Country) 1 X M 2 - F DAYS 705-14-0277 81 YRS March17,1 Maryland Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington DIRECTOR 14627 Barkdoll Rd. Hagerstown 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Washington 1 YES 2X NO Hagerstown 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14627 Barkdoll Rd. 21742 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Merried 1 TYES 2 NO Specify BY Specify White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Minister Church 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumeme) BE William O. Miles Cora Hull 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Pauline Miles Wife 14627 Barkdoll Rd. Hagerstown, Md. 21742 20e. METHOD OF DISPOSITION

1 M Burlel 2 Cremation 3 | F
4 | Openition | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State June Ringgold Cemetery Ringgold, Md. INATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY 12525 Bradbury Ave. Davis Funeral Home Smithsburg, Md. 21783 comes complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, 23. PART I. Enter the diseases, or Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease Dr condition Sepsis resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Chronic Uninny Tract Intection CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING Diabetes I CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL Adupaced Senile Dementia 1 TYES 2 NO DF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \boxed{1}\) UNCERTAIN \( \Boxed{1}\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident E HOSPITAL OR ATTENDING E FUNERAL DIRECTOR: After d within 72 hours after death 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide .00 ETED. 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 28 datermined Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 h (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H. Stewart II 00 050030626 June 17, 1996

31. DATE FILED (Month, Day, Year) Michael 8 1996

waynestore

17248

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JUSEPH H. STRW GAT THE BO

1051 E. MASA

State of Maryland / Department of Health and Mental Hygien 6

Certificate of Death 1. Dacadant's Name (First, Middla, Last) 2. Date of Daath 3. Tima of Death **Physician** JUNE Milton MOATS 1949 Reichard 10 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Hagerstown

If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Days Hours Min. (Month, Day, Year) Mashinator Washington County Hospital 5. Sociel Security Number 6. Sex 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** 1**X** M 2□ F Yrs. Director 705-10-4846 Dec.25,1908 Maryland Usuel Rasidence of Decedant permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Meryland Department of Heelth end Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Mexical Example market be marked once. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director MD Washington Williamsport 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 11128 Grosh Ave. USA by Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Never Marriad 2 ☐ Married 1 ☐ Yas 2 XNo If Yas, Giva Year or Detas: Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yas 2 ☒ No Specify: 3 X Widowed 4 □ Divorcad Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grade completed) Collaga (1-4or 5+) Eiamantary/Secondary (0-12) Leather Processing Tacker 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Earl Norman Moats Annie Orea Wolford 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Barbara Roach 11130 Grosh Ave. Williamsport, MD 21795 20b. Placa of Disposition (Nama of cemetery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta 1 Burial 2 Cramation 3 Ramoval from Steta 4 ☐ Donation 5 ☐ Othar (Specify) Riverview Cemetery June 20,1996 Williamsport, MD 21795 22. Nema end Addrass of Facility
OSBORNE FUNERAL HOME P.O.Box # 348 Williamsport, MD 21795 23a. Part1. Enter ha disaasa, or complications that causad tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or respiratory arrest, shock, or respiratory arrest. Approximate Interval Batween Onset and Death **Physician** /Medical immediata Causa (Final disaasa or condition rasulting in daath) ACUTE RENDY 000 Examiner Examiner INFARCTION DAS mys cono orac physician end the buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if eny, laading to immediata causa. Enter Underlying Causa (Disaasa or Injury that Initiated evants resulting in daath) Last Due to (or as a consequanca of) Division of Vital Records, P.O. Box 68760. SE CARONIC EXACERBATION CUNG Physician/Medical Due to (or es e consequança of) 98 CONGESTIVE FALLURC HEMES esn for ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by to 1 ☐ Yes 2 ☐ No 3 ☐ Probably \$ Unknown þ 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy performed? Completed hes 1 Yas 2 No 1 ☐ Yas 2 ☐ No funeral director, 25. Was casa rafarrad to medical axeminar? 28. Placa of Daath (Chack only ona) Hospital: Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 9 1 Yas 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 27. Manner of Death 28a. Data of injury (Month, Day Year) 28b. Tima of Injury Certification: 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Pending il or Attending sefter death. Il Director: Aft Invastigation 1 Yas 2 No 2 Accident 6 Could not be datamined 3 ☐ Suicide 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify) 4 Homicida To the Hospital within 24 hours e To the Funeral L Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, end due to the causa(s) and mannar as steted.

| Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the causa(s) and mannar stated. 29a. Cartifian Medical (Check only one) 29b. Signatura and titia of certifier 29c. Licansa number 29d. Deta signed (Month, Day, Year) 96 -40151 17 6 50 30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print) HORERSTOWN, MILL ST 31. Data filad (Month, Day, Year) 32. Registrar's Signatura Hebr Burden Parlett JUN 1 6 1996 Registrar

The state of the state of the state of

				State of Ma		epartment of I Certificate of			jiene 岁 ( leg. No.	0 15	3380
	-1-16		1. Decedent's Neme (First, Middle, Las	t)				2. Date of Dee	th		. Time of Death
	Physic		HUBERT EUGEN	E MART	Z			Sune	9ay	1996	00:56
	/Medi Examir		4a. Facility Name (If not Institution, give	street end number)			4b. City, Town, o	r Location of Death	4c. County		
ď	a.c.		WASHINGTON COUN	TY HOSPIT	AL		HAG	ERSTOWN		WASHIN	IGTON
	Funeral		Social Security Number     6. Se		e (In yrs. last birth	dey) If Under 1 Yeer Months Days			Year)	9. Birthplace	e (Stete or Foreign
	Director		216-14-5064	XM 2□F	75 Y	rs. Workins Days	110013 IVIII	AUG. 19	, 1920	MAR	YLAND
	pu *		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town	or Location				104	Inside City Limits
	sho st at	5	110.5207		Too. Only, Town						1 ☐ Yes 2 No
	28a-1	Director	MARYLAND WASHINGT  10e. Street and Number	ON		10f. Zip Code	OONSBORO		Og. Citizen of V		
	with with			070		101. Zip 000e	21712	'			
	eath	era	21395 MT. LENA R	12. Wes Decedent I	Ever in U.S.	13. Was Decedent of	21713	Specify Yes or No-		J.S.A. e - American I	Indian.
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examine must be notified at	by Funeral	1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	Armed Forces? 1 ☐ Yes 2 ♣ N If Yes, Give Year or Dates:	No.	<ol> <li>Wes Decedent of If Yes, specify Cut</li> <li>1 ☐ Yes 2 ☒ No</li> </ol>		rto Rican, etc.)		ck, White, etc.	
Ö	2 hou	P	15. Decedent's Edu		16a. [	Decedent's Usuel Occu	pation		16b. Kind of Bu		
212	n n	Completed	(Specify only highest grad	de completed)		Give kind of work done ife. DO NOT use retire	during most of w	orking			
2	filed within Hygiene. ther than "	E	5	College (1-4or 5	(+)	TRUCK DRI	VER		INDUSTR	IAL SU	PPLY CO.
	e filed al Hygi other vent,	BeC	17. Father's Name (First, Middle, Last)				18. Mother's N	eme (First, Middle, I	Meiden Sumen	ne)	
aryland	should be and Mental marked o	To	ROY CLAYTON MART	Z			ADDIE	VIOLA MOS	SER		
an	2 sho and I s me		19a. Informent's Name/Relationship (T	iype, Print)	19b.	Meiling Address (Stree	t end Number or F	Rurai Route Number	r, City or Town,	State, Zip Co	de)
2	1 and 2 Health em 27 I		CORA M. MARTZ/SPO	OUSE		395 MT. LEN	IA ROAD,	BOONSBOR	O, MARY	LAND :	21713
more,	of He		20a. Method of Disposition 1 ⊠ Burial 2 □ Cremation 3 □ I	Removel from State	20b. Place of to cemetery	Disposition (Neme of cremetory or other ple	ice)	Date	20c. Location -	City or Town,	State
E	it. Pages rtment of i rtent: If its njury or or		4 □ Donation 5 □ Other (Specify,		MT. LE	NA CEMETER	Y	6/18/96	MT. LEN	IA, MAR	YLAND
Balti	permit. Pages 1 a Department of Hea Important: If item any injury or othe		21. Signature of Funeral Service License	an Paul	M. Dean	22. Name end Addr BAST FUNE		7606 Ol Boonsbo			ke 21713
	255		23a. Part1. Enter the disease, or comp shock, or heart failure. List only of			t enter the mode of dy	ing, such as cerdi			Ap	proximate erval Between
	Physician		oroon, or mount tailain. Electrical	54555 511 54511 11	1 7	_ /					iset end Death
	/Medical Examiner		Immediate Cause (Final disease or condition	4.	545TA	10				5	Suddem
В	CXammer		resulting in deeth)	a	Due to (or es a co	insequence of):	,	***			
	pe iis	Examiner		b. (C	Tronary	artery (	1 sease	)		1	
	and P-tran	хап	Sequentially list conditions, if any leading to immediate		Due to (or as a co	nsequence of):					
8760,	ata be axecuted hystcian and the bunal-transit	E III	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	c							
687		dicai	that initiated events resulting in death) Last	,	Due to (or as a co	nsequence of):				i	
	ding ding	Me		d						-	
ROX	death certific e attending p ed for use as	Physician/Med									
j	0 0 0	ıysi	Pert II. Other significant conditions co	ntributing to death bu	ut not resulting in t	he underlying cause gi	ven in Pert I.				cause of death?
Ţ.	that hed b							1 U Y	es 2 No	3 Probab	ly 4 🗆 Unknown
Hecords,	The law requiras that the tee has been signed by th page 2 should be detache	d by						24a. Was a		24b. Were	autopsy findings
000	w require been signal	iete						perfor	med?		ble prior to etion of ceuse
T O	The lav ate has page 2	Completed						1 U V	es 2 No		
Vital			25. Wes case referred to medical				On Diago of D			10 10	es 2 No
	ysician: is certifica director,	To Be	examiner?	Hospital: 1 ☐ Inpatie	nt 2 ER/Outs	atlent 3 DOA Ot	har	eeth (Check only on Home 5 Reside		or (Conside)	
Ö	Phys eral d		27. Manner of Deeth	28a. Dete of Injur	y. 28b. Ti	ne of 28c. Inju		28d. Describe he			
0	ath. r: After e funer	atio	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, De)	rear) inj		Yes 2 No				
DIVISION OF	or Attending Physician: after death. Director: After this certific I in by the funeral director,	ifica	3 ☐ Suicide 6 ☐ Could not be determined			n, street, factory, office		28f. Location (St		er or Rurai Ro	oute Number,
5	日本学に	Certification:	4   Hollidde	building, etc	:. (Зреспу)			City or Town	1, 3(6(6)		
	To the Hospital of within 24 hours a To the Funeral D completely filled	edicai			examination and/	death occurred at the toor investigation, in my					
	To the Within 2 To the comple	×	29b. Signature and title at abdition	//		29c. Licen	se number	2	9d. Dete signe	d (Month, Dey	, Year)
1			1 Kolk	oh mi			265	79	6/17/	196	
			30. Name and eddress of person who co	ompleted ceuse of de	eath (Item 23a) (T	ype, Print)	1 /	,			
			K.L. Kugler	MD	757	Northern	Ave, H	agers town,	md	21742	,
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registre	er's Signeture			,			
	Registr	ar	JUN 1 7 19	96 galia	Hudserle	white					

na Tribo - see igni ing ing ing

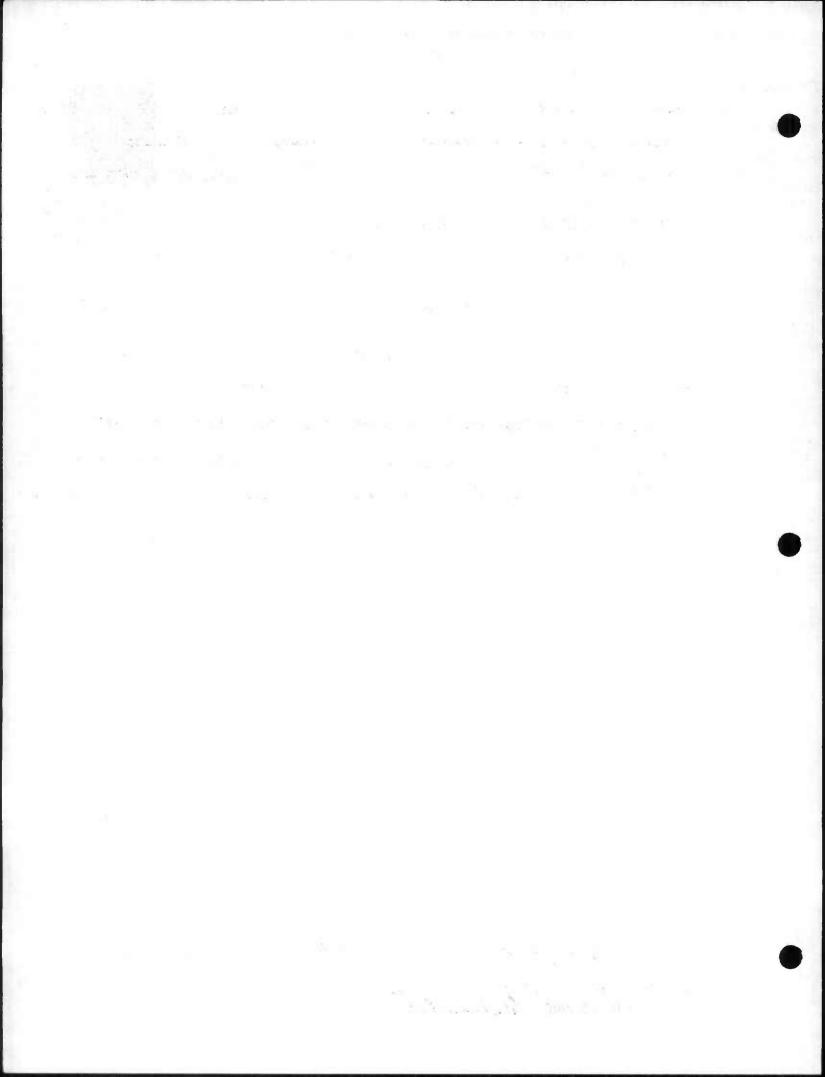
State of Maryland / Department of Health and Mental Hygiene

19381

							Certi	ificate	of	Death	1		Reg. N	D.		
	11		1. Decadant's Nama (First, Mid	dle, Last)				^	1.7			2. Data of De			Sale II	3. Time of Death
	Physic			ETTA	MA	E		()1	LH	PM.		Month	Di	ay .	Year	1610
,000	/Medi		4a. Facility Nama (If not institut					U			own orlo	ocation of Deat		Court	1996	1410
	Examination	ner	and the same of th							40. City, 10	JWII, OI LC	Cation of Deat	440	. County	of Death	
			PENINSULA RE	GIONAL ME							ISBUI				OMICO	
	Funeral		5. Social Security Number	6. Sax		a (In yrs. lest birti		If Under 1 Months	Yaar	If Undar Hours	24 Hrs. Min.	8. Data of Bir (Month, Da	th V Year	)	9. Birthpi Count	iaca (Stata or Foreign
	Director		579-16-8628	1 □ M 2](2)		74 Y	rs.		Duyo	110010	14141.	OCT. 9	,192	21	VIR	GINIA
	D		Usual Rasidanca of Decedant													
	Maryland of show		10a. Stata 10b. Coun	ty		10c. City, Town	or Loca	tion							10	Od. Inside City Limits
	Ma E is	ō	WIC	OMICO		FRUIT	T.AN	D								1 Yas 2 □ No
	the Maryland	Director	10e. Street and Number	0112.00		11.021		10f. Zlp (	Code				10- 0	Man of 1	Affinat Count	
	2 0 %	급	Too. Street and reamper					IOI. ZIP	Joua				log. C	tizan oi t	What Count	ayr
	deeth w	Funeral	P.O. BOX 564					218	326					U.S	.A.	
	items 234	i e	11. Marital Status	12. Was D	ecedant     Forcas?	Evar in U,S.	13. Wa	as Deceda	int of h	dispanic Or	igin? (Spe	ecify Yas or No Rican, atc.)	-		e - Amarica	
0	or it		1 Nevar Married 2 Ma	irried 1 Te	s 2X	No									7777	
21215-0020		þ	3 Widowed 4 □ Divorce	od If Yas,	or Datas:		1	Yas 2	K I NO	Specify:				Specify	WH.	ITE
9	natural',	8	15. Deced	nt's Education		18a.	Decedan	nt's Usual	Occur	nation during mos			16b. F	(ind of B	usinass/Ind	ustry
1	5 5	Completed		est greda complete			(Give kir. life. DO	nd of work NOT use	dona retire	during mos	st of work	Ing				
12	within ana. than	E	Elamantery/Secondery (0-12	Colleg	e (1-4or 5	5+)		WIFE		,			(	OWN I	HOME	
	al Hygis other vent, th			- Last)		1 11	7001		_	40 14-41	a da Ataus	(Final Added				
Ĕ	d of the the	Be	17. Fathar's Nama (First, Middl							18. Moth		(First, Middle		n Sumen	10)	
100	should by	2 L	GEORGE WILK	INSON							STE	LLA AYR	ES			
Maryland	ges 1 and 2 should be filed wit to of Health and Mental Hygians if Nem 27 is marked other the or other traumatic svent, 1 a		19a. Informant's Name/Ralatio	nship (Type, Print)		19b.	Mailing	Addrass	Street	and Numb	er or Run	A Route Numb	er, City	or Town,	Stete, Zip	Code)
$\geq$	th er		ESTELLA OUTT	EN		D (	) R	OY 5	5/1	PRIIT	TIANI	D, MD.	218	26		
Baltimore,	permit. Peges 1 end 2 Department of Health Important: If Item 27 I any Injury or other tra ance.		20a. Mathod of Disposition	E IV		20b. Placa of	Dispositi	ion (Name	e of		LLAN	Data			City or Tox	wn Stata
0	Peges nent of I int: If its ary or or		1 Burlai 2 ☐ Cramation	3 Ramovai fro	om Stata	cemetery	. cremet	tory or oth	nar pla	ce)	1.		-			
T.	ant:		4 Donation 5 Other	(Specify)		First	Ba	otis	<b>st</b> (	emet	ent	-9.96	Toca	moK	e. V	ld.
<u>a</u>	permit. Pege Department Important: If any Injury or once.		21. Signatura of Funarai Sarvio	e Licansaa			22. N	lama and	Addra	ss of Facili	ity					
m	88 = 88		K 70	an al	_		RO	PUMIL	FII	NEBAT	HOM	E, SALIS	RIIR	V MI	n 2	1804
			23a. Part1. Entar the disaasa,	VI (Elos	2	I the death De a	1					-		, 111		
			shock, or haert feilura. Li	st only ona causa o	n aech lir	na.	ot aman	ina moda	or ay:	ng, such as	cardiec	or raspiratory a	rrest,			Approximata Intarval Batween
7	Physician		La Sancia	1											!	Onset and Death
-14	/Medicai		immediata Causa (Finel disaasa or condition	Ac	UTE	84996	ev b	ato	4	01	chi	DNIC	03	STV	4:	7 Pays
	Examiner		rasulting in daath)	a		Due to (or as a c	onseaue	nce of):		5	4	ο Λ.				7 Pays,
		ē				540 (5) (5) 43 4 5	oriseque	nica oi).	CH	me	Ru	M 01	16.	415	1	
	nsit	盲		b												
	end end	Examiner	Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaasa or injury			Dua to (or as a co		•							į	
90	cien ourie		cause. Entar Undarlying Causa (Disaasa or injury	CE	LLY	KitiL	K.4	4/	PC	V 8	4/21	mite	,			14 Mays
68760,	ertificate be executed ling physicien end se as the buriel-transit	Medical	that initiated evants rasulting in death) Last			Dua to (or as a co	onsequa	nce of):				T			Ī	
	ng p	Sec.		1								*				
Box		2		d												
0	death c e attended for us	Physician	Dort II. Other elemiticant condi	tone contribution to	a do astr hu		a				4	001 DI4				
0	the check	ys	Part II. Other significant condi-	ions contributing to	o death bi	ut not rasulting in	the unde	errying ca	usa gn	an in Part	τ.				ntribute to	the causs of death?
Δ.	hat t	2										175	Yss	2□ No	3 Prob	ebly 4 Unknown
Records,	requires that tha been signed by th hould be detech	by														
5	v require been si should	Completed										24a. Was	an auto	psy		ra autopsy findings illable prior to
Ö	> 11 0	Se l										Pont			con	noletion of causa
Re	The lew cate hes t	Ē										_				
<u></u>		ပိ										1	Yas 2	No No	1	Yas 25 No
Vital	ician: The lev certificate hes rector, page 2	Be	25. Wes casa rafarred to medic axaminar?								a of Deetl	(Check only	one)			
-	Physician: this certific ral director,	၉	1 Yas 2₽ No	Hospital:	Inpatia	nt 2 ER/Out	patient	3 DO	Ott	nar: 4□ Nu	ursing Ho	ma 5 ☐ Rasi	dance	8 Oth	ar (Specify	)
of	Phys srthis eral di		27. Mennar of Death	28a. De	eta of Injui	ry 28b. Ti		28	c. Inju	ry at		28d. Dascribe	how inju	ry occur	red	
Division	Attending or death.	Certification:	→ Natural 5 Pano	ing (M tigation	ionth, Dej	<i>r Year)</i> In	jury	М		rk? ∣Yas 2□	No					
S	deat tor:	ca	3 Suicida 6 □ Coui	not be								OOL Location (	O4===4 =		D	Davida Marakar
Ξ	ter di	듣	4 ☐ Homicida detai	minad 288. Pil	aca of Inju	ury - At homa, fan c. <i>(Specify)</i>	m, straat	t, factory,	office			City or To			per or Hurai	Route Number,
	rs ar Die	0														
	hou hou iner iy fill	B	29a. Certifier + Certify	ng Phyalcian: To	tha best o	of my knowledge,	daeth o	ccurred at	tha ti	ma, date ar	d plece,	and dua to tha	causa(s	s) and ma	annar as sta	ated.
	To To in in its	edical	one) 2 Medica	Examiner: On the and m	e besis of lannar sta	axamination and ited.	or invas	stigetlon, i	n my c	plnion, das	ith occurr	ed at tha tima,	data an	d place,	and dua to	tha causa(s)
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	Me	29b. Signatura and titia of certif	ar /				29c.	Licans	a number		Т	29d. Da	ata signe	d (Month, L	Dey, Year)
	F ₹ F 8	/	Vocarial.	Letan	101	20					11					
		151	June 4		9	79		1	7	2010	7		6	171	76	
		[ ]	30. Nema and addrass of parso	who completed ca	ausa of de	eath (Item 23e) (1	Type, Pri	int)							9	
			MAHESH MOO	NDRA	51	47E C	IVE	VS19	0	DRI	VE	saus	154	24	MA	2/801
	Sta	ite	31. Deta filed (Month, Dey, Yea	7) 32	. Ragistra	ar's Signatura								-		4
	Registr		JUN 17 1	196	: As	in 0 .	10									
	3		VVII 2 1 1.	100	C 57 83	- MANY MANY	LLY _									

State of Maryland / Department of Health and Mental Hygiene 96

					Certifica	ite of	Death		Reg.	No.		
	9	1. Decedent's Neme (First, Middle,	Last)						e of Deeth			3. Time of Death
Physici /Modic		JOHNIE BL.	AINE	PARKI	ER			Jui		Dey 199	Year 6	7:40 PM
/Medic Examin		4a. Facility Name (If not institution, g	give street and num	ber)			4b. City, Tow	m, or Location of	of Death	4c. County		
LAGIIII	161	Salisbury Center	:Genesis	ElderCare	e	9	Salisbu	ry, Md.		icomi		
Europol		-		. Age (In yrs. last bit		er 1 Yeer						ce (State or Foreig
Funeral Director		215-38-9403	1 X M 2 □ F	66	Yrs. Month			Min. (Mo	e of Birth nth, Dey, Yes 14, 19	ar)	MARYL	V)
		Usual Residence of Decedent						ψ01.	14, 13	123	TIMELL	AND
and and		10a. Sfate 10b. County		10c. City, Tow	n or Location						100	d. Inside City Limit
darytan f ehow	0	MARYLAND WICOM	T CO	DITTE	VILLE							1 ☐ Yes 2 🖔 N
288 288	Director	10e. Street and Number	100	TATIO		Ip Code			40-	04		
£ 6 k		Of the second second				1			109.		Vhaf Country	yr
1 23	8	9279 GUMBORO ROA	1			1850				USA		
within 72 hours after death with the Manyland ena. Han "natural", or items 23a or 28a-f ehow ha Medical Examiner must be notified at	Funeral	11. Maritai Sfefus	Armed Ford		13. Wes Dec	edent of I ecity Cub	Hispanic Orlg sen, Mexican,	in? (Specify Ye Puerto Rican, o	s or No-		e - American k, Whife, etc	
or is	F	1 Never Married 2 Merried	If Yes Give	_	1 ☐ Yes	2 No	Specify:			Specify		
Iral!	d by	3 Widowed 4 Divorced	Year or Da	les:1955-58							WHI	TE
72 h	Completed	15. Decedent's (Specify only highest)	Educetion grade completed)	16a	Decedent's Us	ual Occup	pation	of working	16b	. Kind of Bu	siness/indu	stry
di di di	du	Elementery/Secondary (0-12)	College (1-	4or 5+)	(Give kind of a life. DO NOT		ed)	11154				
w die	S	12			FARN	IER			A	AGRICU	JLTURE	
2 should be filed within 72 hours after death with the Maryla and Mental hydiens and Mental hydiens is marked other than "natural", or frems 23s or 28s-f ehow aumstic avent, ma Medical Examinar must be nother a	Be (	17. Fether's Name (First, Middle, La	st)				18. Mother	's Name (First,	Middle, Mela	len Sumem	ie)	
2 should be and Menta is marked sumstic av	To	MEDFORD R. PARKE	R				MAMI	E BAKEF	2			
d 2 should th and Mer 7 is marks traumatic		19a. fnformant's Name/Reletionship	(Type, Print)	198	o. Mailing Addre	ss (Street	t and Number	or Rural Route	Number, Cit	y or Town,	State, Zip C	Code)
	1	BARBARA BRITTING	HAM PARKE	R/WIFE 92	279 GUMI	ORO	RD, PI	TTSVILI	E, MAI	RYLANI	2185	0
		20e. Method of Disposition		20b. Place o	of Disposition (A	eme of		Dete			City or Town	
or in or		1 XBurial 2 ☐ Cremation 3		tate	ry, crematory o		ece)	(1121	06 117	T T A DT	NA MA	DAT AND
permit. Pages i Depertment of H Important: If Ite any Injury or of once.		4 Donation 5 Other (Spec	-	BETHE	EL CEMET			6/13/	90 WJ	LLLAKI	JS, MA	RYLAND
permit. Page Depertment of Important: If any Injury or once.		21. Signature of Funerei Service Lic	ensee	V			ess of Facility					
70 = 4 0		1 Vely Var 1	U LAQU	A	HASTIN	IGS F	TUNERAL	HOME,	SELBY	VILLE	, DELA	WARE 19
		23a. Pert 1. Enter the diseese, or co shock, or heart failure. List on	mplicefions thef ca	used the death. Do	nof enfer the m	ode of dyi	ing, such as c	ardiac or respir	atory arresf,		A	Approximate
Physician		SHOOK, OF HOUR TAILUTE. LIST OF	ly one couse on ea	CIT III 10.					^			nterval Between Onset end Deeth
/Medical		Immediate Cause (Finel	(\interpretation )	1 - 1	7	c- c	· ē	1.	1			10/5,
Examiner		diseese or condition resulting in death)	eO	100	en	ب		Ive	۸5.			113
	Per			Due to (or as a	consequence o	1):						
unsit	늍		b	roke	1						1	
el-tra	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying		Due to (or as a	consequence o	1):					1	
be executed siclen end buriel-transit		Cause (Disease or Injury thet initiated events	c									
ertificete be executed Jing physicien end se as the buriel-transit	Medical	resulting in deefh) Lest		Due to (or as e	consequence of	):					1	
ding p		1	d				_					
death cer e attendin ed for use	lan										I	
e de e	/sic	Part II. Other significant conditions	contributing to dea	th but not resulting i	n the underlying	ceuse gi	iven in Pert i.	23	b. Did tobac	co usa cor	ntribute to t	he cause of deat
that the desired by the a detached f	Physician								1 🗆 Yes	32 No	3 Proba	bly 4 Unkno
8 5 8	by					_				•		
G W =								24	a. Was an au		24b. Were	e autopsy findings able prior to
- D 65	Completed							_	perioritied	'	comp of de	pletion of cause
0 - 0	E								4 🗆 V	2 12 No		
	Ö	OF Man ages referred to madinal	1						1 🗆 Yes	2 Jano	101	Yes 22 No
certii recto	m	25. Was cese referred to medical examiner?	Hospital:			Ott	hor 4	of Death (Chec				
hys his aldi	7	1 Yes 2 No	1 □ In	patient 2 ER/Ou		JUA	Nun	sing Home 5				
Sing f	Certification:	27. Manner of Death  1 ☑ Natural 5 ☐ Pending	28a. Dete of (Month)		Time of Injury		ork?		scribe how in	njury occurr	ed	
Attending or death. ector: After by the fune	cat	2 Accident Investigati			M	1	Yes 2 N	0				
	#	3 ☐ Suicide 6 ☐ Could not determine	d 28e. Place o	f Injury - At home, fa g, etc. (Specify)	arm, street, facto	ory, office			afion (Street or Town, St		er or Rural F	Route Number,
Per of le	ē			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
s after death		29a. Certifier 1 Cartifying F	hyalcfan: To the b	est of my knowledge	e, death occurre	d at the ti	ime, date and	place, and due	to the cause	(s) and me	nner es stet	ted.
cospital or At hours after of uneral Directly filled in by		(Check only 2 Medical Ex	end manne	r stated.	iwoi iiivestigatii	71, 11111y	opinion, deen	1 Occurred at the	o timo, dato e	and place, i	and due to ti	ne cause(s)
Hospi Whou Funer tely fill	edical	(Check only 2 Medical Expone)			2	9c. Licens	se number		29d. I	Dete signed	d (Month, De	ey, Year)
4 hour		(Uneck only 2   Medical Ex	/	/_	1							
To the Hospital or At within 24 hours after or To the Funeral Direct completely filled in by	Medical	one) 2 Medicai Exa	N/		1	293	349		6	ful	9/	
Hospi 14 hou Funer tely fill	edical	29b. Signature and fifle of certifier	W/	of death (from 22-1		) <del>-</del> 293	349		4	14	96	
Hospi 14 hou Funer tely fill	Medical	29b. Signature and fifle of certifier  30. Neme and eddress of person wh			(Type, Print)				4	/14/	96	
Hospi 14 hou Funer tely fill	Medical Medical	29b. Signature and fifle of certifier	104 HEAL		(Type, Print)				4	14	96	

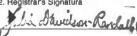


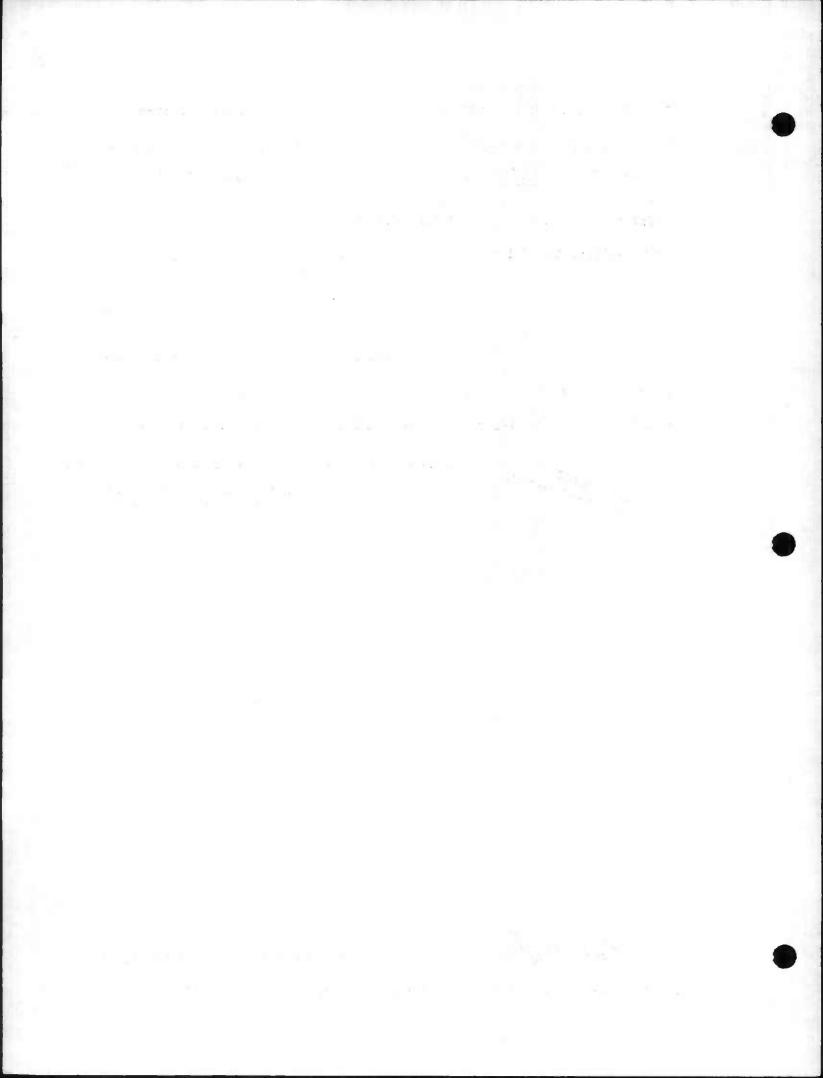
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Day Physician JUNE 10, 1996 MILDRED ELIZABETH PORTNER 10:25pm /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner FREDERICK
if Under 24 Hrs.
Hours Min. CITIZENS NURSING HOME FREDERICK If Under 1 Year 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In vrs. last birthdev) Birthplace (State or Foraign Country) **Funeral** Months Days 219-20-4781 Director JAN. 23, 1910 MARYLAND 86 Usual Residence of Decedant with the Meryland 10a. Stata 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumeds event, the Medical Examinar must be nothed at 10d. Inside City Limits 1 ☐ Yas 2 ☐ No Director MARYLAND FREDERICK SABILLASVILLE 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? permit Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiena.
Important if item 27 is marked other than "---any injury or other traumestic. 15419 SABILLASVILLE ROAD 21780 U.S.A. Funeral 12. Wes Decedent Evar in U,S. Armed Forcas? 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - American Indien, 11. Meritel Status Black, Whita, atc. 1 Nevar Married 2 Married ☐ Yes 2☐No Yes, Giva 1 ☐ Yas 2 ☐ No Specify: ۇ م 3 Widowed 4 □ Divorced Yaar or Datas: WHITE Completed 15. Decedant's Education (Specify only highest grade completed) 18e. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collage (1-4or 5+) 11 SANATORIUM SEAMSTRESS 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be 2 UNGER ARTHUR WILHIDE TDA GRACE 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) JOSEPHINE EYLER (DAUGHTER) 15340 KELBAUGH RD., THURMONT, MD 21788 20b. Place of Disposition (Nama of cematary, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ₺ Burial 2 □ Cremation 3 □ Ramovai from State 4 ☐ Donation 5 ☐ Othar (Specify) 6/13/96 THURMONT, MARYLAND BLUE RIDGE CEMETERY 21. Signature of Funeral Service Licenses 22. Name and Address of Facility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 615 E. MAIN ST., THURMONT, MD 21788 23a Part L Entur the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, and ck, or heart fellure. List only one ceuse on each line. Physician Immediate Cause (Final disease or condition resulting in death) /Medical . Pan Creatic Examiner Dua to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to Immadiata cause. Enter Underlying Causa (Disaesa or Injury that Initieted evants rasulting in death) Last physician and the bunial tran Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medicai Due to (or as a consequence of) 98 980 ò Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably Unknown by 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? Completed hes certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yas 2 ☐ No or Attending Physician: funeral director, 25. Was casa referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yas 2 XNo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at 28d. Describe how injury occurred Certification: 1 [XNatural 5 Pending invastigation 24 hours after deeth. 1 Yas 2 No 2 Accident 6 Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) filled in by 4 ☐ Horolcida Hospital 29a. Certifiar 1 Certifying Phyelcian: To the best of my knowledge, death occurred et the time, deta and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the causa(s) end manner stated. Medical (Check only one) To the Vithin 2 29b. Signeture end titla of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) THUN JUNE 12, 1996 30. Nama and address of person who complated causa of death (Item 23e) (Type, Print) LLOYD E. HALVORSON, M.D., 1475 TANEY AVE., FREDERICK, MD 21701 31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura

State Registrar

JUN 1 3 1996





State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate of	Death			Reg. No.		
Dhual		1. Decedent's Name (First, Middle, La							2. Date of Dea	ath Day	Year	3. Time of Death
Physic /Med		Irving Mac	e Parks	, Jr.						$16,^{\circ}199$	96	5:30 PM
Exam		4a. Facility Nama (If not Institution, giv 101 Wisteria		r)					ocation of Death			
		5. Social Security Number 6. S		Age (in yrs. last	hirthday	If Under 1 Yaar		nbri 24 Hrs.	-		che	
Funera Directo			<b>M</b> 2□F	69	Yrs.	Months Days		Min.	8. Date of Birt (Month, Da) Oct 3,	927	Cour	place (State or Foreign htty) Maryland
dand dand		10a. State 10b. County		10c. City, To	own or Lo	cation					1	IOd. Inside City Limits
the Man	ector	Maryland Dorches  10e. Street and Number	ster	Car	mbrid	lge		_		40- Ohi	10-10-1	1 □ Yes XX No
23a or	Funeral Director	101 Wisteria Driv	re .			2161	3			10g. Citizen of V	rynat Cour	ury /
21215-0020  2 within 72 hours after death with the Manjand jiene.  Than "natural", or Hems 23s or 28s-f show the Manjand the Manjand at the Madical Exemptor must be notified at	by	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedar Armed Forces 1  Yes 2 If Yes, Giva Yaar or Datas	S? XNo	"	Vas Decedent of I Yas, specify Cub I □ Yes XXNo	en, Mexicar	n, Puerto	ecify Yes or No- Rican, etc.)		ck, White,	cen Indian, etc. ite
5-0 72 hor	P	15. Decedant's Ed	ducetion	110	6a. Deced	lent's Usual Occu	pation	a ad want		16b. Kind of B	usiness/In	dustry
vithin 7 within 7 within 7 within 7 within 7 within 1 went	Completed	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4o	r 5+)	life. E	kind of work done OO NOT use retire	<i>aunng</i> mos ed)	it or work	ing			
a filed will Hygien other th	S	11			Shipp	oing Sup	1					g Company
⊆ 9 = 2 ≥	To Be	17. Fathar's Name (First, Middle, Last)  Irving Mace Par							e (First, Middle, eth God	Maiden Suman tee	ne)	
ore, Maryla es 1 and 2 should b of Health and Ment item 27 is marked r other traumatic e		19e. Informant's Name/Relationship (	Type, Print)	1	9b. Maiiin	g Address (Stree	t and Numb	er or Run	al Route Numbe	er, City or Town,	State, Zip	Code)
		Carolyn T. Parks	/Wife		101 V	Visteria	Drive	e Can	bridge,	Maryla	and 2	1613
Ore, of Had fitem		20a. Method of Disposition 1 X Burial 2 □ Cremation 3 □	Removal from Stat	come	of Dispos	sition (Name of natory or other pla	ace)		Date	20c. Location -	City or To	own, State
Baltimore permit. Pages 1 Department of H Important: if its any injury or oft		4 Donation 5 Othar (Specif	y)	Dorc	heste	er Memor	ial Pa	irk 6	5/19/96	Cambri	ldge,	Maryland
Baltimore, bemit. Pages 1 at mportant of Haa myortant: if item; any injury or other		21. Signature of Funeral Sarvice Licer	1960			. Nama and Addr			D A			
m 40549		John 1 .	Losses			nomas Fu 00 Locus				e, Mary	1and	21613
Physician /Medical Examiner		23a. Pari 1. Entar the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)				uence of):		cardiac	or respiratory ar	rest,		Approximate Interval Between Onset and Death
	ē	,		Due to (of as	a conseq	uence of):						0
Box 68760, seth cartificate be axecuted attending physicien end for use as the buriel-transit	Examiner	Sequentially list conditions,	b	Due to (or as	a consequ	uence of):					1	
68760, trificate be ava		Sequentially list conditions, it any, leading to immediate ceuse. Enter Undarlying Cause (Disease or injury that initiated events	c		11.00				·			
687 ficate	Medicai	resulting in death) Last		Dua to (or as	a consequ	uenca of):					1	
BOX attending for usa			d								<u> </u>	
death death e atter	sicia	Part II. Other significant conditions of	ontributing to death	but not rasulting	o in tha un	ndariving ceusa gi	ven in Part I	l.	23b. Did t	obacco use co	ntributerte	o the cause of death?
P.O. hat the deteched	by Physician									Yes 2□No		bebly 4 Unknown
Records, na law requires to the been signed as the seen signed as the	Completed b									an autopsy med?	av co	ere autopsy findings allable prior to impletion of causa death?
= F # a	Co								101	res 20M6	1[	☐Yes 2☐No
Of Vital I Physician: The this certificate	Be	25. Was case referred to medical examiner?	Magnitali					of Deat	h (Check only o	ne)		
this ald	5	1 Yes 2 No	Hospitai:		Outpatien	3LI DOA				dance 8 □Oth		(ע
After funar	lon	1 □Natural 5 □ Pending	28a. Data of In (Month, D	ay Year)	. Time of Injury	28c. Inju Wo	ork? ]Yes 2∐		Zou. Describe r	now injury occur	red	
Division  or Attending after death. Director: After d in by the fune	fica	3 Suicide 6 Could not b	9	niury - At home	farm, stre	et, factory, office			28f. Location (S	Street and Numb	ber or Rura	al Routa Number,
DIV safter of in bi	Certification:	4 Homicide	building, e	etc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Tow	m, State)		
DIVI To the Hospital or Att within 24 hours after of To the Funeral Direct compiately filled in by	edicai	29a. Certifier (Check only one)	ystctan: To the bes niner: On the basis and mannar s	of examination	lge, death and/or inv	occurred at the trestigation, in my	lme, date an opinion, dea	d placa, th occurr	and due to the deed at the time,	cause(s) and ma date and piece,	anner as s and due to	tated. the cause(s)
To th To th comp	×	29b. Signatura and thie of certifier	D Wa	ne ist		29c. Licen	se number			29d. Date signe	d (Month,	Day, Year)
		30. Name and address of person who	completed cause of	death (Japan 23)	a) (Type, F	Print)	001			6/	1/6	7
		0 408	Byrn St	-, Cam	bri	dge M.	0 2	161	3			
	ate	31. Date filed (Month, Day, Year)	K. L.	trar's Signatura	e	d						
Regist	rar	JUN1 9 19	196 Julia	dimense	a contra	4						

the state of the s

			Jack Jeffrey		aryland		artment of F rtificate of			giene Reg. No.	70	19383
	Physici	an	1. Decedent's Nama (First, Midd						2. Data of Dea	-	Yaar	3. Time of Death
	/Medi Examir	cal	Jack Jeffre 4e. Facility Name (If not institution	ey Peatman	)			4b. City, Town, or	June Location of Death		996 of Deeth	8:05 pm
	Funeral Director	lei	Washington Adv 5. Social Security Number 009-38-0266	ventist Hosp		birthdey) Yrs.	If Under 1 Yeer Months Deys	Tokoma I If Undar 24 Hrs Hours Min	8. Dete of Birt	Montg	omer	aca (Stata or Foreign try)
	rland now at		Usual Residence of Dacedant  10a. Stete 10b. County	1	10c. City, T	own or Lo	ocation				10	Od. Inside City Limits
	ith the Maryland or 28a-4 show as notified at	ctor	Maryland Was	hington	Hag	erst	own					1 ☐ Yas 2 ☒ No
	with the sor 22	Funeral Director	10a. Street and Number	Dile			10f. Zip Coda			10g. Citizen of W		try?
	ms 23	neral	15515 National  11. Marital Status	12. Was Decedent		13.	21740 Was Decedant of H	lispanic Origin? (S	Specify Yas or No-		- Amarica	
21215-0020	72 hours after death with the Marylar "natural", or flems 23s or 23s-4 show idical Examiner must be notified at	b	1 ☐ Naver Married 2 ☐ Mer 3 ☐ Widowed 4 ☑ Divorced	H Vas Giva			If Yes, specify Cubi 1☐ Yes 2 No	an, Maxican, Puer Specify:	to Rican, etc.)	Specify:	k, White, e	White
5-0		leted	15. Decedar (Specify only highe	nt's Education est grada complated)	1	(Give	dant's Usual Occup	during most of wo	nking	16b. Kind of Bu	sinass/Ind	lustry
212	d within plene. r than	Completed	Elamentary/Secondary (0-12)	Collega (1-4or	5+)		po not usa retired rses Aide	•		hospita	al	
	tal Hygi d other event, 1	Be	17. Fathar's Name (First, Middla,					18. Mothar's Na	ma (First, Middle,	Maidan Sumam	a)	
Maryland	hould by d Menta marked martic ev	70	George Min  19e. Informant's Name/Ralations	niter Peat		Ob Mall	na Address (Chast	Leona	Annasti		cyoum	
	and 2 s suith an 127 fa r er fraus		Veronica L.	Altman			ng Addrass (Streat 5 Nationa					
ore,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ĺ	20e. Mathod of Disposition  1 □ Buriel 2 □ Cramation		20b. Plac	a of Dispo	osition (Nama of matory or other place		Hagersto Data	20c. Location -	City or To	wn, Stata
Baltimore,			4 □ Donation 5 □ Other (5	Specify)	Hage		m Cremato		5/19/96 I	Hagersto	wn, i	Maryland
Bal	permit. Pa Departmer Important any injury once.		21. Signatura of Funeral Service	Mmuec	R		rald N. 1 neral Hor			Potomac town, Ma		
	No.		21a. Part Enter the observe, or shock, or haart failura. List	r complications that cause t only ona causa on each i	d the death. [ ine.	Do not an	ar tha moda of dyir	ng, such as cardia	c or respiretory en	rast,		Approximata Intervel Batwean Onset and Death
	Physician /Medical		fmmediata Cause (Finel diseese or condition	@ 8/011	MINI	Line	Milal	di Aleb	My Sh	Jim	1	Under
	Examiner	ner	resulting in death)	· occión	Dua to (or as	a conse	quance of):	w p	100	)		77 10
c°.	icate be axecuted physician and s the burial-transit	Examiner	Sequantially list conditions, if any, laading to immedieta causa. Entar Undarlying Causa (Diseesa or Injury	D	Dua to (or as	a consec	quence of):					
58760,	ate be hysicia the bu	dical	Causa (Diseesa or Injury that Initiated avents rasulting in daath) Last	c	Dua to (or as	e consac	juanca of):					
Box 6	leath certific attending p	w		d							1	
Ö.	death e atter	Physician/M	Part II. Other significant condition	ons contributing to death t	out not resultin	g In tha u	nderlying cause giv	van in Part I.	23b. Dld t	obacco use con	tribute to	the cause of death?
9. O	The law requires that the death certif ite has been signed by the attending page 2 should be detached for use a	Phy	Amin a	10	toth	NA 8	emoun	W	10	¥68 2□ No	3 Prob	ebly 4 Unknown
ds,	uires the signer of the color o	d by	h	h/ 1 1 0	1.00	0	ALAL	0. 1. 1.4	A R 240. Was	an autopsy	24b. Wa	ra autopsy findings
Record	s been si should	ojete	JAMANA	may C	MNW	W 0	MAC	expectu		med?	ava	ilable prior to npletion of cause leath?
		Completed	CMU Wel	ase in	MM	pr	fly.	1	101	es 2UNo	10	Yes 2□No
Vital	ysicien: The list certificate hadirector, page	Be	25. Was case referred to medical examine?	Hospital:		V	- U		ath (Check only o	ne)		
o	r this o	7: To	1 ☐ Yes 2 ☐ M6 27. Magner of Death	26a. Date of inju	ry 28	Outpatier b. Time o		4 CJ Nursing f	dome 5 Resid	lence 6 Othe	111111111111111111111111111111111111111	)
ion	tending Ph eath. cor: After th the funeral	ation	a to managem	gation	ly Year)	Injury		k7 Yes 2□No				
Division of	al or Attending is after death. Il Director: After ed in by the fune	Certification:	3 Suicide 6 Could 4 Homicide detarr	not be nined 28e. Place of In building, et	jury - At home c. <i>(Specify)</i>	, farm, str	eet, factory, office		28f. Location (S City or Tox	Street and Numbers, State)	er or Runai	Route Number,
	To the Hospital or Attending Physicien: To the Funeral Director: After this certification to the Funeral Director: After this certification bietely filled in by the funeral director,	edical	29a. Cartifiar 1 Certifyir (Chegicenty 2 Madical	ng Physician: To the best Examinar: On the basis o	of my knowlad f axamination	dge, deatl and/or in	n occurred at tha tin vestigation, in my o	na, date and place pinlon, daath occu	a, end due to the curred at the tima,	ceuse(s) end me dete and placa, a	nnar as st and dua to	ated. tha causa(s)
	To the To the Company of the Company	Σ	29b. Signature and title of certifie	lus	2m	an	29c. Licens	Y G A		29d. Dete signed	(Month, L	ley, Year) b
71			30. Nama and address of person Dr. Lewis H. D		daath (Itam 23 Greenb			lege Par	k, Maryl	and 20	740	•
Y	Sta		31. Data filed (Month, Day, Yaar)		rer's Signetura							
DHM	Registr	_	JUN 2 (	1330 Sept a	Modern	But.	4			_		

DHMH 16 Rav 6/95

The state of the s

State of Maryland / Department of Health and Mental Hygiene

96

19386

						Cert	ificate of	Death		Reg. No.	0 1	9386
	Dhysia	ion	1. Decedent's Nama (First, Middla	Last)					2. Data of Dea Month	ath JUN	E 3 Yaar	. Tima of Death
	Physic /Medi			ce Dalto					06	16	96	0310
	Exami		4a. Facility Nama (If not Institution		ber)			4b. City, Town, or L	ocation of Death			a la
			Doctor's Hos	_				Lanham			e Georg	
	Funeral Director		5. Social Sacurity Number  224–18–0933  Usual Rasidanca of Decedant	6. Sax 7 1 □ M 2 💢 F	75 Aga (In yrs. last bir	Yrs.	If Undar 1 Yaar Months Days		(Month, Day	r, Year) 29,1921		a (Stata or Foraign nia
	and w		10a. Stata 10b. County		10c. City, Tow	n or Loca	tion				10d.	insida City Limits
	Mary!	0	Maryland Prince	George's	Mitche	ellvi	lle					1 ☐ Yas 2 ☐XNo
	the 1280	Director	10e. Street and Number				10f. Zip Coda		1	10g. Citizan of 1	What Country?	
	With Sa or	0	10450 Lottsfor	d Pood Cot	+200 # 31	05		20721				
	Jeath The 2	era	11. Marital Status	12. Was Daced	ant Evar In U.S.		as Dacedant of	Hispanic Origin? (Sp pan, Maxican, Puarto	ecify Yas or No-	U.S	. A. e - Amarican I	ndian,
21215-0020	s 1 and 2 should be filed within 72 hours aftar death with the Maryland If Health and Mental Hygiene. If the ET is marked other than "natural", or Hems 23a or 28a-f show other traumatic event, the Medical Expriner must be notified at	by Funeral	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowad 4 ☐ Divorced	Armed Ford	as?		′as, specity Cut ☐ Yas 2🌠 No		Rican, atc.)		ck, Whita, atc. v: White	9
200	72 ho	Completed	15. Decedant' (Specify only highas)	Education	18a.	Decedar	nt's Usual Occu	pation	ing	16b. Kind of B	usinass/indust	ry
21	the state	pie	Elamentary/Secondary (0-12)	Collega (1-4	4or 5+)	lifa. DO	NOT usa retire	during most of work d)	ang			
	filed with Hygiene. rther ther	S	12th	N/A		Iomem	aker			Но	me	
Maryland	tal Hy d oth	Be	17. Fathar's Nama (First, Middla, L	•				18. Mothar's Nam	a (First, Middla,	Maiden Suman	na)	
<u>X</u> a	should be and Mental marked o	2	Ray Edward	Dalton				Mar	ie LeGr	and		
ar	and and series		19a. Informant's Name/Ralationsh			-		t and Number or Rui				
	Health Health John 27		Charles E. Quin	n Husband				ford Rd.	Cottage	3105 M	itchel]	lville M
ore	of He		20a. Mathod of Disposition 1 □XBurial 2 □ Cramation	2 Demoved from St	20b. Placa of	f Disposit ry, crama	ion (Nama of tory or other pla	ica)	Data	20c. Location	City or Town,	Stata
Ē	Pagas ment of H ant: if ite ury or of		4 Donation 5 Othar (Sp		Maryla	ind S	tate Ve	T COM	une 20,	Chelte	nham, N	Maryland
Baltimore,	permit. Pagas 1 an Department of Heal Important: if Item 2 any Injury or other once.		21. Signature of Funeral Service I	Enised )	/		Nama and Addr	ass of Facility  Alexandri		Funera Rd Cli		
			23a. Part1. Entar tha disaasa, or o shock, or haart fallura. List o	omplications that car	used tha death. Do i	not antar	tha moda of dy	ing, such as cardiec	or respiratory ar	rast,	Ap	proximata
3	Physician		SHOOK, OF Heart failure. List C	niy ona cause on aa	or mia.							ervsi Between sat and Death
	/Medicai		Immedieta Causa (Final disaasa or condition	Pne	Land de l'o						1 .7	day
	Examiner		rasulting in death)	a	Dua to (or as s	conseque	ence of):					1
_	7 7	Je.		chro	ni Re	-	Fail	120			4	ears
	tificate be executed g physician and as the burial-transit	Examiner	Sequentially list conditions.	ь.	Due to (or ss a		ince of);	0-0				
o,	a axe		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Di	abetes 1	well	lifus				i y	arc.
68/60,	nts by nysici ha by	Medical	that initiated events rasulting in death) Last	c	Dua to (or as a c	conseque	nca of):				- 1 1	- 3
		Med	Table in Gozali y East								1	
ROX	attendin	an	· ·	d							1	
	he at he at	Physician/	Part II. Other significant condition	contributing to dea	th but not resulting in	n tha und	arlying causa gi	van in Part i.	23b. Dtd t	obacco uee co	ntribute to the	cause of death
7. 5.	startha	Ph	Hypertens	un					101	res 2□No	3 Probabi	y 4 Unknow
	es the	þ	11/100/1-164									
or vital Records,	v requires that the de been signed by the should be detached	Completed							24a. Was a	an sutopsy med?	availat	autopsy findings ola prior to
ပ္ပ	has be	ple									of deal	ation of causa th?
_	Tha ata h page	NO							1□ Y	as 2 No	1 □ Y8	as 2 No
<u> </u>	iclan: Tha I cartificata ha rector, page	Be (	25. Was casa refarred to medical					28. Placa of Deat	th (Check only or	ne)		
_	5 00 0	2	axaminar? 1 ☐ Yas 2 ☑ No	Hospital:	patient 2 ER/Ou	tpatient	3□ DOA Ot	her: 4 Nursing Ho	oma 5 🗆 Rasid	ance 8 Oth	ar (Specify)	
	er th		27. Mannar of Death 1 Watural 5 ☐ Panding	28a. Data of		Tima of njury	28c. inju	ry at	28d. Dascribe h	ow Injury occur	red	
0	ath. r: At	atic	2 Accident Investige			.,,,		Yas 2□No				
DIVISION	er de	tific	3 Sulcida 8 Could no 4 Homicide datamir	ed 288. Placa o	f Injury - At homa, fa	ırm, strea	t, factory, office	2	28f. Location (S City or Tow		ber or Rural Ro	uta Number,
5	s aft s Die ed in	Certification:		Canang	, ato. (opeony)				o., o	in Dialay		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier 1 Csrtifying (Check only one) 2 Medicat E	Physician: To the becaminer: On the bas and manna	est of my knowladga is of axamination and r stated.	, daath o d/or invas	ccurred at the ti stigation, in my	ma, deta and placa, opinion, daath occur	and dua to tha cred at tha tima, c	causa(s) and ma data and place,	anner es steter and dua to tha	t. cause(s)
	Within To th	M	29b. Signatura and titla of certifiar	1 11	F331		29c. Licen	sa number	2	29d. Data signe	d (Month, Day	, Year)
			( Sugar)	Hay	U		D21	352		June 17	, 1996	
7			30. Nama and address of person w	ho completed cause	of death (Itam 23a)	(Type Pri						
			Oswald L. Haye,					inton. M	20735			
	Sta	ite										
	Registi		31. Data filad (Month, Day, Year)	9 1996.	Jalia Davel	sor Ro	irdall					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death AKA- Gill J.B. Quackenbush 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year 18 P.M uackenbust DERT 10 1996 J.B. JUNE 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Cheverly Prince George's General Prince George's Hospital 6. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex If Under 1 Year | if Under 24 Hrs. Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) **X**M 2□ F Months Deys Hours 34 214-68-9604 Nov 1, 1961 Maryland Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits Maryland Prince George's 1 ☐ Yes 2 ☑ No District Heights 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6916 Foster Street United States 20747 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American indien. 11. Maritel Stetus Bleck, White, etc. 1 Yes 2 No Never Merried 2 Married 1 ☐ Yes XXNo Specify: 3 Widowed 4 Divorced Yeer or Detes: White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Actor Theater 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Gilbert W. Quackenbush Maude Schultz 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Gilbert W. Quackenbush 20747 6916 Foster Street., District Heights, Maryland e of Disposition (Neme of Dete 20c. Location - City or Town, Stete 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 4 ☐ Donetion 5 ☐ Other (Specify) Clinton, Maryland Lee Crematory June 11, 1996
22. Name and Address of Facility Lee 21. Signeture of Funerei Service Licensee Lee Funeral Home, Inc 6633 Old Alexandria Ferry Rd, Clinton, Md 20735 23e. Per 1 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediete Ceuse (Finel diseese or condition resulting in deeth) Due to (or es e consequence of): Due to (or es e consequence of) but not resulting in the underlying cause give 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown 24b. Were eutopsy findings aveilable prior to 24a. Was an autopsy completion of cause of deeth?

Physician /Medicai Examiner

nding physician and use es the buriel-transit

ettending to

signed by the e

peen

After this funerai

page 2

à

Completed

Be

2

Certification:

Medical

be execu

P.O. Box 68760,

Records,

Division of Vital

Attending

6

deeth.

efter deeth the

To the Hospital o within 24 hours of To the Funeral DI completely filled is

illed in by

**Physician** 

/Medical

Examiner

10a Stete

Directo

by

Completed

Be

**Funeral** 

Director

ahow

r than "natural", or items 23a or 28a-f ahov the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 l
Department of Heelth and Mental Hygiene.
Important: If Item 27 is marked other than "natu
any Injury or other traumetic event. Ins Medical

with the Menylend

death

Maryland 21215-0020

altimore,

Examiner Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last **Physician/Medical** 

1 Yes 2 100 28. Place of Deeth (Check only one)

1□Yes 2□No

25. Was case referred to medical
25. Wes case referred to medice exeminer?
1 ☐ Yes / 2 ☐ No

5 Pending investigation

6 Could not be determined

1 Inpatient 28e. Dete of Injury (Month, Dey Year)

2 ER/Outpetient 3 DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work?

1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29s. Certifie /Chec

27. Menper of Deeth

1 Neturel

2 Accident

4 Homicide

3 Suicide

15 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s)

29b. Sign and title of certi

29c. License number

29d. Dete signed (Month, Day, Year)

30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)

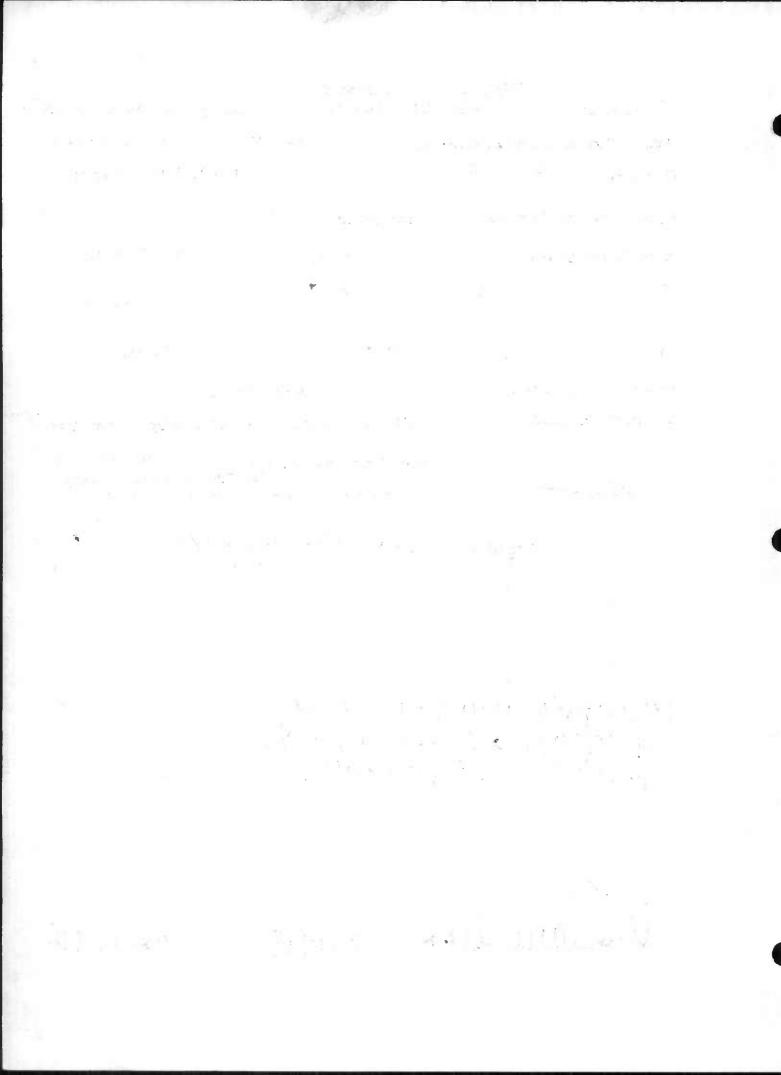
MD 6201 Greenbelt Rd, Suit Ul7, College Park, Md 20740 Lewis Dennis, 31. Dete filed (Month, Dey, Year)

State Registrar

9 1996



28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)



once.

F

notified a

pe

must

examiner

medical

in by

filled

-	4	1	99.	e
	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the
	A ST	iet ole	Геп	THE
9	5	Ë	0	Š
8	en	3	Lia	4
9	966	and	2	19
×	93	an	5	5
0	d a	SC	9	E
m	cat	1	9	6
o.	Til	00	)ien	5
~	8	· D	¥	1
4	ath	tte	79	-
Ś	8	9	ferr	5
	the	5	5	E
œ	1gt	5	등	2
0	23	nec	复	9
0	Jire	S	He	3
뿠	8	69	0	9
ч.	3	2	H	63
7	10	has	å	2
	Ē	He	ate	E
5	Z	ĮĮ.	S	=
11	0	ert	毒	0
0	3	S	=	ed
_	9	=	3	¥
Z	NG	fte	eath	Ë
$\overline{2}$	9	~	0	69
S	H	6	afte	80
>	A	EC	80	E
DIVISION OF VITAL RECORDS, P.O. BOX 6876	OR	OR	700	e
	AL	4	2	-
	PIT	EB	0	-
	8	5	Jith.	AN
	工	131	×	E
	王	E	file	8
	2	2	8	Σ

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH May 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 10:00 A.M. FLOSSIE STEELMAN ROACH 1996 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS March 13,1905 1 M 2 X F 222-01-1366 Delaware 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Rockville Montgomery 5108 Macon Road RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE Sussex Delaware Lewes 1 YES 2 NO 10e STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 19958 U.S.A Box 406 Gils Neck Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify В 3XX Widowed 4 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Brush Factory Brush Factory Worker 6 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rufus Thomas Mitchell Eliza Jane Moore BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Seaford, Delaware 19973 Edward A. Steelman RT 2 Box 130 20a. METHOD OF DISPOSITION
1 Å Burlal 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 05/17/96 Bethel Methodist Cemetery Lewes, Delaware 4 Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LIGH 22. NAME AND ADDRESS OF FACILITY Md. Moo866 Parsell Atkins & Lodge Funeral Home DE 0450 1449 Kings Highway, Lewes, DE 19958 23. PART I. Epter tha diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final Congestine disease or condition reaulting in death) O OR AS A CONSEQUENCE OF): men 14 ne CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate rial cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED2 AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? difease d 1 ☐ YES 2 ☐ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN IN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL:
1 Inpettent 2 ER/Outpettent 3 DOA
28a. DATE OF INJURY 28b. TI OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) NO 27. MANNER OF DEATH 28c. INJURY AT 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation м 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledgs, death occurred at the time, date and place, end due to the cause(a) and manner ee stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE D298 mua 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 50 Edmonson Rd., Rockville, MD 20852 Dr. Radhey Murarka,

31. DATE FILED (MODITURY, YOU) 7

32. REGISTRANES, SIGNATURE PARENTALLY

man a. I

	1. DECEDENT'S NAME (First, Middle, Last) Beatrice Irene	Pohine			ICATE O			REG. NO 2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	ABOCIAL SECURITY NUMBER							June 14,		*5.557	11:45 p.mm
	219–12–1226	5. SEX 1  M 2  F	6. AGE (In yrs. In:	st birthday) YRS.	MONTHS DAYS	_	0.0002	7. DATE OF BIRTH (Month, Day, Year) Dec. 2, 1	922	Country	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give				9b. CITY, TOW	OR LOCATE				TY OF DE	
DIRECTOR	Reeders Memoria	L Home			Boonst	oro			Was	hing	ton
JEC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	ATION					10d, INSIDE CITY
		shington			Hagers	town					LIMITS?
FUNERAL	106. STREET AND NUMBER	Cl		20.2		10f. ZIP CODE					AT COUNTRY?
NE	115 North Jonath	12. WAS DECEDEN		. 303		217			US		
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 X		If yea,		n, Mexicar	IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	a or No-	14. RACE Black, Specify	- American Indian, White, etc.
9	15. DECEDENT'S EDU (Specify only highest grad	CATION completed)			USUAL OCCUPA		10	16b. KIND OF BU	SINESS/INDU	STRY	
LETI	Elementary/Secondary (0-12)	College (1-4 or 5 +	) //6	. Do NOT us	se retired.)			1			
COMPL	17. FATHER'S NAME (First, Middle, Last)		110	omema	ker	40 14075	15010 1141	AE (First, Middle, Meider	ome		
		ean				Glad		Ottaway	Tay1	or	
) BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street		_	oute Number, City or Tox			-
10	Janet I. Schlo	otterbeck	97	74 Mt	<ul> <li>Aetna</li> </ul>	Road	На	gerstown,	Maryl	and	21740
	20e, METHOD OF DISPOSITION  1 XBurlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	=((0):0=0=	20b. PLACE	AND DATE OF SI	of disposition ther place) Cg Ceme	Name of tery		1	thsbu:		n, State Maryland
	21 SIGNATURE OF FUNERAL SERVICE LI	CENSEE	êh.			Id N.					ac Street Maryland
	23. PART I. Enter the diseases, or shock, or heert fellure.	complications that	coused the de	eath. Do n							Approximata
	IMMEDIATE CAUSE (Final	List only one cau	se on each line	, ,							Onset and Death
	disease or condition resulting in death)	· CARC	INOM	+705,	15						MONTHS
		DUE TO	(OR AS A CONSE	QUENCE OF	F):						
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate	b	OR AS A CONSE	QUENCE OF	F):						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	с									
	thet initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):				-		
CEH		d									
ادِ	PART II. Other algnificant condition	na contributing to	deeth but not i	reaulting i	n the underly	ng ceuse g	olven in F	Part I. 24s. WAS AF PERFO	RMED?		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
20											YES 2 NO
MEDICA											
	DID TOBACCO USE CONT	RIBUTE TO CA					ERTAIN				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	CE OF DEAT	H (Check only on	e)					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	26. PLAC ER/Outpatient 3	DOA	OTHER:	e) ome 5 □ Re		5 Other (Specify)	IN II ISV OCC	IBED	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 inpatient 2 288. DATE OF (Month, D.	26. PLACE ER/Outpatient 3	DOA 28b. TIM	OTHER: 4 Nursing H	e)	sidenca (		INJURY OCCI	JRED	
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, Di	26. PLAC ER/Outpatient 3 INJURY sy, Year)	DOA 28b. TIM	OTHER: 4 Nursing He E OF 28c. I	o)  ome 5 Re  NJURY AT  YORK?  YES 2	sidenca (	5 Other (Specify)	and Number o		ute Number,
PLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpatient 2 2 28s. DATE OF (Month, Dullding,	26. PLAC ER/Outpatient 3 INJURY by, Year)  FINJURY — At hoste. (Specify)  my knowledge, de	DOA DOA 28b. TIMI INJ	OTHER! 4 Shursing H E OF 28c. I URY M 1 street, factory, of	o)  ome 5 Re NJURY AT VORK?  YES 2 Inca	NO NO	5 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	and Number o	or Rural Roo	
ETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OP DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1   Inpetient 2   28s. DATE OF (Month, D) 28s. PLACE Of building, CIAN: To the best of ER: On the basis of ax	26. PLAC ER/Outpatient 3 INJURY by, Year)  FINJURY — At hoste. (Specify)  my knowledge, de	DOA DOA 28b. TIMI INJ	OTHER! 4 Shursing H E OF 28c. I URY M 1 street, factory, of	o)  me 5 Re NJURY AT VORK? YES 2 Sites  tites and place, death occurrence.	NO NO	5 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State to the cause(s) and ma	and Number o	d.	

31. DATE FILED (Month, Day, Year)

JUN 1 7 1996

32. REGISTRAR'S SIGNATURE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				Certificate of	Death		Reg. No.		
			1. Decedent's Nama (First, Middla, Last)			2. Data of De	eath	- 20°	3. Tima of Deeth
	Physici		James Leslie Roby, III			Month	Day 1	QQL	2109
1	/Medi		4a. Facility Nama (If not institution, give street and number)		4b. City, Town, or	Location of Deat	10	114	aroj
A.	Examir	ıer							rton
-			Washington County Hospital  5. Social Security Number 6. Sax 7. Aga (in yrs. last birth)	day) If Under 1 Yaar		gerstown		shing	placa (Stata or Foreign
	Funeral Director		1MM 2□E	Months Days	Hours Mir	. (Month, De	ay, Year)	Coun	ntry)
			218-78-4335 Residence of Dacedant			Sept 2	2 1930	Mary	yland
	tand tand		10a. Stata 10b. County 10c. City, Town of	or Location				1	0d. Insida City Limits
	Mary 4 et	0	Maryland Washington Hager	t a torm					1 Nas 2 No
	the 28s	Director	Maryland Washington Hager	10f. Zip Coda			10g. Citizan of V	Albet Cour	ntn/2
	with							That Cour	uyr
	e 23	Funeral	713 Interval Road  11. Marital Status 12. Was Decedant Evar In U.S.	217		Canally Van as No	U.S.A.	e - Amaric	en Indian
	er de	S	Armed Forcas?	<ol> <li>Was Decedant of I If Yas, specify Cub</li> </ol>	an, Maxican, Pua	rto Rican, atc.)		ck, Whita,	
20	s aft	by F	1 ☑ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☒ No If Yas, Giva 3 ☐ Widowed 4 ☐ Divorced Yas or Datas	1 ☐ Yas 257 No	Specify:		Specify		
21215-0020	filed within 72 hours after death with the Maryland hygiene. ther than "natural", or flems 23a or 28a-f ehow ther, the Medical Examiner must be modified at		Total of Bollot		Carlo		10 10 1 15		nite
i,	"nat	Completed	(Spacify only highast grada completed) (6	ecedant's Usual Occup Giva kind of work dona ifa. DO NOT usa rattre	during most of we	orking	16b. Kind of Bu	JSINASS/Inc	Justry
7	within the the	ם	Elementery/Secondary (0-12) Collaga (1-4or 5+)		u)		70		
7	her her		12 0	Bartender	10 Mathada Na	ann (Finnt Middle	Resta		-
JUK	d out	Be			1274	ama (First, Middle	i, Maidan Sumen	a)	
Ž	should be and Mental marked or urratic eve	10	James L. Roby, Jr.			a Settle			
Maryland	0 0 2 0			Mailing Addrass (Street					
	end eelth 7127 er tr			3 Interval	Road H				
timore,	of H		20a. Method of Disposition  1 XBurial 2 Cramation 3 Ramoval from State	isposition (Nama of cramatory or other pla	ce)	Data	20c. Location -	City or To	wn, Stata
Ε	0 2 4 7			Memorial	Park 6/	17/96	Cumber1	and,	Maryland
Ø	permit. Pages 1 end Department of Heeith Important: If Item 27 any Injury or other tr once.		21. Signature of Funaral Sarvica Licansaa	22. Nama and Addra		Ī			
m	20129		Scott M Rinnich	Minnich E 415 E. Wi			oratoum	Ma	217/0
	HEYEL		23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do no shock, or haart failura. List only one ceusa on aach lina.	t anter tha moda of dyi	ng, such as cardie	ac or raspiratory a	arrast,	riu.	Approximate
	Physician		snock, of haart lailura. List only ona causa on alach lina.					1	intarval Between Onsat and Death
2	/Medicai	1	Immediata Causa (Final	M.A. ( 4. >	1-00	200 . 1	61,	14.00	4
	Examiner		Immediata Causa (Final disaasa or condition rasulting In daath)  a. A. G. V. C. T. Dua to (or es a co	25-04C0C0	act 11	anve,	1) your	ACC	STEAN
		ē	E Dua to (or es a co	risequarica oi).		)		1	,
	rtificate be axecuted ng physicien end s as the burial-transit	Examiner	Sequentially list conditions.  Due to (or as a co	nsequence of):					
,	axec n en ial-tri	Exa	Sequantially list conditions, Due to (or as a co if any, laeding to immadiate causa. Entar Underlying	risequarica oi).				1	
68760	sicie bur	Cai	Causa (Disaase or Injury						
9	ertificate ing phy e as the	Wedicai	rasulting In death) Lest	isequance or).					
Вох		100	d.,						
m	law requires thet the death ce as been signed by the attendir 2 should be detached for use	by Physician/			-0.1 -0.1				
o	y the	ys	Part II. Other significant conditions contributing to death but not resulting in the		van in Part I.				the cause of death?
J.	thet bed b	Y P	Ey tome Hovins jute	ton		. 10	Yes 2 No	3   Pro	bably 4 Unknown
ds,	sign sign					24e Wes	s en eutopsy	24b. W	ara autopsy findings
Ö	peed	ete					ormed?	COI	allable prior to mpletion of cause
Record	has ge 2 s	Completed						of	death?
	E age	CO				1 🗆	Yas 20 No	10	☐Yas 2☐No
Vita	Attending Physician: The or death. ector: After this certificate by the funeral director, pag	Be	25. Was casa rafarred to medical axaminar?		26. Placa of Da	aath (Check only	ona)		
1	hysle his c	To	1 ☐ Yas 2 ☐ No Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outp	atient 3L DOA		Homa 5□ Ras	ldanca 6 □Oth	ar (Specif	v)
<u></u>	ng Ph ther th	:00	27. Mannar of Death 28a. Data of Injury 28b. Tin (Month, Dey Year) Inju		ry at rk?	28d. Dascribe	how injury occur	red	
0	death. ctor: Al	atic	2 Accidant Invastigation		Yas 2□No				
Division of	or Attending effer death. Director: After in by the fune	tific	3 ☐ Suicida 6 ☐ Could not be determined 28a. Place of Injury - At homa, fam building, etc. (Spacify)	, straat, factory, office			(Straat and Numb	er or Rura	I Routa Number,
ב	s efter	Certification:	Constitution of the consti				,,		
	To the Hospital within 24 hours e To the Funeral completely filled		29a. Certifier  (Check only  2   Medical Examiner: On the best of my knowledge, or control of the best of a yamination and/or control of the best of a yamination and/or control of the best of a yamination and/or control of the best of my knowledge, or control of the best of the best of my knowledge, or control of the best of the	leeth occurred at the ti	me, dete end plea	e, end due to the	ceuse(s) end me	enner es si	eted.
	he H he Fi	edicai	(Check only one) 2 ■ Medical Examiner: On the başis of axamination and/one) and manner stated.	or invastigation, in my o	opinion, deeth occ	curred at the time,	dete and pieca,	and dua to	the cause(s)
	Withi To th	Σ	29b. Signature and title of certifier	29c. Licens			29d. Data signe	d (Month,	Dely, Year)
N			Du 1. 109 12	02	672	5	6	114	124
			30. Name and address of person who completed cause of death (Item 23a) (Ty	/pe, Print)	1 1.	/	- 0/	41	CEDON
			DILO J. 110/ANNSMA	11110	1652 1edica	1 CAM	148 74)	1711	11742
	Sta	te	31. Data filed (Month, Day, Year) 92. Registrar's Signature		,			4 - 11	
	Registr		JUN 1 & 1996 Dylela Devoter	Sant-H					
DHI	MH 16 Rev 6/9		4411 - 1000 9	A STATE OF THE STA					

V Gr. 3 a Reliate

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 19391

						Certificate of			eg. No.	)	9391
П	Physici	ian	Decedent's Neme (First, Middle, Last					2. Date of Deel Month	h Day	Year	3. Time of Death
	/Medi			herine	R	ightnour		June 19,1	1		7:30 a.m.
į.	Examir	ner	4e. Facility Neme (If not institution, give					Location of Deeth	4c. County	of Death	
_			Physicians Memorial  5. Sociel Security Number 6. Se		/h ure last h	irthday) If Under 1 Ye	LaP1a er if Under 24 Hrs		Ch	arles	1 (On the Cont.)
	Funeral Director			M 20XF / 79°	(In yrs, last bi	Yrs. Months De			Year)910	9. Birth	place (State or Foreign plry) PA
	Menylenc mf show	tor	MD 10a. Stete 10b. County Char	les	10c. City, Tov Wa	m or Location  1dorf				1	1 ☐ Yes 2 ☐ No
	or 28	i e	10e. Street and Number			10f. Zip Code	9	1	0g. Citizen of V	Vhet Cour	ntry?
	23a d	al	6006-3 New Fore	st Crt.		206	03		U.S	.A.	
020	filed within 72 hours efter death with the Merylend Hygiene. rther than "natural", or items 23a or 28a-f show art, the Medical Examiner must be notified at	by Funeral Director	11. Meritel Status  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Detes:		13. Was Decedent of if Yes, specify C	of Hispanic Origin? (Suban, Mexican, Puer No Specify:	Specify Yes or No- to Rican, etc.)		k, White,	can Indian, etc.
21215-0020	d within 72 hours eft jene. r than "natural", or the Medical Exami	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	cetion e completed) College (1-4or 5-	188	Decedent's Usuel Oct (Give kind of work do life. DO NOT use ret	cupation ne during most of wo ired)	orking	16b. Kind of Bu		duatry
	filed with Hygiene. rther than	Con	12			Homemak			Ho		
Maryland	A TO D	Be	17. Father's Name (First, Middle, Last)					me (First, Middle, M	Maiden Sumam	(9)	
Ž	2 should be end Mental is marked or aumatic eve	To	Sebastian Coval				Louise				
Ma	2002		19e. Informant's Name/Relationship (Ty Grace Barnas	rpe, Print)		5. Mailing Address (Stre 519 Littl					
Baltlmore,	- 2 5 5		20a. Method of Disposition  ↑ Qurlei 2 ☐ Cremation 3 ☐ F	lemovai from State	20h Place	of Disposition (Name of try, crematory or other I NGCON NAT		Data	20a Lacation	City or To	oue Ctate
#	pemit. Peges Department of Important: If it any injury or once.		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature_of Funerel Service Licens	•			i				
Ba	permit. Depertri		Jamiel O.	Februs	M009	<b>"AREHAR</b> 45 P.O. B	T-ECHOLS	FUNERA aPlata.	MD 20	E, IN	C.
	Physician	8	23a. Part1. Enter the diseese, or compl shock, or heart fallure. List only or		the deeth. Do	not enter the mode of o	tying, such as cardia	c or respiratory erro	9st,		Approximete interval Between Onset and Death
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death)			REN	AL F	ZAILU	RE		Z MTHS
	art ad	liner			Jue to (or as a	consequence of):					
o,	ifficete be executed g physician and es the burial-transit	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying	Ĺ	Oue to (or as a	consequence of):				1	
68760,	ifficete be g physici es the bu	edical	Cause (Disease or Injury that Initiated events resulting in death) Last	)	ue to (or as e	consequenca of):					
Box		M		d						-	
	death e ette	Sicia	Pert ii. Other significant conditions con	tributing to death but	not resulting	n the underlying ceuse	given in Part I.	23b. Did to	bacco usa coi	ntribute to	the cause of death?
, P.O	requires that the death cer ween signed by the ettendin hould be deteched for use	by Physician/W	CONGEST		HEA	RT FA			20		bebly 4 ☐ Unknown
Records,	2 S S	Completed b						24a. Was a perform		CO	ere autopsy findings ellable prior to mpletion of cause death?
ř	9 7 9	E O						1□ Ye	s 2000	1 [	☐ Yes 2☐ No
Vita		Be (	25. Was case referred to medical examiner?				26. Plece of De	eth (Check only on	θ)		
-	\$ 0 D	2	27. Menner of Death 1 Neturel 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day	28b.	Time of linjury 28c. In		dome 5 ☐ Reside		, ,	(y)
Division	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After completely filled in by the tuneral	Certification:	3 Suicide 6 Could not be determined	28e. Place of inju- building, etc.		arm, street, factory, office		28f. Location (St City or Town		er or Rura	al Route Number,
	Hospit     24 hour     Funeral     ietely fille	edical (	29a. Certifier (Check only one) 15 Certifying Phys	ilcian: To the best of ner: On the basis of end menner stat	examination er	e, death occurred at the nd/or Investigation, in m	time, dete and place y opinion, death occu	e, and due to the ca urred at the time, do	uae(s) and me ate and place,	nner es si and due to	tated. o the cause(s)
	Vithin Vithin Youth	Me	29b. Signeture and title of certifier	h	2	29c. Lice	ense number	2	9d. Dete signe	Month,	Day, Year)
	0		Les	en		T	028281		6/1	9/0	76.
,			30. Name and address of person who co	mpleted cause of de	eth (Item 23a)				-		, .
			Nelson Benjers,MD 89	·	,		nton.Marvlan	d 20735			
	Sta Registr		21 Data filed (Month Day Vose)	96 32. Registra	's Signetare	-Rardall	, , , , , , , , , , , , , , , , , , , ,				

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1	0	0	0	0
1	7	J		2

						Cel	lineale	UI DEC	<i>xu1</i>		Reg. No.		
Physici /Medic		1. Decedent's Nem			CHEDMAN	NT.				2. Date of D Month	Dey	Year	3. Time of Death 4:15 AM
Examin		WILLARD 4a. Fecility Nema (	If not Institution, g	riva street and nu	umber)	·V		4b. Cit	y, Town, or L	ocation of Dea	th 4c. Coun	6 hty of Deeth	4.13 Al'1
	-3	Salisbury	Center;	Genesia	s Elder	Care		Sali	sbury,	Md.	Wico	mico	
Funeral		5. Social Security	lumber 6.	Sax	7. Age (In yrs.	last birthdey)	If Under 1 Y		nder 24 Hrs.	6. Data of B (Month, D	irth	9. Birthple	ece (Stete or Fore
Director		214-10-60 Usual Rasidence of		<b>1</b> € M 2□ F	92	Yrs.	Months D	eys Ho	urs Min.	SEPT. 2	22-1903	ILL.	INOIS
ž		10a. Stata	10b. County		10c. Cit	ty, Town or Lo	cation					10	d. Inside City Limi
ms 23a or 28a-f show r must be notified at	5	100	*********	T.O.O.		CALTO	DIIDee						1 ☐ Yes A☐
28a-f	ect	MD .  10a. Street and Nu	WICOM	100		SALIS	7	4			10- 011	(140 - 10 - 1	41
0 8	Funeral Director			0.0			10f. Zip Co				10g. Citizen o		ry?
23a	a	1128 NE	VINS PLA				218					S.A.	
	un I	11. Marital Status		Armed F		,S. 13. V	Was Decedant f Yes, specify	t of Hispeni Cuban, Me	ic Origin? (Sp xican, Puerto	ecify Yas or N Rican, etc.)	o- 14. R	ace - America lack, White, e	
urs urs	ρ	1 ☐ Never Meri 3 🛣 Widowed	ied 2 Married 4 Divorced	1 Yes If Yes, G Yeer or I	es 2 No Give X 1 Yes 2 No Specify:				ecify:		Spec	elly: WHI	ΓE
natural', dical Ex	Completed	(Sne	15. Decedant's	Education	)	16a. Deced	dent's Usuel O kind of work of	ccupetion	most of work	ina	16b. Kind of	Business/Ind	ustry
- 2	ğ	Elementery/Sec			(1-4or 5+)	life. L	DO NOT use r	etired)	most of work	un'y			
	lo.	12			,	SUPER	VISOR-	DIST	RIBUTI	ON	POWER	CO.	
d other d	Be	17. Father's Neme	(First, Middle, La.	st)				18. 1	Aother's Nem	e (First, Middle	e, Maiden Sume	eme)	
marked o	To E	PLINY	SHERMAN						ANNIE	HART			
s mar	-	19e. Informent's N		(Type, Print)		19b. Meilin	na Address (S				ber, City or Tow	m. Stete. Zip	Code)
the a		TIMOTHY	SHERMA	M							, MD. 2		
of Health and Mental Hyg Hem 27 is marked other other trsummtic event,		20e. Method of Dis		IN	20b. F	Place of Dispo	sition /Neme	of	E, SAL	Dete		n - City or Tov	en Stata
nent o int: If I		Burial 2	Cremetion 3			em etery, cren	netory or otha IS CEME	r place)	6	/10		BURY,M	
Depertment of Important: If eny injury or pace.		21. Signature of Fi	unaral Sarvice Lic	ensea	,,, Q		Name end A			SALTS	BURY,MD	. 218	04
	$\vdash$	23a Part1 Enter I	he disease or co	molications that	caused the deet							. 210	Approximeta
		23a Part1. Enter I shock, or hee	ert feilure. List on	y ona ceusa on	each line.	n. Do not ent	er tria illoge o	dying, suc	as cardiec	or respiretory	errest,		Interval Between Onset and Death
ysician				Α		0 -						1	Criset and Death
Medical kaminer		Immediate Cause diseesa or condition	(Finel	A5	niro	A o	<u>\</u>					1	6/96
amme		resulting in deeth)		0	Due to (c	or es e conseq	juence of):						1 1
æ	le l				A								1000
rans	am	Sequentielly list co	nditions.	b		or es e conseq	uence of):						1
physician end s the buriel-transit	n/Medical Examiner	Sequentially list co if any, leeding to in ceuse. Enter Unde Ceuse (Disease or that Initiated events	nmediate erlying	)	LODO (	15	10	10	20	17	- 11		4115
ysicii e bu	cai	Ceuse (Diseese or thet Initieted event	Injury	c	Due to (o	r es a consag	nance of):	<b>N</b>		-/-	1/+		year,
Ag as	Pa	resulting in deeth)	Lest		/	1	201100 0171			,			0
nding pl use as t	3			d	cmy	hes	en	7				5	year s
	ciar				()								0
igned by the atte	Physicia	Pert II. Other signi	lcant conditione	contributing to d	leeth but not res	ulting in the ur	nderlying caus	e given In I	Pert I.	23b. Dlo	tobacco uee d	ontribute to	the ceuse of deal
d by letac		Sten	-0 - h	17	- 7	PX	- 711			18	Yes 2 No	3 □ Prob	ably 4 Unkno
gne bed	by	CVC		100	1	< 101	jer					_	
60 13	B						( )			24e. Wa	s en eutopsy lormed?	24b. We	re eutopsy finding
s been should	Completed	-								pen	omeo:	con	nplation of causa
ge 2	E										/	-	
cate										1	Yas 2 No	10	Yes 20 No
is certificate he director, page	Be	25. Wes case refer exeminer?	red to medical	Mariabat					-	th (Check only			
this c	2	1 ☐ Yes 2 Ø	No		·	ER/Outpatien			Nursing Ho	oma 5□Res	idence 6 🗆 O	ther (Specify	)
eath. or: After thi	Certification:	27. Menner of Deet	h 5 ☐ Pending	28e. Dete (Mon	of Injury oth, Day Year)	28b. Time of Injury	28c.	Injury et Work?		28d. Describe	how injury occ	urred	
death.	ati	2 Accident	investigeti	on			М	1 Yes	2 🗆 No				
op ot a	E	3 ☐ Suicida 4 ☐ Homicide	6 ☐ Could not determine	A 289. PIECE	e of Injury - At he ling, etc. (Specif	ome, farm, stre	eet, factory, of	fice			(Street end Num	n <i>ber</i> or Rurel	Routa Number,
2 2 2	두	4 D Homode		Dullo	ing, etc. (Specii	y)				Oily of Te	wn, State)		
Dire d in b	13			hysician: To the	pasis of exemine	wledge, deeth tion end/or inv	occurred et to	ne time, de my opinion	te end plece, , deeth occur	end due to the red et the time	e ceuse(s) and r	menner es sta e, end due to	ated. the ceuse(s)
24 hours after Funeral Directors stely filled in D		29e. Certifier (Check only one)	12 Certifying F 2 ■ Madical Exe	iminer: On the b	nor stated								
thin 24 hours after the Funeral Direct mpletely filled in br	edical	(Check only one)	2  Madical Exa	end men	nner stated.		200 11	cance a	har		20d Data sine	and /Manth F	lau Vaari
within 24 hours after death.  To the Funeral Director: After completely filled in by the funer		(Check only	2  Madical Exa	end men	nner stated.		29c. LI	cansa num	bar	T	29d. Data sign	ned (Month, D	Day, Year)
within 24 hours after To the Funeral Direc completely filled in b	edical	(Check only one)	2  Madical Exa	end men	nner stated.		29c. LI	cansa num	bar 78 (3		29d. Data sign	ned (Month, E	Day, Year)
within 24 hours after To the Funeral Directory completely filled in by	edical	(Check only one)	titla of certifier	end men	D	n 23a) (Type.	L	cansa num	78 (3		29d. Data sign	ned (Month, E	Oay, Year)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician	١
/Medical	I
Examiner	١

1. Decedant's Nama (First, Middla, Last) LINWOOD

5. Social Security Number

220-41-7045

Usual Rasidence of Decedent

PETER

SMACK III

10f. Zip Coda

2. Data of Death Day 1996 Year JUNE 7

3. Time of Death 5:55 PM

4a. Facility Nama (If not Institution, give street and number) ATLANTIC GENERAL HOSPITAL 4b. City, Town, or Location of Death BERLIN

If Under 1 Year If Under 24 Hrs.

Days

4c. County of Daath WORCESTER

**Funeral** Director

28a-f ahow

- 238

7 is marked other than "natural", or itema 23a or 28a-f ahor traumatic avent, the Modical Experience must be notified at

filed within 72 hours after of Hygiena.

mit. Pages 1 and 2 should be file partment of Health and Mental Hy portant: If Item 27 Is marked oth y Injury or other traumatic avent

Baltimore, Maryland 21215-0020

Funeral

þ

Completed

Be

death with the Maryland

10a Stata Maryland Direct

10c. City, Town or Location

7. Aga (In yrs. last birthday)

8. Data of Birth (Month, Day, Year) August 4, 1994  Birthplaca (Stata or Foraign Country) Maryland

10d. Insida City Limits

Wicomico

®XXM 2□ F

Fruitland

Yrs.

5CXYas 2 No

10e. Street and Number

102 N. Division St.

21826

10g. Citizen of What Country? USA

DK Nevar Married 2 Married

10b. Count

12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 No If Yas, Giva Year or Datas:

 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yas 200No Specify:

14. Race - Amarican Indian, Black, Whita, atc. White Specify:

3 Widowed 4 Divorced 15. Decedant's Education (Specify only highast grada complated) Elamantary/Secondary (0-12)

Collega (1-4or 5+)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)

16b. Kind of Businass/Industry

17. Fathar's Nama (First, Middle, Last) Linwood Peter Smack II

N/A 18. Mothar's Nama (First, Middla, Maiden Sumama)

19a. Intormant's Name/Ralationship (Type, Print)

Michelle Lynn Scarlett 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code)

Linwood Peter Smack II/father

102 N. Division St., Fruitland, MD 21826 20b. Placa of Disposition (Nama of cematary, cramatory or other place)

20c. Location - City or Town, Stata

1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donstlon 5 ☐ Othar (Specify)

Powellville Cemetery

6/12/96 Powellville, MD

21. Signature at Funeral Service Licensee

22. Nama and Addrass of Facility
Holloway Funeral Home

23a. Part1. Enter the disease, or complications that baused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line.

501 Snow Hill Rd., Salisbury, MD 21804 Approximata Intarval Betw

**Physician** /Medical Examiner

physician and the burial-transit

signed by the a

s need

page 2 s

certificate

this

After s after dea.

24 hours

To the Hosp within 24 hor To the Fune completely fi

The law requires that the death certificate be executed

Records, P.O. Box 68760

Division of Vital

Hospital or Attending Physician:

Examine

Physician/Medical

à

Completed

Be

P

Certification:

edicai

Department or Important: If any Injury or once.

Sequentially fist conditions, if any, laading to immediata cause. Enter Underlying Cause (Disaasa or Injury that Initiated evants rasuiting in death) Last

Immediata Causa (Final disaasa or condition rasulting in death)

V	2	0	1	Y	10
Dua to	(or as	la c	onsec	quanc	e of):

Dua to (or as a consequence of):

Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death? 2 XNo

1 Yes

3 Probably 4 Unknown

24a. Was an autopsy performed?

28d. Dascribe how injury occurred

24b. Ware autopsy tindings available prior to completion of causa of death?

Onset and Death

25. Was casa retarred to medical examinar? 1 Yas 2 No

Hospital: 1 Inpatiant 2 PR/Outpatient 3□ DOA

26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify)

Yas 2 No

27. Mannar of Death 1 Natural

Accidant

4 Homicide

5 Panding Invastigation pital: 1 | Inpate.

28a. Data of Injury
(Month, Day year)

28b. Tima of

28c. injury at Work? 1 Yas

peduoder unda Tre

29a. Cartifies

6 Could not be

28a. Placa of Injury - At homa, farm, streat, tactory, offica building, atc. (Specify) HOW

28f. Location (Street and Number or Rural Routa Number, City or Town Stata) 3136 Made

29b. 5 gn

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner so stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. ne and titla of certitian

29c. Licansa number O.C.M.E. 29d. Data signed (Month, Day, Year) JUNE 8, 1996

cause of death (Item 23a) (Type, Print) LOCKE,

31. Data tiled (Month, Day, Year)

JUN 11

111 Penn Street, Baltimore, Maryland 21201 32/Appistral's Signature Revolution

State Registrar

46.

State of Maryland / Department of Health and Mental Hygiene

19394

						Cei	rtificat	e of	Death	7	F	Reg. No.		
	, sician edical	1. Decedent's Name (/ HA		ollier	SMITH			-			2. Date of Dea Month JUNE	Day	Yeer 996	3. Time of Death 6:50 A.M.
	miner				umber)						ocation of Death	4c. County	of Death	
		302 NEW			7 Ann (In )	and foliable stands	If Under	1 Vaar		SBUR 24 Hrs.		WICOM		
Fune Direc		5. Sociel Security Num 215-36-146	7 1	ex □M 2∏ F	7. Age (In yrs. In 94	Yrs.	Months			Min.	8. Date of Birtl (Month, De) OCT • 26	,1901	9. Birthp Coun MA	place (Stata or Foreign http:// RYLAND
land		Usual Residence of De 10a. State 10	Ob. County		10c. City	, Town or Lo	cation						1	0d. Inside City Limits
Mary	þ	MD.	WICOMI	CO	SAI	LISBUR	Y							1X Yes 2□No
h tha	Director	10e. Street and Number					10f. Zip	Code				10g. Citizen of What Country?		
th wit	2						21	801				U.S.A,		
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. The marked other than "natural", or thems 23s or 28s-f show trainmits event.	by Funeral			If Vac Give			U,S. 13. Was Decedent of If Yes, specify Cub			f Hispanic Origin? (Specify Yes or N uban, Maxicen, Puarto Ricen, atc.) o Specify:			ce - Amaric ck, Whita, y: WHIT	atc.
2 hou	P	15	. Decedent's Ed	lucation		18a. Dece	dent's Usua	al Occu	pation			16b. Kind of B	usiness/Inc	dustry
within 7 than 'n	Completed	(Specify Elementery/Seconds	only highast gra		(1-4or 5+)	(Give kind of work done during most of life. DO NOT use retired)  TEACHER			during mo	st of work	ing			
d 21 filled wil thysien	, i		, (5 1_/	4	,					PUBL		IC SCHOOLS		
be filed that dother	Be	17. Fether's Name (Fir						18. Mother's Neme (First,		e (First, Middle,	Middle, Malden Sumame) COLLIER			
arylan should be nd Mental	2		W. COLLIER t's Name/Relationship (Type, Print)							FFIE				
Maryland d 2 should be file th and Mental Hy 7 Is marked othe							-				aral Route Number, City or Town, State, Zip Code)			
		JACQULIN 20a. Method of Dispos		DS	20b. PI	316 ace of Dispo			HAWK	IN R	D., PRII	NCESS A		MD. 21853
党 サギュー		1 XBurial 2 □ C	remation 3 🗆		State	metery, crer	netory or o	thar ple	ece)					WIII, Stata
		4 Donetion 9			A	LLEN C			ass of Facil		6/14	ALLEN	, MD.	
Balt permit. Departs imports	Suco	1	1 1 1	1	/ (	/ -					D 047.T/	antini	vm 0	100/
o		23a Part1. Entar tha c shock, or heart fa	disaasa, or comp illure. List only	plientions that	ceusad tha daath eech line.	4					E, SALIS		MD. 2	Approximata Interval Between
/Medic /Medic Examin	al er	tmmediete Cause (Fin disease or condition resulting in death)	al	a. /(1)	ngstv Due to (or	re An	uenca of):	fai	dine					2 months
OX 68760, certificate be executed ding physician and iss as the burlat-transit	Examiner	Sequentially list condition if any, leading to imme causa. Enter Underlying Cause (Disease or Injury)	ions, ediate	b	Due to (or	es a consec	uence of):							
X 68760, certificata be executed ding physician and sa as the burial-transit	//Wedical		Cause (Disease or Injury that initiated events resulting in death) Last  Due to (or as a consequence of):											
		d												
(ecords, P.O. Bottler requires that the death as been signed by the attents 2 should be detached for	Physician	Part II. Other signification	nt conditions co	ontributing to d	leath but not resu	Iting in the u	nderlying c	eusa gi	ven in Part	l.	23b. Did t	obacco use co	ntribute to	the cause of death?
hat the do do dot ached	문	degenerative foint disea					viease				1 Yes 2 No 3 Probably 4 Unknow			
dS, signe dbe	b										24a. Was en autopsy 24b. We		era autopsy findings	
request	ete			V					_			med?	av	ailable prior to mpletion of ceuse
He law e law has	0													deeth?
f Vital Riysteien: The list cartificate he director, page	ပိ		As as a disast									es 2 PNo	1 [	Yes 2 No
VII slole cartif	o Be	25. Was case refarred examiner?		Hospitel:	Innettent OF			Ot	har		h (Check only o		40. 14	
Phys r this	5	27. Manner of Death		28a. Dete	Inpatient 2 □ E	28b. Time of		8c. Inju	4 LI N		me 5 PResid 28d. Describe h			у)
On offing the type a fundamental series	at or	1 ☑Natural 5	Pending investigation		nth, Day Year)	Injury	М		ork? ]Yes 2.⊡	No				
DIVISION OF VITAL RECORDS, I or Attending Physicien: The law requires to effer death.  Director: After this cardificate has been signed in by the funeral director, page 2 should be a	Certification:		Could not be determined	286. Place	e of Injury - At hor ing, etc. (Specify	homa, farm, street, factory, offica 28f.					28f. Location (Street and Number or Rural Routa Number, City or Town, State)			
Division of Vita To the Hospital or Attending Physicien: within 24 hours eiter deeth. To the Funeral Director: After this certific completaly filled in by the funeral director.	edical Co			iner: On the b	best of my know easis of examinational									
To th Withir To th	Me	29b. Signature and title	mey a	wer	rich ?	nD.		D	sa number	1		29d. Data signe	13 9	Dey, Year)
	l'	30. Name and address	of person who d	completed cau	se of deeth (Item	23a) (Type, POWER	Print)	: 5	SALIS	SBUR	y md.	2180	(	
	State istrar	31. Dete filed (Month, I	UN 13 1	32. F	Registrar's Signet	ure								
							-							

and the first and the second second 5 T 31 241 

					State	of Maryla		epartmer Certificat				ental Hyg	giene Reg. No.	96	1939
			1. Decedent'a Nama (F	First, Middle, Las	1)							2. Data of Dea	ith		3. Time of Death
	Physic		Earle Kee	efer Sto	nesife	r						Month	Day 18	Yaar 1996	3.08PM
	/Medi Exami		4a. Facility Name (If no							4b. City, To	wn, or L	June position of Death			
4			Carroll Co	ounty Ge	neral	Hospit	al			Westm	uinst	er	Carro	011	
	Funeral		5. Social Security Num	. 3		7. Aga (In yr		day) If Unde	r 1 Yaar Days	If Under Hours	24 Hrs. Min.	8. Data of Birti	Year)	9. Birthp	placa (Steta or Foreign
	Director		217 36 416	1 4	M 2□F		77 Y	rs.	Days	110010		Nov. 2			yland
	and *		Usual Residence of De	b. County		10c.	City, Town	or Location						1	0d. Inside City Limits
	( sho	5		Carroll			Keyma								1 ☐ Yes 2 ☑ No
	150 the 1	Director	10e. Street and Number				reyna	10f. Zig	Coda				10g. Citizen of	What Cour	ntry?
	a within 72 hours efter death with the Meryland jiene. Then "naturel", or frems 23a or 28s-f show the Wedrel Exeminer must be notified at	Ö	1985 Hage:	rstown I	ane			2	2175	7			U.S.A.		
	deati	Funeral	11. Marital Status		12. Was Dec	edent Evar in	U,S.	13. Was Dece	dent of I	lispanic Ori	gin? (Sp	ecify Yas or No- Rican, etc.)	14. Ra	ce - Amaric	
>	or he		1 Nevar Married	2 Married	1 Yes, Gi	orces?		it tas, spe				Mican, etc.)		ck, White,	
2	real',	d by	3 Widowed 4 C	Divorced	Yaar or D	Dates:			20.10	opeony.			Specia	Cau	casian
1213-0020	nati	lete	Specify (	. Decedent's Edu on <i>ly highast grad</i>	ication la <i>complated)</i>		16a. C	Decedent's Usu Give kind of wo life. DO NOT u	al Occup ork dona	during mos	t of work	ing	16b. Kind of E	lusiness/Ind	dustry
7 7	filed within Hygiene. Ither than "	Completed	Eiementary/Seconda	ry (0-12)	Coilege (	1-4or 5+)		mer mer	56 /6(//6	(a)			Agricu	lture	
-	Hygine out	Be C	17. Fathar's Name (First	st, Middle, Last)						18. Mothe	r's Nam	e (First, Middle,	Meiden Sume	me)	
land	Aenta Aenta rked rked	To B	William Jo	oshua St	onesif	er				Carr	cie 1	May Keef	er		
2	12 should be filed v h and Mental Hygie is marked other t traumatic event, th		19a. Informant's Name	Relationship (T)	ype, Print)		19b. I	Mailing Address	s (Street	end Numbe	er or Rur	al Route Numbe	r, City or Town	, State, Zip	Code)
Σ.	Health Health em 27 i		A. Elizab	eth Ston	esifer			85 Hage			ane	Keymar,	Md 21	757	
0	Peges 1 nent of H int: if fler iry or oth		20a. Method of Disposi 1 ☐XBurial 2 ☐ C		Removei from	State 20b	. Piace of C cometery,	Disposition (Ne. cremetory or o	me of other ple	ce)	İ	Date	20c. Location	- City or To	wn, State
Dalillinor	tant:		4 Donation 5	Other (Specify)			race	U.C.C.				6-22	Taneyt	own,	MD
0	permit. Peges 1 and 2 should be filed Department of Health and Mental Hyg Important: If Item 27 is marked other any Injury or other traumatic event, any Injury or other traumatic event, ance.		21. Signature of Funer	al Service Licens	908			22. Nama ar			•				707
	40244	L	Kein Si	iles				Skiles				-	town,	Ma ZI	
			23a. Part 1. Enter the cook, or heert fa	lisease, or compl liure. List only o	ne cause on (	caused the de each line.	ath. Dono	t enter tha mod	de of dyl	ng, such as	cardiac	or respiratory ar	rest,	1	Approximete Interval Between Onsat and Death
	Physician /Medical	6	Immediate Cause (Fina	al	i.		_	P	60 6		/	. /		i	_
	Examiner	ı	disease or condition resulting in death)		a					AL	_	-V- A			72 Hours
l.		je				Due to	(or as a co	nsequence of)						1	
	sete be executed hysician end the burlet-transit	Examiner	Sequentially list condit	ions,	b	Due to	(or as a co	nsequence of)	:					 	
Š	be exe ician e buriel-	Ě	Sequentially list condit if any, leading to imme cause. Enter Undarlyir Cause (Disease or Inju	diate	•									į į	
00/00	ohysic the b	dical	that initiated events resulting in death) Last		C	Due to	(or as a co	nsequenca of):						-	
Š	certificate iding phys	/Me		L.	d									į	
DOX	w requires that the death certifica been signed by the attending ph should be detached for use as t	Physician/M										T			
į	the d	hysi	Part II. Other significar	nt conditiona coi	ntributing to d	eath but not re	esulting in t	he underlying o	cause gr	ven in Part I	•		/		the cause of death?
Ĺ	s that med b	by P											88 2E NO	3   110	ALDIY 4 OIKIOWI
, SO CO	The law requires that the ate has been signed by the page 2 should be detache.											24a, Was	an autopsy med?	24b. W	ere autopsy findings allable prior to
2	aw re	plet										perior	mear	CO	mpletion of cause death?
	The law ate has page 2	Completed										1 🗆 Y	as 2 PNo	10	☐Yes 2☐No
		Be	25. Was case referred examiner?	to medical						26. Piece	of Deat	h (Check only o	ne)		
5	Physician: r this certific ral director,	10	1□ Yes 2□Mo	[ ]			□ ER/Outp		JA		irsing Ho	me 5 Resid	ence 8 🗆 Ot	her (Specif	у)
=		O	27. Mannar of Death 1 Death 5	Pending	28a. Data (Mon	of Injury hth, Dey Year)	28b. Tir		28c. Inju Wo			28d. Describe h	ow injury occu	rred	
	death. ctor: A y the fu	cat	2 ☐ Accident 3 ☐ Suicide 6	investigation  Could not be	20 81			М		Yes 2	No	00/ 1 // //			(8
5	after deat Director:	Certification:	4 ☐ Homicide	determined	28e. Place build	a of Injury - At ing, etc. (Spe	home, fam cify)	n, street, factor	y, office			City or Tow		ber or Hura	al Route Number,
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune.		29e. Certifier 12	Certifying Phys	sician: To the	best of my ki	nowledne	deeth occurred	et the ti	me, date an	d piace	and due to the	ause(s) and m	anner as e	tated.
	n 24 h	edical	(Check only 2 one)	Madical Exami	nar: On the b	asis of exami ner stated.	netion and/	or Investigation	, in my	opinion, dee	th occur	ed at the time, o	late and place,	and due to	the cause(s)
	Vithii To th	M	29b. Signature and title	of certifier	01			29		se number		1	29d. Date sign		Dey, Year)
			de	Land	4100	4			23	3950	2		6/19	9/96	
			30. Name end address				em 23a) (T	ype, Print)		A .A	6.	-/		N A	211-7
			2482.	S. Ho.	NIM	4	12.	MALCI	LM	UR.	W	DSI MIN	SION	1 617	UN-7.

State Registrar

31. Date filed (Month, Dey, Yeer)

JUN 1 9 1996

g the Mark K

		Decedent's Name (First, Midd.			Certificate		2. Dete of De	giene 9 6 Reg. No.	19396			
Physici /Medi	cal	Ella E. Sm	ith			4h Cihi Touro	Month	Day Ye	8:00PM			
Examir Funeral Director	ner	4a. Facility Name (If not institutio  Manor Care I  5. Social Security Number  515-10-2797	argo 6. Sex 7. Ago	e (In yrs. last birt	thday) If Under 1 Months	Largo	s. 8. Date of Bir (Month, Da	Pr. (				
now at		Usual Residence of Decedent 10a. State 10b. County		10c. City, Towr	or Location		Dept.	10,1320	10d. Inside City Lim			
with the state of	Director	Maryland Prince		Dis	trict He:			10g. Citizen of What	1 ☐ Yes 3/€X			
	by Funeral	7200 Kipling E  11. Maritel Status  1 Never Married 2 Mar  3 Widowed 4 Divorced	12. Wes Decedent I Armed Forces?			ent of Hispanic Origin? ( fy Cuban, Mexican, Pue	Specify Yes or No arto Rican, etc.)		American Indian, Vhite, etc. White			
lene. • than "natura the Medical E	Completed	15. Deceder (Specify only highe Elementary/Secondary (0-12) 12	Decedent's Education hily highest grade completed)  College (1-4or 5+) 2		Decedent's Usuel (Give kind of work life. DO NOT use erical. Wo	done during most of ware retired)	orking	16b. Kind of Busine	ess/Industry			
Mental Hygi arked other atic event, t	To Be C	17. Father's Name (First, Middle, Matthew Po	Last) Oschen			18. Mother's No Lotti		st, Middle, Meiden Sumeme) Criss				
Health and I		19a. Informent's Neme/Reletions George M. Smith	Neme/Reletionship (Type, Print)  M. Smith  19b. Meiling Address (Street end 7200 Kipling					lumber or Rural Route Number, City or Town, State, Zip Code) Parkway District Heights Md. 2074				
bepartment of Hear and Indian 2 in the man and indian 2 in the man	96	21. Signature of Funeral Service 23a. Part - Enter the disease, or shock of heart failure. List Immediate Cause (Final disease or condition resulting in deeth)	complications that caused only one paule on each line.	CONGE	6633 Ol	Address of Facility  d Alexandri of dying, such as cardi	La Ferry	rrest,				
ng physicia as the bur	2			Due to (or as a c	EHYDRA	non.						
as th	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last		PNEUM	S T(C) consequence of):	OKE						
as th	cai	If any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	d 5/p	PN SUM	STR onsequence of):		23b. Did	tobacco use contrit	oute to the cause of de			
y the attanding phached for usa as the	by Physician/Medical	if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in deeth) Last	d. Sho	PN SUM It not resulting in	STR onsequence of): ONIA.	use given in Part I.	10	Yes 2010 3	Probably 4 Unkr			
has been signed by the attanding ph ya 2 should be detached for usa as th	by Physician/Medical	if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Last	d. Sho	PN SUM It not resulting in	ST(Consequence of):	use given in Part I.	1 □ 24a. Wes perfo	en eutopsy 2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	Probably 4 Unkn  4b. Were autopsy finding available prior to completion of cause of death?			
n. After this cartificata has been signed by the attanding ph funaral director, paga 2 should be detached for usa as th	To Be Completed by Physician/Medical	If any, leading to Immediate cause. Enter Undertying Ceuse (Disease or Injury thet initiated events resulting in deeth) Last  Part II. Other significant condition	d. S po	Due to (or as a con PN EUM int not resulting in a D I SCR Int 2 ER/Out	STR onsequence of):  ONIA.  I the underlying can  ME LUTU  tipatient 3 DOA	26. Place of Do	24a. Wes perfo	en eutopsy 2- med? 2 No 3 C  Yes 2 No 0  one)  dence 8 Other (3 how injury occurred	tb. Were autopsy findinavallable prior to completion of cause of death?  1 Yes 2 No			
this cartificate has been signed by the attending phal director, paga 2 should be detached for usa as the	Be Completed by Physician/Medical	If any, leading to Immediate cause. Enter Undertying Ceuse (Disease or Injury that hittieted events resulting in deeth) Last  Part II. Other significant condition  END STRGS  FIDRILLATION  25. Wes case referred to medical exeminer? 1 Yes 2 No  27. Menner of Deeth 1 Natural 5 Pendir Investing Suicide 8 Could determ  29a. Certifier 12 Certifying Ceuse.	d. 5 po	Due to (or as a control of the total of the	strands on sequence of):  ONIA.  Ithe underlying care  the underlying ca	26. Place of Do Other: 4 Nursing c. Injury et Work? 1 Yes 2 No office	24a. Wes performed to the search (Check only of the search	Yes 2 No 3 I en eutopsy 2 ormed?  Yes 2 No One)  dence 8 □ Other (3 how injury occurred  Street and Number own, Stete)	completion of cause of death?  1  Yes 2 No  Specify)  r Rural Route Number,			

7500 Greenway Center Dr. # 470 Greenbelt, Md.

Registrar

DHMH 16 Rev 6/95

State

Rama Chardran, M.D.

JUN 1 9 1996

31. Date flied (Month, Dey, Yeer)

10.0 0 . 

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q

			Decedent'e Neme (First, Middle, Last)			Certifica		Death	2. Dete of D	Reg. No.		139	1
	Physic		MARY A. SI	JIPLE	Y				JUNE	Dev .	ď46	3. Time (	
	/Medi Examii		4a. Facility Nama (If not institution, give st.	reet and number)	11.00			4b. City, Town, or I	ocation of Deal				
			Makylara Gen	eral	H054	rigal	ler 1 Yaar	Joe timo	RR CIT	4	City		
	Funerai Director		5. Social Sacurity Number 6. Sax 212-32-0195	7. Aga	(In yrs. lest bi	Yrs. Month			(Month, D	13,1908	9. Birthpl Count Max	ece (Steta try) ylan	or Foraign
	the Maryland	_	10e. Stete 10b. County		10c. City, Tow	m or Location					10	d. Inside (	
	28a-f	ecto	Maryland Carro	11			sbur	g					s 2 No
	23a or	ai Dir	10e. Street end Number 3114 Old Westm:	inster Ro	ad	101. 2	Zip Code 2	1048		10g. Citizen of Unite	ed Sta		
020	or Hems	by Funeral Director	11. Maritai Status  1  Never Married 2 Merried 3  Widowed 4 Divorcad	. Wes Decadant Ev Armed Forcas? 1 Yas 2 No If Yes, Give Yaar or Dates:			cedent of i becify Cub 2 12 No	Hispanic Origin? (Span, Mexican, Puert	pecify Yas or No o Rican, etc.)	Specif	ce - Amarica ck, White, e y: Whi	etc.	
21215-0020	C .	Be Completed	15. Decedent's Educa (Specify only highest grade of Elementery/Secondary (0-12)	ution completed) College (1-4or 5+			suei Occu work done use retire	during most of wor ad)	king	16b. Kind of B	usiness/ind		
	al Hygin other	C	17. Father's Neme (First, Middla, Last)					18. Mother's Nen	ne (First, Middle				
Maryland	should be nd Mantal marked o	To B	Clarence Gass	away Ship	ley			C	atherin	e Hager			
lan	and lis me	1	19e. Informent's Neme/Reletionship (Type	e, Print)	198			t and Number or Ru					
e, P	s 1 and 2 should be flied within f Health and Mantal Hygiene. Item 27 is merked other than other traumatic event, the M		Benny W. Smith No.	ephew	20h Biana C	3114 O		estminste	r Road,	Finksbu 20c. Location			1048
mor	Pages ent of I nt: If Its ry or o		1 ☑ Burial 2 ☐ Cremation 3 ☐ Rei	movel from Stete	cemete	ry, cremetory of	r other ple		5/96	Cedar			
Baltimore,	permit. Pages 1 and 2 Department of Health a important: if item 27 is eny injury or other tra once.		21. Signature of Funarai Sarvice Licensee	0	1	Oli	n L.	ess of Facility Moleswor	th, P.A				
	-		23a. Pert1. Entar tha disease, or complex shock, or haert fellure. List only one	ations that caused t	ha daath. Do	not entar tha m	OL R	idge Rd.,	Damasc or raspiratory	us, Md.		Approxime	eta
۱	Physician /Medical Examiner	100	immediata Cause (Finel disease or condition resulting in deeth) e.	Intra	abdo		1 5	Sepsis			etween I Death WEEK		
	D #	iner	<b>a</b> b		de lo (oi es a	consequence o	1).						
,	tificate be axecuted ig physician and as the burial-transit	edicai Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury	D	ua to (or as a	consequence o	f):				1		
68760,	ysicia	icai	Ceuse (Disease or injury that initiated events resulting in deeth) Lest	D	ua to (or es e	consequence of	f):						
	\$ D 4		resulting in deetin) cost										
Box	death cert e attendin ed for use	cian											
P.O.	the d	by Physician/M	Acute Renal			n the underlying	1.5			tobacco use co Yes 2□ No	antribute to 3 ☐ Prob		of death? Unknown
ds,	signer the d	d by		•					240 W/or	an autonom	24h Wa	re autopsy	findings
Division of Vital Records,	2 s	Completed	Acidosis						perf	s an autopsy ormed?	eve	ilabie prior npietion of laeth?	to
a	icata h						_			Yas 2 No	1 🗆	Yas 2	] No
<u>Ş</u>	Physician: The iaw this cartificata has braidirector, page 2 s	o Be	25. Was case referred to medical examiner?  1 Yes 2 No	spitel:			Ot Ot	28. Piece of Dee			10 11		
0		n: To	27. Manner of Deeth	28a. Dete of Injury (Month, Dey		Time of	28c. Inju Wo	4 🗆 Nuising H		idenca 8 Oth how injury occur		,	
ion	ath. r: Aft	atio	1 Naturel 5 Pending 2 Accident investigation	(Month, Dey	Year)	njury M		Yes 2□No					
Divis	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	Certification:	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injur- building, etc.	y - At home, fe (Specify)	erm, street, fecto	ory, offica			(Street end Numi wn, Stete)	ber or Rural	Routa Nui	nber,
	Hospit 24 hours Funer ietaly fill	edicai	29a. Certifier (Check only one) 1 Certifying Physic 2 Medical Example	ian: To the best of r: On the basis of e and mannar state	xamination en	deeth occurre dor investigetion	d et the ti on, in my	ime, dete end pleca opinion, deeth occu	, and due to the rred et the time,	cause(s) end modete and place,	enner es ste and due to	eted. the cause	(s)
	To the To the	Me	29b. Signatura and titia of cartifiar			2	_	se number		29d. Dete aigne	1 -	Jay, Year)	
			1	IT Luis		5160 M.D.	89	9246		6/11	146		
			30. Neme and eddress of person who com	JICO	ath (Item 23e)	(Type, Print)	Mar	yland	Gen	eral	HOSE	oita	1
	Sta	ite	31. Dete filed (Month, Pay Year) 4 19		's Signature	or Roal t	4						

DHMH 16 Rev 6/95

AND THE REAL PROPERTY OF THE PARTY OF THE PARTY.

## Piease Type or Print in Black Indeiibie Ink. Assure Ali Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene

96

19398

						C	ertificate	e of	Death			Reg. No.			
	Physic /Medi		1. Decedant's Name (First, Middle, Melvin Dean		roye						2. Data of Dec Month	Day	Yaar 96	3. Tima of Death 334 pu	
	Exami		4e. Fecility Nema (If not institution, L. B. Marylar	1 11	umber)				4b. City, Too	wn, or Loc	Cation of Deeth	4c. Count	y of Deeth		
	Funeral Director		5. Social Security Number 218–38–0488 Usual Rasidanca of Decedent	Sex 1∏xM 2□F	7. Age (In ye	rs. last birthde Yrs	Months	1 Yeer Deys	If Under : Hours	24 Hrs. Min.	8. Dete of Birt (Month, Da November	r 25,19	9. Birthpla Countri	nce (Stata or Foreign Maryland	
	Menyland	tor	10a. Stete 10b. County Maryland Washin	ngton		City, Town or Hagers							10	d. Insida City Limits	
	or 284	lrec	10e. Street end Number				10f. Zip	Coda				10g. Citizen of	What Countr	y?	
	23a c	ral	18120 Clearway	Drive			2	2174	.0			U.S.A.			
020	72 hours after death with the Meryland natural, or items 23s or 28s-f show final Examiner court to incorput	by Funeral Director	11. Marital Status  1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed F	2□No		3. Was Decede If Yas, speci		dispante Origen, Mexican Specify:	gin? (Spe i, Puarto F	cify Yes or No- Rican, atc.)	Ath Day Year 76 334 pt 4c. County of Deeth Baltimore  Ath Day Year 76 334 pt 4c. County of Deeth Baltimore  Ath Baltimore  9. Birthplace (Stata or Foraign Country)  10d. Insida City Limits 1 yes 25,1942 Maryland  10d. Insida City Limits 1 yes 25,10  10g. Citizen of What Country?  U.S.A.  14. Raca - American Indien, Black, White, etc.  Specify: White  16b. Kind of Businass/Industry  Correctional Facility  Makden Sumama)  Thomas  17. City or Town, Steta, Zip Code)  18m. Maryland 21740  20c. Location - City or Town, Stata  Hagerstown, Maryland  21742  Approximata Indiaryal Between Onset and Death Onset and Death  3 hours  19 4-5 hrs  19 4-5 hrs  19 4-5 hrs  19 4-5 hrs  19 4-5 hrs  10 4-5 hrs  10 4-5 hrs  10 4-5 hrs  10 4-5 hrs  10 4-5 hrs  10 4-5 hrs  10 4-5 hrs  11 Yes 2 No  12 1742  13 1742  14 1742  15 1743  16 1743  1745  1745  1746  1747  1747  1748  1749  1749  1749  1740			
	5 . 9	Completed	15. Decedant's (Specify only highest Elamantary/Secondary (0-12)	grada complated, Collaga	(1-4or 5+)	(Gi	cedent's Usual iva kind of work i. DO NOT usi	k done a retired	during most d)			16b. Kind of B	Businass/Indu	ustry	
	e filed within il Hygiene. other than "		47 Esthada Nama (First Middle 1 a	4 years		Cor	rection	nal						Facility	
5	should be fi ind Mental I: marked of umatic ever	To Be	17. Fathar's Nama (First, Middla, La George Raymond	Schro	yer				Viol	et	Mae	Thomas	5		
Mar	12 sho h and l is me traum						-							Code)	
ė,	00-7		20a. Mathod of Disposition 1 □ Burlai 2 □ Cramation 3	□Ramoval from	20b	. Place of Dis cematary, o	sposition (Namerametory or oti	a of har plac	ce)		Data	20c. Location	- City or Tow	m, Stata	
	permit. Peg Department Important: h any injury o				R	est na					0,1996	Hager	stown,	Maryland	
Ba	Departit Departit Importa any infl		19a. Informant's Name/Relationship (Typa, Print)  Renee Lynn Barlup / Fiance  18120 Clearway Drive Hagerstown, Maryl  20a. Mathod of Disposition  19Burlal 2 Cramation 3 Ramoval from Stata											21742	
F	Physician		23e. Part1. Entar tha dicaasa, or co shook, or haart failura. List or	implications that ly one cause on	causad Me da aach line.	ath. Do not	antar tha moda	of dylr	ng, such as	cardiac o	r raspiratory ar	rest,		Approximata Intarval Between Onset and Death	
1	/Medical Examiner		Immediata Causa (Final disease or condition rasulting in deeth)  a. Cardiagenic Shock  Dua to (or as a consequence of):											3 hours	
	De is	oline		b	leute	· Mu	10 car	dia	e d	u fec	rchoi	1	i	4-5 hrs	
, 00	certificate be executed ding physician and ise as the burlat-transit	al Examiner											4	lears.	
04 68 /6U	ding phys	/Medical	that Initiated events rasulting in daath) Last	■ d	Due to	(or/es e cons	equance of	7					/		
	deam e atten d for u	Physician	Pert II. Other significant conditions	contributing to d	death but not re	asulting in the	undarlying ca	usa giv	an in Part I.		23b. Did tobecco use contribute to the cause of death				
5	es mat me dei igned by the a be detached f										10/				
or Vital Records,	been s	Completed by	Ď									an autopsy med?	com	lable prior to pletion of cause	
ř	ate has	mo.									101	as 2 No	10	Yes 2□ No	
		Be	25. Was casa ratarred to medical examinar?	1					26. Placa	of Death	(Check only o	na)			
	9 0	၉	1 Ves 2□ No Declin			□ ER/Outpat			4 LI NU						
	After fune	Certification:	27. Manner of Death  1 DNatural 5 Panding 2 Accident investigat 3 Suicide 6 Could not	ion he	nth, Day Year)	28b. Time Injur	М		yat k? Yas 2⊡1	No				Danta Humban	
DIV	3 5 5 6		4 Homicida datamine	bulld	ding, etc. (Spa	cify)	straet, fectory,	опісе	21		City or Tox		Der Or Hurar	noute (vainoer,	
	within 24 hours after To the Funersi Dir completely filled in	edicai	29a. Certifier (Check only one) 1 Certifying 2 Medical Ex	aminer: On the b	a best of my ki pasis of axamir nnar statad.	nowledga, da nation and/or	ath occurred a Invastigation,	t tha tin	ma, data and pinion, daat	d place, a th occurre	nd dua to tha e ed at tha tima,	causa(s) and m data and place,	annar as sta and dua to t	tad. tha cause(s)	
	within 2 To the	×	29b. Signetura and titla of certifier 29c. Licansa number								29d. Deta signed (Month, Day, Year)				
				0				D 3	994	3		6/16	196		
			30. Nama and addrass of person what ANDREW Z	o complated cau		am 23a) (Typ	e, Print)	1	D.	1403	ρ.				
	Sta Registi	_	31. Deta filed (Month, Day Year)	1996 32.5	Registrar's Sig	natura	alati								
	riegisti	-GI			7										

ARTERIA PER SERVICE PROPERTY OF THE PERSON NAMED IN COLUMN TO SERVICE PROPERTY OF THE PERSON NAM

retained by the hospital or attending physician. **IMORE, MARYLAND 21215-0020** 2 Page 6 may Pages 1, 2, 3 should

permit.

be detached for use as the burial-transit

D. BOX 68760  rrifficate be executed withing physician and completely figure prior to burial, cremationther traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 68760  TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flows after death. Page 6 mm TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, beefied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

96 19399 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF OEATH 3. TIME OF DEATH Edna Mae Spielman June 18. 1996 2:05 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Nov. 23 1907 213-16-0338 1 M 2 X F 88 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR Reeders Memorial Home Boonsboro Washington RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Hagerstown Maryland Washington 1 X YES 2 NO FUNERAL tot, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Corner of Mulberry & Antietam Streets 21740 U.S.A. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE -- American Indian, Black, White, etc. 1 Never Married 2 Married T YES 2 NO BY Specify: 3 Widowed 4 Divorced Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S FOUCATION 18b. KINO OF BUSINESS/INOUSTRY (Specify only hig Med) Elementary/Secondary (0-12) College (1-4 or 5+) 0 - 120 - 2Secretary Paper Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) to Thomas Spielman BE Alice Perrin notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Thomas E. Spielman 925 Salem Avenue Hagerstown, Maryland 21740 Pe 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE 1 X Burlel 2 Cremation 3 F 4 Donation 5 Other (Specify) Rest Haven Cemetery

Rest Haven Cemetery 6/21/96 Hagerstown, Maryland examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 01 415 E. Wilson Blvd. Hagerstown, Md. 21740 medical 23. PART i. Enter the diseasee, or complicatione that caused the deeth. Do not anter the mode of dying, such as cerdiac or reepiratory erreat, Approximate shock, or heart fellure. Liet only one cause on each lina. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition Congesting heart DUE TO (OR AS A CONSEQUENCE OF): traumatic event, resulting in death) cardion CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CON if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the undarlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY shows any 1+BP 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WOLLD UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ig Home 5 - Residence 6 - Other (Specify) 5 27. MANNER OF CEATH 28a. OATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1. Natural INJURY 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 COMPLETED 8 Could not be 4 Homicide 28 item 29e. CERTIFIER (Chack only (Ch (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Mulux D32518 6-19-96 MD 2

100 Geeting Lane, Keedysville, Maryland 21756 301-432-2222

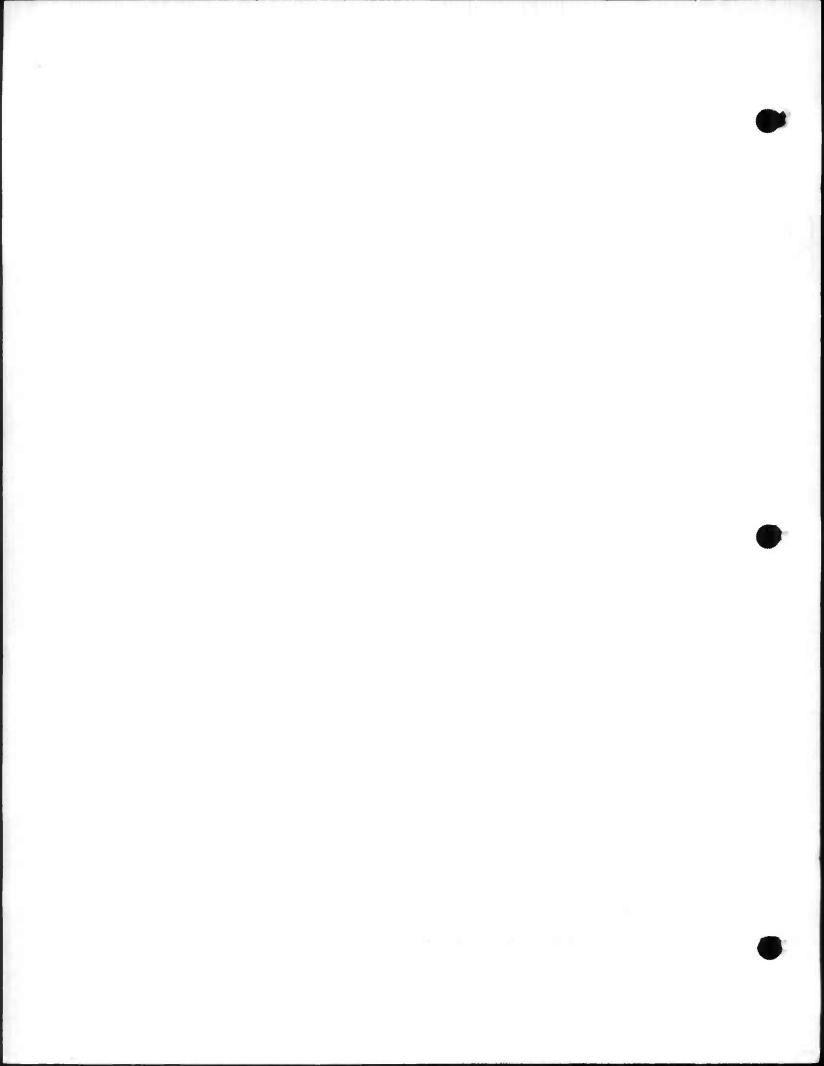
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Pelia Devides

Robert Guedenet

JUN 2 1 1996

DHMH-16 Rev t/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fleath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directic, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

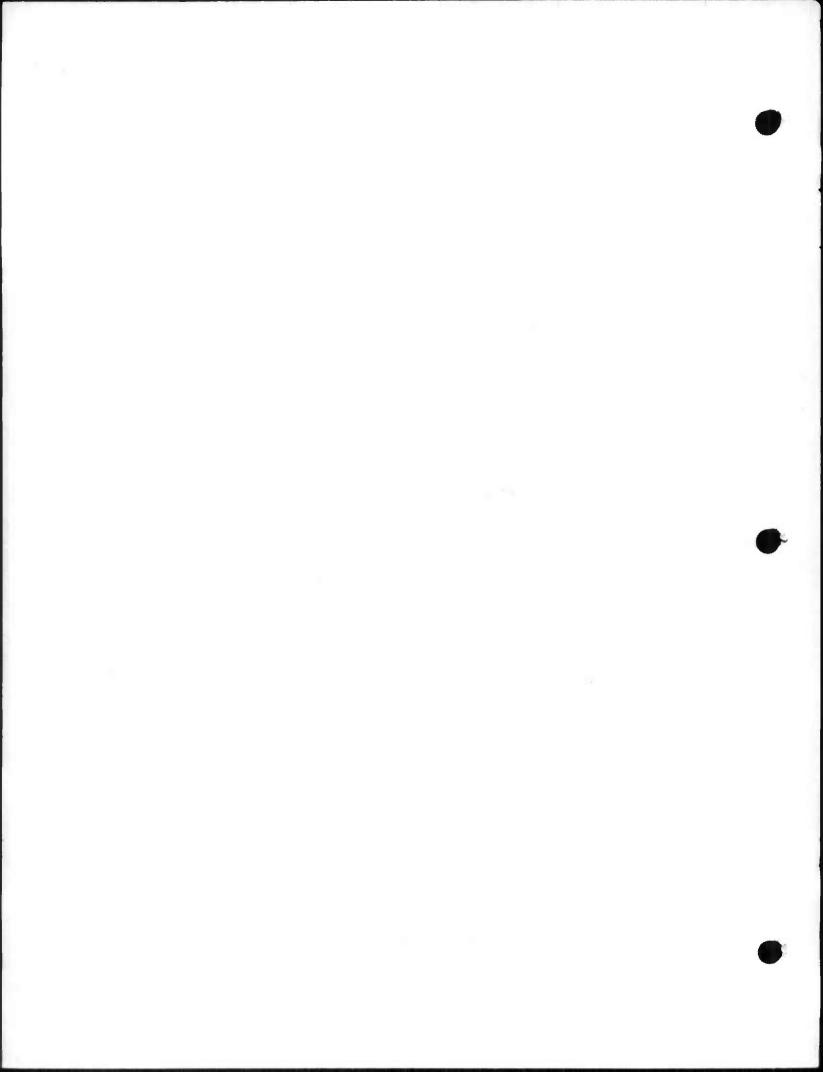
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

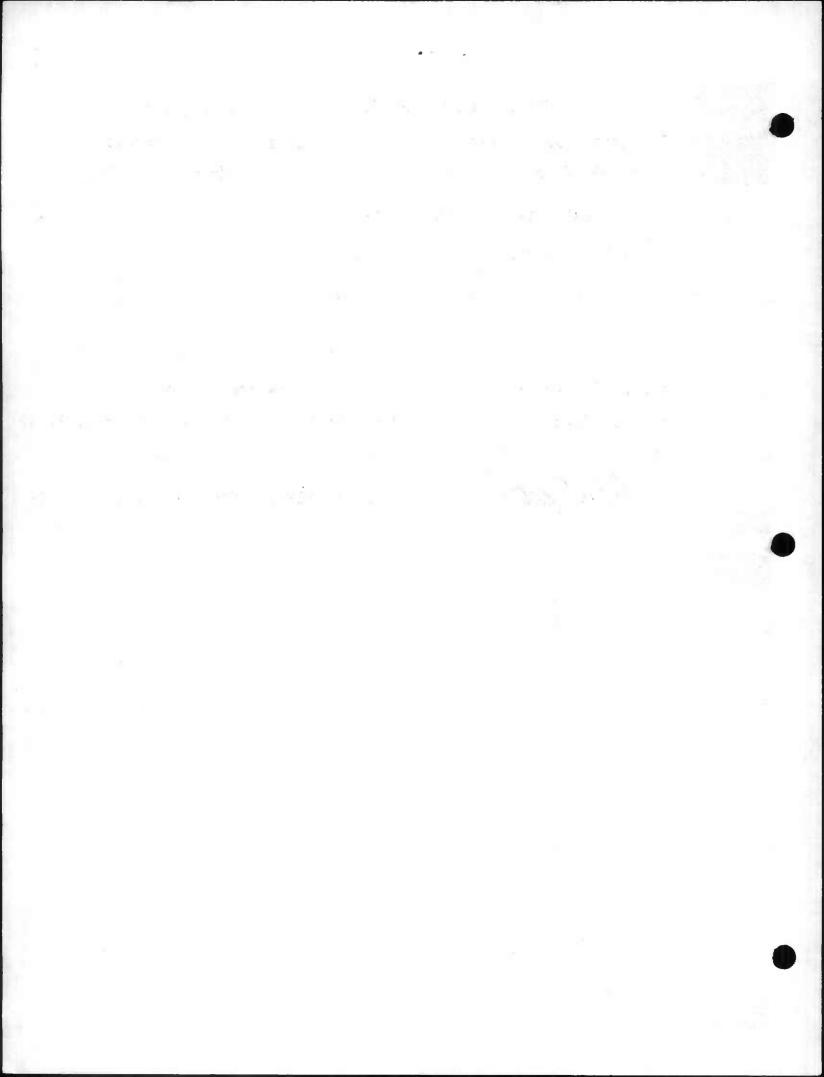
1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

									ULA		r	TEG. NO.			
	1. DECEDENT'S NAME (First)	Middle, Last)	Mollie	Thacl	ker						2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 1 MONTHS DAYS HOURS MRN. 219-20-0280 5. SEX 1 MONTHS DAYS HOURS MRN. Sept. 19, 1905											1:30 p M				
	219-20-0280	)		o. noe (							(Month, De	ny; Year)	005	8, BIFTE Count	
			street and number)	<u> </u>			9b, CITY	r. TOWN (	OR LOCATI	ON OF DE		19,1		INTY OF D	Virginia
E E	College Vie							eder		011 01 02				eder	
DIRECTOR	RESIDENCE OF DEC														
	Money I am d	10b. COUNT				10c. CIT	Y, TOWN		_						10d. INSIDE CITY LIMITS?
	Maryland	по	ward			<u> </u>			sbon						1 TYES 20 NO
FUNERAL	16032 Frede	rick	Road					101	2176						WHAT COUNTRY? States
N I	11, MARITAL STATUS	LICK	12. WAS DECEDEN	IT EVER IN	IIIS ARI	MED	12	WAS DEC			IIC ORIGIN? (S	M - M			
E	1 Never Married 2		FORCES? 1	YES	24 N			II yes, sp	ecity Cuba	in, Mexical	n, Puarto Rica	n, atc.)	or No-	Blaci	— American Indien, k, White, atc.
ВУ	3 🖾 Widowed 4 🗌 Divo	rced						1 [] 169	24- NO	Specify				Spec	"" White
COMPLETED	15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)		16a. DE(	CEDENT'S	USUAL O	CCUPATIO	DN ast of workli	na	16b. KII	OF BUS	SINESS/INC	DUSTRY	111
<u>"</u>	Elementary/Secondary (0	-12)	College (1-4 or 5	+)								TT			
ME	17. FATHER'S NAME (First, M	(ddle 1 est)			_	Home	make	r				wn H			
	II, FAIREN S NAME (FISI, M		ewey Rus	se11							ME(First, Midd ret Bi		Sumame)		
B	19a. INFORMANT'S NAME (7		ewey Ragi	JC11	196	MAILING	ADDRES	S /Street s			Poute Number, (		- Chata Tie	n Cordal	
욘	Molly Sue Pe	endlet	on								Lisbo				21765
	20g, METHOD OF DISPOSITE	ION	ount from State	20b.	PLACEA	ND DATE	OF DISPOS	SITION /Na	me ol		DATE	_		City or To	wn, State
	4 Donation 5 Other	(Specify)		cem	frue	Gos					3/96	Lis	bon,	Md.	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Olin L. Molesworth, P. A.									Δ						
26401 Ridge Road, Damascus, Maryl									ryland 20872						
	23. PART I. Enter the di ahock, or he	seasea, or o	complications the	t coused	the dea	ath. Do r	ot enter	the mo	de of dy	ing, suci	aa cardlac	or reaple	ratory an	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Fin		1			17	_ /	/.	J	C-	0				Onset and Death
	disease or condition resulting in death)	<b>→</b>	Co	ng	est	May	1	ea	N	an	lure				
		_	906/10	TO	COMBEO	UNIVE OF	n:	U.							10.15
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A	CONSTR	WENCE OF	any	gu	all	cy					years
CAT	cause. Enter UNDERLYI CAUSE (Disease or Inju	NG	¢.		1		4								[ ' ]
E	that initiated events	· .	DUE TO	(OR AS A	CONSEO	UENCE OF	F):								
H	resulting in death) LAS		d												
	PART II. Other algolfica	nt condition	a contributing to	death bi	ut not re	sulting	n the ur	derlying	g cause (	given in	Part I. 24	. WAS AN		24b	WERE AUTOPSY FINDINGS
EDICAL	_ Wfr	Ma -	unk	nou	n	Car	ise	~			1	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
											_   ''	100 2	NO		OF DEATH?
								7,5 1.0 17,5 1.0							
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN   25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)  EXAMINER?  1   YES   2   NO															
YSI	1 VES 2 NO		1 Inpetient 2	ER/Outpo	etlant 3	□ DOA	4 Nur		e 5 □ Re	eldenca	8 Other (Sp	ecity)			
H	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D			28b. TIM INJ	E OF URY	28c. INJ WO	URY AT		28d. DESCRI	BE HOW IP	JURY OC	CURED	
BY	2 Accident	nvestigation	00   Pt 400 0	E 101 H 100 C			M		rES 2	NO					
		Could not be determined	28s. PLACE O building,	atc. (Speci	— At hor	ne, Jerm, a	rtreet, 1sci	ory, offici	•		28f. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rurel F	loute Number,
	29e, CERTIFIER					_						====	_		
COMPLET			CIAN: To the best of												) and manner as stated,
					1 110,01		ii, iii iny c	pititori, u				pieca, and			
8	296 MICHATURE AND TITLE	IIC .	1						29c. LICE	NSE NUM	1		29d. DAT	E SIGNED	(Month Day, Year)
2	M MANE AND ADDRESS OF	PERSON WH	O/COMPLETED CAUS	SE OF DEA	TH (ITEM	27) (Tvpe	Print)		- !	121	0)6		- 7	0/4	1 1116
	Alleni	7. (3.	1204 W	0		147	5	TA	SEY	Av	E	FRE	1)(21	21<1	MD 21702
JUN 1 2 1996 32. REGISTRARIS SIGNATURE SIGNATURE															



				State of Maryl			of H	lealth and M	lental Hy	_	6	9401	
	Physici /Medic	al	Decedent's Neme (First, Middle, La	IOMAS NOBL	E T	'AWNEY,	JR.		2. Dete of De Month JUNE	11, 19	96°	3. Time of line th	
	Funeral Director				rs. lest bi	rthdey) If Under 1 Months Yrs.	Yeer Deys	BERLIN  If Under 24 Hrs.  Hours Min.	8. Dete of Birt (Menth De	WORC	9. Birthple	R ce (Stete or Foreign •	
	deeth with the Maryland rms 23a or 23a-f show rms by northed at	ector	Usuel Residence of Decedent  10a. Stete 10b. County  MD. WORCES			m or Location						I. Inside City Limits	
	a 23a or	Funeral Director	12942 SHOAL I				842			USA			
_	urs efter al', or its	by	11. Meritel Stetus  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever In Armed Forces?  1  Yes 2 No If Yes, Give Yeer or Detes:	1 U,S.	13. Wes Decede if Yes, specif		lispenic Origin? (Spi en, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	Specify	ce - American ck, White, etc	c.	
121	hen he	Be Completed	15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12)	ducetion ade completed)  College (1-4or 5+)	16e			etion during most of work d) R	ing	HOSPI			
ryland	2 should be filed v and Mental Hygie is marked other t surmatic event, in	To Be		NEY	101	Mailing Address (	Ctract	JUANI	TA WIL	SON			
Baltimore, Ma	8 = 5		MARY L. YAWNE  20e. Method of Disposition  **Buriel** 2 Cremetion 3 C	Y 200	o. Plece o	12942 S of Disposition (Name try, cremetory or oth	HOA of er plea	AL DRIVE	OCEA Dete	N CITY 20c. Location -	City or Town	. , 21842 n, State	
Baltir	permit. Pe Departmen Important: any injury once.			Father's Neme (First, Middle, Last)  THOMAS N. TAWNEY  Informent's Neme/Relationship (Type, Print)  MARY L. YAWNEY  Method of Disposition									
	Physician /Medical Examiner		Part Phor the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one cause on each line.										
x 687	ficate be executed g physician and as the burtal-transit		Sequentielly list conditions, if any, laeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest	c		consequence of):	1				Ó	no Ta	
o.	by the ached	Physician/Med	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									he cause of death?	
ords	been sign	Completed by							24a. Was	an eutopsy med?	evalle	a autopsy findings able prior lo pletion of cause ath?	
=	Physician: The law this certificate has ral director, page 2.	Be	25. Wes cese refarred to medical examiner?	Hospitel:			Oth	26. Place of Deatl		one)		Yes 2□ No	
	Sing Ph h. After th funeral	27. Menner of Deeth 1 Neturel 5 Pending (Month, Dey Year) 2 Accident Investigation 2 Performance 2 Errorutpatient 3 DOA 4 Nursing Performance							Horna 5 Residence 8 Other (Specify)  28d. Describe how Injury occurred				
Divi	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)  29e. Certifiar  29e. Certifiar  29e. Certifiar  29e. Certifiar								Street and Numb			
	To the Hos within 24 h To the Fun completely	Medicai		niner: On the besis of examend menner steted.		nd/or Investigetion, l	n my o		ed et the time,		end due to the	he cause(s)	
		19	30. Name and address of person who	completed cares of death (	-	(Type, Print)	44	14)83 Berlin		6/1	1/96		
E	Sta Registr		31. Date filed (Month Day, Yeer)	6 July Davel	gneture	reve	1	3011.2	n	9			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Cei	tificate of	Death		- 1	Reg. No.		
	Physic	ian	Decedent's Name (First, Middle, L.  John Harol	*	ntine					2. Data of De Month June 18	Day	Yeer	3. Time of Do
	/Medi		4a. Facility Name (If not institution, gi					4h City To	wn or Lo	cation of Death		of Dooth	
,	Examii	ner			iei)						102.22.00		W. V.
—		7	11 W. Baltimore 5. Social Security Number 6.		Aga (In yrs. last	hirthdayl	If Under 1 Yea	Hager f Under	S LOW			shing	
	Funeral Director		The state of the s	· Class - Class	76	Yrs.	Months Days		Min.	8. Date of Birt (Month, Da April	Year) 1920	Counti	land
-	_		Usuel Residence of Decedent		70					whiti .	0, 1520	rially	Land
yland	# to		10e. Stete 10b. County		10c. City, To							10	d. Inside City
Mar	28a-f show	to	Maryland Washi	ngton	На	agers	town						1 🛛 Yas 2
h the	128	i e	10e. Street and Number				10f. Zip Code				10g. Citizen of	What Counti	y?
hwit	38 10 10 10 10 10 10 10 10 10 10 10 10 10	a D	11 W. Baltimore	Street			2174	10			USA		
filed within 72 hours efter deeth with the Maryland	lene. than "netural", or items 23a or 28a-f show the Medical Examiner must be notified at	Funeral Director	11. Maritai Stetus	12. Was Dacede		13. V	Vas Decedent of Yas, specify Cul	Hispanic Orl	gin? (Spe	ocify Yas or No	14. Rad	e - Amarica	
efter	2 2		1 ☐ Never Married 2 ☐ Married	1 XYes 2		-	Yes 21X No		, ruento	riidani, etc./		ck, White, e	
ours	- 2	d by	3 ☐ Widowed 4 ☐ Divorced	Yeer or Date	es: WW2		165 220110	эрвину.			Specify	Whit	:e
72 h	Para la	Completed	15. Decedant's E (Specify only highest gr	ducation rade completed)	14	Sa. Deced	lent's Usual Occu kind of work done OO NOT use retin	pation during mos	t of worki	na	16b. Kind of B	usiness/Indu	istry
Ithin	hen.	Idu	Elementary/Secondery (0-12)	Coilege (1-4				ed)					
N Del	and Mental Hygiene.  a marked other than  aumatic event, the M	ပိ	10	A 1	5	ande	r	40 11-11-	4. 81.	/E A	cabine		itactur
befi	la po	Be	17. Fathar'a Nama (First, Middla, Las		d						Maidan Suman	,	
should be	h and Mer 7 is merke traumatic	To	John Sylvester	Valent				Virg		Olev:		ller	
2 8			19a. informant'a Name/Relationship		1	9b. Mellin	g Address (Stree	and Numbe	er or Rure	il Routa Numbe	er, City or Town,	State, Zip (	2ode)
1 end	item 27 i		Sherry K. Va 20a. Method of Disposition	lentine	20h Piece	.0408	Sharpsh	ourg P	ike	Hagers	town, Ma	arylar	id 2174
9	0 = -		1 DBurial 2 □ Cremation 3 [		ate		sition (Name of natory or other pl		i				
			4 □ Donation 5 □ Other (Speci		Greer		Memoria			/21/96	Williams	sport,	Maryl
permit.	Depa Impor		21. Signature of Funeral Service Lica	insee		Ge	Nama and Addi	Minnio	žh	305 N.	Potomac	Stre	et
	2240		Lucial . 11	lunc	1		neral Ho				town, Ma	arylar	nd
			23a. Part1. Enter the disaase, or con shock, or haert failure. List only	nplications that cau ona causa on eec	sed tha death. D h line.	o not ente	er the mode of dy	ing, such as	cardiac c	or respiretory as	rest,	1 1	Approximate Intervai Betwe
	ysician											i '	Onset and Dec
	Medical caminer		Immediate Ceuse (Finel disease or condition resulting in death)	a	Protest	_ ^	unin	Myo	and	he In	paretre	+	- mi
		<u></u>	Todaking in doutry		Due to (or es	e conseq	uence ot):						
pe	nsit	Examiner		b									
MARCI	and el-tra	xai	Sequentieily list conditions, if any, leading to immediate		Due to (or as	e consaq	uance of):					į	
certificate be executed	physician and s the buriel-transit		cause. Enter Underlying Cause (Disease or injury that initiated events	¢	Due to force								
ficet	p phy es th	√Medical	rasulting in death) Last		Dua to (or as	a consequ	denda oi):						
	d Sugar			d								1	
the death	e etter	Physicial	Part it. Other significant conditions	contributing to deat	h but not resulting	in the ur	deriving cause g	iven in Pert I		23b. Dfd 1	obacco use co	ntribute to	the cause of
of the	by th	, h	i .	-						10	Yes 2 No	3 Prob	bly 4 to
s the	pe de	by F											
requires thet	been signed by the should be deteched										an autopsy med?		e autopsy tino
lew re	2 sh	plet								perio	illiou :	com	pletion of cau eath?
The le	2 8	Completed								10)	res 2 10 No	1□	Yes 2□ No
		Bec	25. Was casa raferred to medical					28. Piece	of Deeth	(Check only o		I	
Physician:	is certific director,	0	exa <i>m</i> iner? 1 ☐ Yes 2 Ø No	Hospital:	atiant 2 ER/	Outpatien	t 3□ DOA O	ther:			dence 8 □Oth	er (Specify)	
g Ph	£ 70	n: T	27. Menner of Death	28a. Date of		. Time of	28c. inju				now Injury occur		
Attending	death. stor: Aft y the fun	atio	1 ☐Neturel 5 ☐ Pending 2 ☐ Accident invastigetion		Day real)	Injury		Yes 2	No				
Atte	after deat Director: I in by the	tific	3 ☐ Suicide 6 ☐ Could not be determined	289. Place of	injury - At home,	farm, stre	et, tectory, office		1	28t. Location (S City or Tow	Street and Numb	er or Rural	Route Numbe
9	s after	Certification:	V I Hollingo	Dunding,	, etc. (Specify)					City of 10	m, otele)		
Hospital	within 24 hours after death. To the Funeral Director: After completely filled in by the funer		29e. Certifier 1 Certifying Pl	hysictan: To the be miner: On the besi	est of my knowled	ge, deeth	occurred et the t	ime, dete an	d plece, e	end due to the	cause(s) and ma	anner as sta	ted.
He H	the Fi	edical	one)	end manner	r stated.	BIID/OF IIIV	estigetion, in my	opinon, dea	tii occurr	ed et the time,	uete enu piece,	and due to t	ne cause(s)
0	within To the comple	Σ	29b. Signature and title of cartifier					ise nu <i>m</i> ber			29d. Date signe		
			7	ant me	)		018	7017			June 1	9, (9	76
			30. Name and address of person who	completed cause	ot deeth (Item 23s	a) (Type, I	Print)		4				
			384/1/105	XQ6C	RSBUO	0/	81/10	217	741				
	Sta	ite	31. Date filed (Month, Dey, Year)		Istrar's Signeture								
	Registr	ar	JUN 1 91	1996 SAM	d'huster	tools	K.						
_							_						

Admen. # 1 Wash. Co Health Dept LB Ub-17-96
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Yee **Physician** Edward Willis June 15 1996 10:20AM E. /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Homewood Retirement Center Williamsport Washington 8. Dete of Birth (Month, Dey, Year) 25, 1908 5. Sociei Security Number if Under 1 Yeer | If Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 1 M 2□ F Months Deys 87 Yrs. 214-10-3445 Pennsylvania Director Usual Residence of Decedent Manyland 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2K☐ No Director Maryland Washington Williamsport with the 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 Items 23a 16821 Hampton Road 21795 USA daath Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2% No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Copartment of Health and Mental Hygiena. Important: if Item 27 is marked other than "naturel", or her important: if Item 27 is marked other than "naturel", or her any Injury or other traumetic event, the Medical Examinations. 1 ☐ Never Memied 2 ☐ Memied Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: white þ 3 X Widowed 4 ☐ Divorced Completed Decedent's Usuel Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) bus driver 8 transportation 0 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be James Edward Weikert Lottie King 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Phyllis J. Martin 1224 Wayne Avenue, Hagerstown, Md. 21742 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete Rest Haven Cemetery 6-19-96 4 ☐ Donetion 5 ☐ Other (Specify) Hagerstown, Maryland 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete intervei Between Onset and Deeth **Physician** immediete Ceuse (Finel diseese or condition resulting in death) /Medical Sudden Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequenca of) P.O. Box 68760, Physician/Medical Due to (or es e consequence of): signed by the all Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Records, Be Completed by 24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Was en eutopsy performed? paga 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No cartificata Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this cartific completely illied in by the funaral director, 25. Was case referred to medical 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1☐ Yes 2☐ No Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menger of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation 1 Yes 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical 29e, Certifier 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steted.

2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and pleca, and due to the cause(s) end menner steted. 29b. Signeture and title of gently 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) Northen MI HagesTown 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 19404

-			Certificate of Death	F	Reg. No.		
	Physic		1. Decedent's Name (First, Middle, Last)  ALBERTA ELIZABETH WOODRING	2. Date of Dee Month	un e o	Yaar 91	3. Time of Death
	/Medi Exami		4e. Fecility Name (If not institution, give street and number)  4b. City, Town, or L		1.10		GTON
	Funeral Director		5. Social Security Number 6. Sex 1 Months 2 F 7. Age (In yrs. lest birthday) 7. Age (In yrs. lest birthday) Months Days Hours Min.	8. Date of Birth (Month, Dey March	7, Year) 2 1924	9. Birthple Count Mary	ece (Stete or Foreign lry) Land
	the Maryland 28e-f show	Director	10e. Stete 10b. County 10c. City, Town or Location  Maryland Washington Smithsburg				Od. Inside City Limits  1 Yes 2 No
	ath with ti	rai Dire	10e. Street and Number  16 Chips Court  21783		10g. Citizen of V		ry?
020	72 hours efter death with the Maryland natural, or items 23a or 28a-f show free Examiner must be notified at	by Funeral	11. Merital Statua  12. Wes Decedant Evar in U,S. Armed Forces?  1 □ Navar Married 2 □ Married  1 □ Yas 2 □ No If Yes, Give Yeer or Detes:  13. Was Decedant of Hispenic Origin? (Sp If Yes, specify Cuban, Mexican, Puarto	ecify Yas or No- Rican, atc.)	14. Rac Bled Specify	e - Amarica k, White, a	
21215-0020	filed within 72 ho Hygiene. Ther than "natur int, the Medical	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)  2  16a. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)  I.ahorer	ring	16b. Kind of Bu		
	8 e 8	Be	17. Father's Neme (First, Middle, Last)  18. Mother's Nam		Maiden Sumem		nufacturer
Maryland	2 should and he is man	To	19e. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Run	al Routa Numbe			
Baltimore, I	of Heal filem 2 r other		Deborah Feigley / Daughter 16 Chips Court Smit  20a. Method of Disposition  1 A Buriai 2 Cremation 3 Removel from Steta  4 Donetion 5 Other (Specify)  1 A Chips Court Smit  20b. Plece of Disposition (Neme of cermetery, cremetory or other plece)  Cedar Lawn Memorial Park	Data	20c. Location -	City or Tov	wn, State
Balti	permit. Pag Department Important: I any injury o		21. Signature of Funerel Sarvice Licensee 22. Name and Addrass of Fecility				
	Physician /Medical Examiner		23a. Perti. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac shock, or heart feitura. List only ona cause on each line.  Immediate Cause (Final disease or condition e. CORONARY ARTERY DISEA resulting in deeth)		rest,		INKNOWN
Box 68760,	death certificate be executed e ettending physician end of for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Due to (or es e consequence of):  Due to (or es e consequence of):  ALZHEIMERS DISEASE  Due to (or as a consequence of):  d.		UNKNOWN 1993		
P.O. B	v requires that the death ce been signed by the ettendif should be deteched for use	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did to	V		the cause of death?
ecords,	N 00 CA	Completed by		24a. Was e perfor		ava	re autopsy findings liable prior to npiation of cause leath?
tal R	sician: The law certificate has b lirector, page 2 s	Be Com	25. Was case referred to medical 28. Place of Deat	1 □ Y	F   1   1   1   1   1   1   1   1   1	1 🗆	Yes 2 No
of Vi	Physician: rthis certific mal director,	2	examiner?  1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Ho	ome 5 Resid	ence 8 □Oth		)
Division of Vital Records,	To the Hospital or Attending Physician: The is within 24 hours after death.  To the Funeral Director: After this certificate hat completely filled in by the funeral director, page	Certification:	27. Menner of Death   Description   State of Injury   Sec. Injury at Work?	28f. Location (S City or Tow	treet and Numb		Route Number,
	To the Hospital within 24 hours and the Funeral completely filled	edical	29e. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, and manner stated.	end due to the cred at the time, d	ause(s) and me lete and place,	nner es ste	ited. the cause(s)
)	withi Totl	M	29b. Signature and title of certifier  DI 9 4 4 3  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)	2	O Co	- 0	ley, Year)
	Sta		GARRY A. SELGMAN, MD, WASHINGTON  31. Deta filed (Month, Day, Year)  32. Registrar's Signature	MUNOS	4 HOST	) MAC	
	Registr	ar	JUN 1 9 1996 Heli Mader Rocket				

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					,	Certificate	of Death	F	leg. No.		,,,,,
	D		1. Decedant's Nama (First, Middla, L.	ist)				2. Data of Dea	th		3. Tima of Death
	Physic /Medi		JAMES		WTT.T.	IAMS, SR		Month 06	O5	Yaar 96	1608
	Exami		4a. Facility Nama (If not Institution, gi	va street and number)	77.22.		4b. City, Town, or	Location of Death	4c. County		1000
4			PENINSULA REGION	AL MEDICAL	CENTER	3	SALISBUR	2Y	WICOM	ITCO	
	Funeral		5. Social Sacurity Number 6.	Sax 7. Aq	a (In yrs. last	birthday) If Undar 1		8. Data of Birth		O. Distheles	ce (Stata or Foreign
	Director		220-66-3869 Usual Rasidance of Dacedant	11ŽM 2□F	76		ays nours min	04-09-		Country	A
	ylanc Mow		10a. Stata 10b. County		10c. City, To	own or Location				10d	I. Insida City Limits
	Mar Mar	to	MD Worc	ester	B	erlin					1 XYas 2 No
	or 28	i e				10f. Zip Co	da	1	log. Citizen of V	What Country	n
	h wil	a	10e. Street and Number 201 Maple	Ave.		2	1811		6	LS.A	r.
	dea dea	Funeral Director	11. Marital Status	12. Was Decedant Armed Forcas?		13. Was Decedan	t of Hispanic Origin? (S Cuban, Maxican, Puar	Specify Yas or No-		e - Amarican	
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show important: if item 27 is marked other than "natural", or itema 23a or 28a-f show important; or other traumatic event, the Medical Example must be notified at 2006.	by Fu	1 ☐ Nevar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 ⊠Yas 2 ☐ I If Yas, Giva Year or Datas:	No	1 ☐ Yas 2 🔀		to moun, ato.	Specify	ck, Whita, ato	
0	2 ho	e d	15. Decedant's E	ducation		Ba. Decedant's Usual C	ccupation		18b. Kind of B	usinass/Indus	stry
213	hin 7	Completed	(Specify only highast gr Elementary/Secondary (0-12)	ada complatad)  Collaga (1-4or 5	5+)	lifa. DO NOT usa i	lona during most of wo etired)	orking			
	d wil	NO	2 nd		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Truck.	Driver		City	Gov:	+
Maryland	vent vent	Be (	17. Fathar's Nama (First, Middla, Las	)			18. Mothar's Na	ma (First, Middla,	Maidan Suman	na)	
Na Na	should be and Mental in marked or umatic eve	To	unkown				Julie	2 Steir	5		
a L	and la ma		19a. tnformant's Name/Ralationship	Type, Print)	1	9b. Malling Addrass (S				Stata, Zip C	ode)
	and and 27 In 27 In		Alice William	n5		201 Map	le Ave	. Berli	o Mi	) 20	811
ore	of He		20a. Mathod of Disposition	Demousl from State	20b. Placa cama	of Disposition (Name itary, cramatory or otha	of r place)	Data	20c. Location -	City or Town	ı, Stata
Baltimore,	Pages nent of h		12 Burial 2 ☐ Cramation 3 [ 4 ☐ Donation 5 ☐ Other (Speci		md	Veteran (	Cemetery	6/10/96	Hurle	ock,	MD
a	Departr Departr Imports any inju		21. Signature of Funaral Sarvice Lion	nsee			No Watse		0	11	770
n	88588		tra Uta	A.		1618 L	N. Watso		eral		-
	_		23d Part1. Entar tha disease, or conshock, or haart fallura. List only	pileations that caused	tha death. D			c or raspiratory an	exp SDC	// A	pproximata
	Physician		Shook, of healt landra. List only	Ona Causa On aach iii	10.						ntarval Between Onset and Death
1	/Medical		Immediata Causa (Final disaasa or condition	SUBDURA	T. HEMA	TYOMA				!	
	Examiner		rasulting in death)	a. DODDOIGI		a consequanca of):	~				
y.	D #	ner								į	
	ificate be executed g physician and as the bunal-transit	Examiner	Sequentially list conditions,	b. —————	Dua to (or as	a consequance of):					
Ö,	e exe lan a urial-	ũ	Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Diseasa or injury							1	
68760,	hysic the b	edical	that initiated evants rasulting in death) Last	C	Dua to (or as	a consequence of):				1	
	W	100		ai.							
ROX	th ce tendi	an	_	d							
	tha death cer y the attendir iched for use	Sic	Part II. Other algnificant conditions	contributing to death b	ut not rasulting	n tha undartying caus	e givan in Part f.	23b. Dld to	obacco uee co	ntribute to ti	he cause of death?
J.	that the death certined by the attending detached for use a	Physician/N	END STAGE RENAL I	TCDACD. C	YO KIKOO	א אסיייים א א	CEACE.	1□ 1	ee 2□No	3 Probal	bly 4 🛣 Unknown
Š	2 54	by	END STAGE KENAL I	ALDEADE, CO	MONAN	AKTEKI DI	DEADE,				
5	v require been si should	e e	CARCINOMA PROSTA	re.				24e. Was a perfor	in autopsy med?	availe	autopsy findings
Hecord	_ 11 03	pidu								of de	olation of causa ath?
		Completed						1 🗆 Y	as 2 No	101	ras 2□ No
VITal	Physician: The this certificate rai director, pag	Be	25. Was case refarred to medical axaminar?					ath (Check only or	na)		
0	5 00 0	P	1 Yas 2 □ No	Hospital: 1  ☐ fnpatie	nt 2 ER/	Outpatient 3 DOA	Other: 4 Nursing I	Homa 5□ Rasid	enca 6 🗆 Oth	ar (Specify)	
_	fler the	ü	27. Mannar of Death 1 □Naturel 5 □ Panding	28a. Dete of fnju (Month, Da)	ry 28t	o. Tima of 28c.	Injury at Work?	28d. Dascribe h	ow injury occur	red	
JIVISION	Attending or death. ector: After by the fune	Certification:	2X Accidant invastigation	100-10-96	5 0	700 <sup>M</sup>	1 ☐ Yas 2 ☒ No	MULTIPLE	FALLS		
≥	rect leed	E	3 Sulcida 8 Could not be datarmined		ury - At homa, c. (Specify)	farm, straat, factory, or	fice	28f. Location (S City or Tow		per or Rural F	łouta Number,
ב	le la la la la la la la la la la la la la			HOME-20	1 MAPL	E AVENUE		BERLIN,	MARYLAN	ID	
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	edical	29a. Cartifier (Check only one)  Certifying Pl	nysician: To the best of minar: On the basis of and mannar sta	axamination :	lge, daath occurrad at t and/or invastigation, in	ha tima, date and piac my opinion, deeth occ	a, and due to tha c urred at tha time, d	ausa(s) end mi lata end plece,	anner as state and dua to th	ed. ia causa(s)
	Vithi To th	ž	29b. Signatura and titla of certifiar			29c. L	cansa number	2	9d. Date signe	d (Month, Da	y, Year)
			PN- 51	53 websel	) D I	M.E. DO3	3599	0	6-06-96		
			30. Nema and andrass of person who		-				5 50 50		
				10			CALTODIT	OV MID O	1001		
	Sta	te	JOHN T. BULKELEY 31. Data filed (Montum, Year)	32 Apgistra	ar's Signatura	BLUFF ROAL	ALTOBUL	(I) III) / Z	TOOT		
	Registr		JOH UT	DE HOME	<i>Uluthar</i>	hardall					

the share had not find the 

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O. C.

е	9	6	1	0	1	0
	-	U	- 1	J	4	0

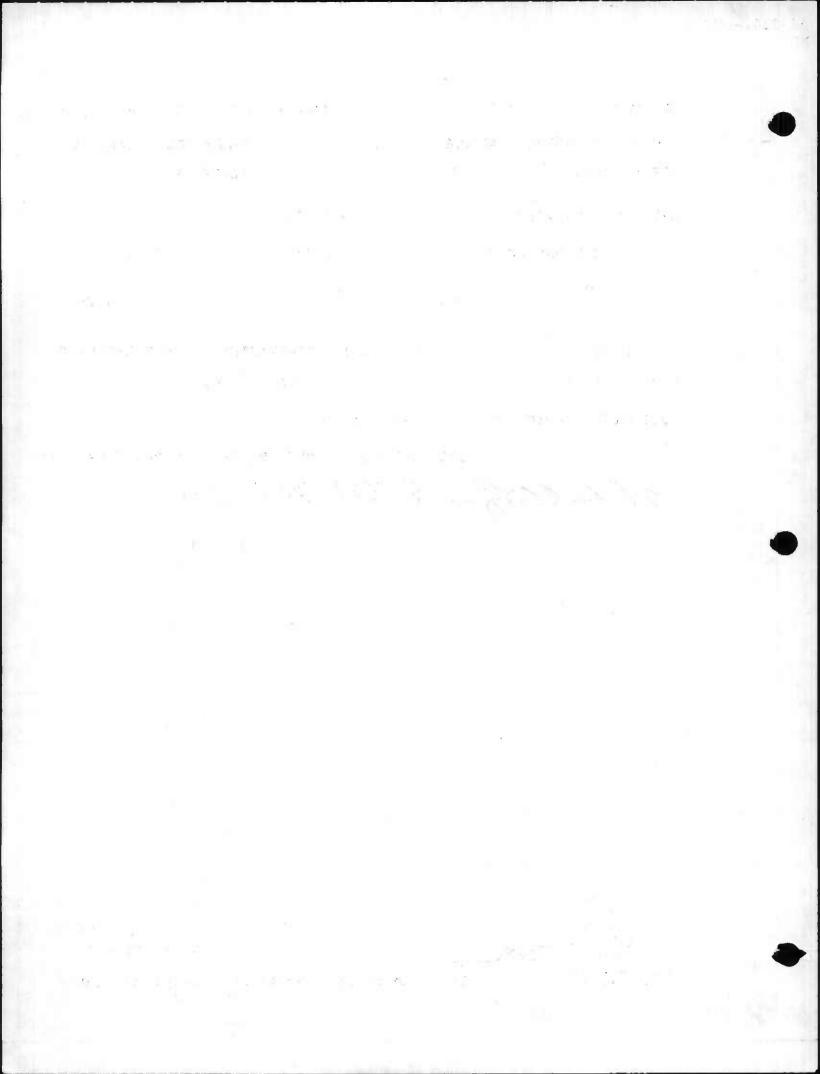
			Decedent's Neme (First, Middle, L.)	State of ivid	arylanu /		tificate o			2. Dete of De	Reg. No.	6	9406
	Physic			FRANKLIN			WAF	BLE,S	R.	Month JUNE	Day	Yeer L 9 9 6	3. Time of Deeth 8:24 PN
В	/Medi Exami		4e. Fecility Neme (If not institution, gi				77231			ocation of Deet			0:24 Pr
	Funerai Director				ITAL pe (In yrs. last 56	birthdey) Yrs.	If Under 1 Yes Months Dey		NCE r 24 Hrs. Min.	FREDER  8. Date of Bir (Month, De	th	9. Birthpl Count	ERT lece (State or Foreign PA •
	wc p		Usual Residence of Decedent  10e. State 10b. County		10c. City, To	own or Loc	ation					10	Od. Inside City Limits
	death with the Maryland ms 23a or 28a-f show rmst be nutfred at	tor	MARYLAND CAL	VERT	,			WINGS					1 ☐ Yes 2 No
	ith the	Director	10e. Street end Number				10f. Zip Code				10g. Citizen of		try?
	e 23a	erall	8310 MT.HARMON					20736				S.A.	
020	or its	by Funeral	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorcad	12. Was Decedent I Armed Forces? 14 Yes 2 16 If Yes, Give Year or Detes:			as Decedent of Yes, specify Co			ecify Yes or No Rican, etc.)	Specil	ce - America ck, White, a fy: WH ]	etc.
5-0	72 hours natural,	eted	15. Decedent's E (Specify only highest gr	ducation ede completed)	16	Se. Decede (Give k	ent's Usuei Occ ind of work dor O NOT use reti	supetion ne during mo	st of work	ing	16b. Kind of B	usiness/Ind	ustry
121	within liene.	Completed	Elementery/Secondary (0-12) 9TH GRADE	College (1-4or 5	5+)		O NOT use reti		TRAC		SELF	EMPI	LOYED
Maryland 21215-0020	s 1 and 2 should be filed if Health and Mental Hygi Item 27 is marked other other traumatic event,	To Be Co	17. Fether's Neme (First, Middle, Lest LUCIUS WABLE	)				18. Moth	er's Nem		Meiden Surner		
	1 and 2 sho Health and 3 lem 27 is me other traums		19e. Informent's Name/Reletionship ( JOSEPHINE WEDI				Address (Stre		er or Run	al Route Numb	er, City or Town	, State, Zip	Code)
Baltimore,	Pege ent o nt: If y or		20e. Method of Disposition  1 Bunal 2 Cremetion 3 4 Donetion 5 Other (Special		ceme	tery, cremi	ition (Name of etory or other p MEM • G	ARDEN	s 6-	Date -19-96	20c. Location DUNK		wn, State
Balt	permit. Pe Departmen Important: any injury		21. Signature of Funeral Service Lice	0.5	w	// R	Name end Add AYMONI UNKIRI	D FUN	ERAI	HOME D 207	54		
	Physician /Medical Examiner		23a. Pert1. Enter the disease, or com shock, or heart feilure. List only Immediate Ceuse (Final disease or condition resulting in deeth)	e. Arterio	ne.	rotio	: Card						Approximete Intervel Between Onset end Deeth
7	souted and transit	Examiner	Sequentially list conditions,	b	Due to (or es	e consequ	ence of):						
x 68760,	entificete be executed ding physician end se es the buriel-transit	edical	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underfying Cause (Disease or injury that initieted events resulting in deeth) Lest	c	Due to (or es	e conseque	enca of):	٠					
Box	death certifi e ettending j ed for use es	cian	Don't Ohbor significant and the										
s, P.O.	requires that the de een signed by the hould be detached	by Physician/M	Pert II. Other significant conditions of	ontriouting to death bu	or not resulting	) in the und	enying cause (	given in Pert	I.		Yes 2 No	3 ☐ Prob	the cause of death?
Records,	aw 2 s b	Completed								24e. Wes perfo	en eutopsy rmed?	ava	re eutopsy findings lieble prior to apletion of cause eeth?
al B	T es es									101	res 2⊠ No	10	Yes 2□ No
of Vital	Physician: The this certificete rai director, pag	o Be	25. Wes case referred to medical exeminer? 1 No 2 No	Hospitel:	**	G		Wher:		(Check only o			
	ng Phi fter thi Inerai	ation: To	27. Menner of Deeth  1 Neturel 5 Pending  2 Accident Investigation	28e. Dete of Injun (Month, Dey	y 28b	Outpetient Time of Injury	28c. Inj	4 L N	1		dence 6 Oth		
Division	7476	Certification:	3 Suicide 6 Could not be determined	28e. Piece of Inju building, etc.	ry - At home, (Specify)	ferm, stree	et, factory, office	0	1	28f. Location (S City or Tov	Street and Numb vn, Stete)	per or Rural	Route Number,
	To the Hospital of within 24 hours of To the Funeral Discompletely filled in	ledical	one) 2X Medical Exam	yalcian: To the best of niner: On the basis of and menner stet	exeminetion e	ge, deeth o end/or inve	occurred at the stigetion, in my	time, dete an opinion, des	d plece, eath occurre	end due to the end et the time,	ceuse(s) end ma dete end plece,	anner as ste and due to	eted. the ceuse(s)
	Toil	M	29b. Signature and tipe of certifier	A				. C . M .	Ε.		29d. Dete signe		
	10		30. Name and address of person with	completed cause of de	eth (Item 23e	) (Type, Pi	Stree	t, Ba	ltim	nore,	Maryla	nd 21	L201

Registrar

31. Dete filed (Month, Dey, Year)

JUN 18 1996

32. Begistrer's Siggeture Jus Skudson Randall



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q C

					•	Certificate of	Death	R	eg. No.	19407		
	Discontinu		1. Decedent's Name (First, Middle, La	est)				2. Date of Deat Month	th	3. Time of Death		
	Physici /Medi		Marguerite	M.		Wood		June 12		11:30AM		
	Examir		4a. Facility Nama (If not institution, gir	a street and number)			4b. City, Town, or L	ocation of Death	4c. County of E	Death		
			St. Mary's Hosp	oital			Leonardto		St. Mar	y's		
	Funeral				(In yrs. last bir 4	Months Days		(Month, Day,	Year) 9.	Birthplace (State or Foraign Country)		
	Director		577-07-7964 Usual Residence of Dacedent			Yrs.		Jan. 22	2,1912 Wa	shington, DC		
	tand tand		10a. State 10b. County		10c. City, Tow	n or Location				10d. Inside City Limits		
	Mary Ash	jo	N 1 7 01 Was	1	Abe	.11				1 □ Yas 2XXIII		
	r 28a	Director	Maryland St. Mai 10e. Street and Number	y's	ADE	10f. Zip Code		1	0g. Citizen of Wha	t Country?		
	3a o		# 6 Gerard Road			2060	06		U.S.A.			
	deatl	Funeral	11. Maritai Status	12. Was Decedent E	ver in U,S.	13. Was Decedent of if Yas, specify Cul		pecify Yas or No-	14. Race - /	American Indian,		
0	or its		1 Nevar Married 2 Married	Armed Forcas?	0			o Rican, atc.)		White, atc.		
02	72 hours after death with the Maryland nature!', or items 23a or 28s-4 show disal Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Datas:		1 ☐ Yes 2 💢 No	Specify:		Specify:	White		
21215-0020	n 72 hours after death with the Marylan "naturel", or items 23a or 28a-f show sciest Examiner must be notified at	Completed	15. Decedent's E (Specify only highest gro	ducation ade completed)	16a.	Decedent's Usual Occu	pation during most of work	kina	16b. Kind of Busin	ess/industry		
121		npi	Elementary/Secondary (0-12)	College (1-4or 5-	+)	(Give kind of work done life. DO NOT use retin						
7	il Hygie other ti		8th 17. Father's Name (First, Middle, Last	N/A		Home Make	1	a Wint Addda A	Home			
and	Mental F Mental F arked of	Be	John Ferry	,			Maude	na (First, Middla, A B	usey			
Maryland	should b	70	19a. Informant's Name/Relationship	Tuna Orial)	104	. Mailing Address (Stree	tond Number - D		O'1 T Ot-	A. T. Oak		
E S	2 4 4 4		Thomas L. Wood	rype, rimij		6 Gerard R				re, zip code/		
e,	of Health item 27		20a. Mathod of Disposition		20b. Place of	Disposition (Name of			20c. Location - City	y or Town, Stata		
Baltimore	Pages nent of I mrt: If its ury or o		1 Surial 2 Cremation 3 4 Donation 5 Othar (Special			ry, crematory or other pla		15 199	6 Clinto	on, Maryland		
	교원관등.		21. Signature of Funeral Salvice Lice	1	Resur.	22. Nama and Addr						
ä	Departr Departr Importr eny Inj		1/1/1/04							on, Md 20735		
			23a. Fart 1. Enter the disease, or corr shock, or haart failura. List only	plications that causad t	the death. Do					Approximata		
Q.	Physician		shock, or haart failura. List only	ona causa on each line	Э.	,		, , , , , , , , , , , , , , , , , , , ,		Interval Between Onset and Death		
	/Medical		Immediate Cause (Final	2	2001	nn on	120			BUY COD		
	Examiner		disease or condition resulting in deeth)	0	Oue to (or es a	consequence of):	0			1 20000		
	D #	Пег		Ree	Din	Harry	Feil	1110		gne weep		
	and trans	Examiner	Sequentially list conditions,	b. /	ue to (or as a	consequence on:	100					
90	Se axe	Ē	Sequentially list conditions, if any, leading to immadiale cause. Enter Underlying Cause (Disease or injury c. Cevelual Infauct c L+ flemiplesic One)									
68760,	ntificate be axecuted ing physician and e as the bunal-transit	edicai	that initiated events resulting in death) Last	D	ue to (or as a	consequence of):		1	1			
	ding	2		d								
Вох	es that the death ce igned by the attendit be detached for use	Physician/								1		
P.O.	y the	iysi	Part II. Other eignificant conditions of	contributing to death but	not resulting in	the underlying cause g	iven in Part I.			bute to the cause of death?		
	that the ned by th detache							1 🗆 Yı	ee 2□No 3[	□ Probably 4 Unknown		
rds	law requires las been sign a 2 should be	d by						24a. Was a	n autopsy 2	4b. Ware autopsy findings		
00	w require been si should	Completed						perform	med?	available prior to completion of cause of death?		
æ	0 - 0	JE C						1 T	es 2X No	1 □ YasN & No		
ta	delan: The		25. Was casa referred to medical		···		26 Place of Dog			TEL TASLAZZO NO		
of Vital Records,	Physician: this certific ral director,	To Be	examiner? 1 ☐ Yes 2 ☑ No	Hospitai:	t 2 ER/Ou	tpatient 3 DOA	ther	th <i>(Check only on</i>	ence 6 Other (	Specify)		
	g Phys er this heral di		27. Menner of Deeth	28a. Dete of Injury (Month, Day	28b. 1	Time of 28c. tnju			ow injury occurred	spoony,		
Ö	Attending or death. ector: After by the fune	atio	1 √ Natural 5 Pending 2 Accident investigatio		rear)		Yes 2 No					
Division	or Attending after death. Director: After I in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	e 28a. Piace of injur	y - At home, fa	rm, street, factory, office	1	28f. Location (St City or Town		or Rural Route Number,		
<u> </u>	tal or A	Ce		Donaing, ato.	(Opcony)			ony or row	, Olstoy			
	tospi thou tuner ely fil	edicai	29a. Certifier 1⊠ Certifying Ph (Check only 2 Medical Exar	ysician: To the best of	my knowledge	, death occurred at the t d/or investigation, in my	ima, data and piace	and due to the ca	Buse(s) end manne	or as stated.		
	To the Hospital or Attending Physician: Thin 24 house after death. To the Funerel Director: After this certific completely filled in by the funeral director.	Medi	one)	and mannar state								
	o T with	A selle A								fonth, Day, Year)		
		Market Brasker A D33470							6/12/96			
			30. Name and address of person who				O T	hon De1-	MA DOCE	:2		
			Bhasker Jhaveri, 31. Data filed (Month, Day, Year)	MD 100 EXP		NI TT # 103	o, Lexing	con Park	, MA 2065	13		
	Sta Registr		JUN 1 9 19		Muslion	Cardall						

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

19408

					C	Certifi	cate of	Death	)		Reg. No.		
	Physic /Medi		1. Decedent's Neme (First, Middla, Last) ETHEL	Clara	W	inl	< LE	P_		2. Dete of D Month June	Dey [5]	1996	3. Time of Deeth
	Exami		4a. Facility Neme (If not institution, giva Prince Ge	eorge!s Hosp	tial				own, or Lo verly	cation of Dee			orge's
	Funeral Director		220 10 , 102	7. Aga (In) 57	rs. lest birtho	Mo	Under 1 Yaar onths Deys		24 Hrs. Min.	8. Data of B (Month, D June	15, 199	9. Birthpi 6 Was	iece (Stata or Foreign Sklington Do
	Maryland a-f show	tor	Usual Rasidence of Decedent  10a. Stata  10b. County  Maryland  Price Geo		City, Town o							10	0d. Inside City Limits 1 ☐ Yes 2XX0
	with the	al Director	10e. Street end Number 4301 Largo Road			10	of. Zip Coda	20772			10g. Citizen of V United S		
020	in 72 hours after death with the Maryland "netural", or ferms 23s or 28=4 show ledical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 ☐ Never Merried 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decadent Ever li Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Yaar or Datas:	n U,S.		Decedent of Is, specify Cub			ocify Yas or N Rican, etc.)	o- 14. Rac Blee Specify	e - Amarica ck, White, e	etc.
21215-0020	within ene. than "	Completed	15. Decedent's Edu (Specify only highast grade Elamantary/Secondery (0-12)	cation a completed) College (1-4or 5+)			S Usuel Occup of work done IOT usa retire	petion during mos ad)	st of worki	ing	16b. Kind of B	usiness/Ind	
Maryland	o d at o	To Be C	17. Fathar's Nama (First, Middle, Last) William Penn				•		Et	hel Be			
	nd 2 saith ar 27 is		19e. Informent's Name/Relationship (Ty, Michael L. Winkl	er							ber, City or Town, OOTO, Ma		
Baltimore,	Pages nent of ant: If it ury or o		20e. Method of Disposition  **Burial 2 Crametion 3 R  4 Donetion 5 Other (Specify)	emover from Stete		y Me	n (Name of ry or other pla morial	Gard	ens		Waldorf	, Mar	yland
Bal	permit. Departr Importa		21. Signature of Funeral Spryite Licelle								al Home, ton,Md 2		633 Old
x 68760,	Physician Medical Examiner dip physician and physician and se as the burial-transit.	/Medical Examiner	23a. Fert1. Enter the disease, or complishock, or heart feilure. List only or immediate Ceuse (Finel disease or condition resulting in deeth)  Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	Chronic Due to	1650	nsequence	ce of):	p /p	ly his	201	swarn)	Junes	Approximate intraval Between Onset and Deeth Solon
P.O. Bo	es that the death or gned by the atten be detached for u	by Physician	Pert II. Other significant conditions con	tributing to death but not	resulting in th	he underi	ying cause giv	ven in Pert	1.				the ceuse of death?
ecord	aw requi	Completed	Destiting	anno	MI	1				24e. We	s an autopsy formad?	eve	ora autopsy findings bileble prior to impletion of cause deeth?
Vital Records,	Physician: Tha is this cartificata he ral director, paga	o Be Con	25. Wes case referred to medical exeminer?	arlin L	1	gwi	non	26. Plec	e of Deeth		Yes 2 No	1 🗆	Yes 2□ No
Division of	nding Physath. ath. r: After this ne funeral di	1   Yes 2   No								eeth (Check only one)  Homa 5 □ Residenca 6 □ Other (Specify)  28d. Describe how injury occurred  28f. Location (Street and Number or Rural Route Number, City or Town, State)			
۵	Hospita 24 hours Funeral (tely fille	edicai Cer	29e. Certifier (Check only one) 1 Certifying Phys	Iclan: To the best of my lear: On the basis of exem	knowledge, d	deeth occi	urred et the ti	me, dete er opinion, dee	nd plece, e	end due to the	e cause(s) end me	enner as st	ated. the cause(s)
	To the To the comple	Mec	29b. Signeture and title of certifier  29c. Licanse number  29d. Data signed (Month, Dey, Y										Dey, Year)
	Sta Registi		30. Name and address of person who co Dr. Sundhakar Punj 31. Data filed (Month, Day, Year)		anover	Pkw	y, Gre	eenbel	t, M	D 207	70		
	negisti	aı	JUN I 9	1330	W HUNNAS		40-4						

N Safgebook At A comment v\*

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Certifica	ate of	Death		Reg. No.	20	1 )	700
	Dhamis		1. Decedent's Nama (First, Middle, Last)	)					2. Date of De	ath	V-III	3. Tima o	of Death
J	Physici /Medi		Gary Thomas W	ATTERS					June	18, 1	996 Year	12:0	5 AM
	Exami		4a. Facility Nama (If not institution, give	streat and number)				4b. City, Town,	or Location of Deat	dc. Cou	nty of Death		
			11850 Indian Lane						stown	Wa	shingt	ton	
	Funerai Director		5. Social Sacurity Number 6. Sec. 470–46–6508  Usual Residence of Decedant	7. Age	(In yrs. last bir 54	Yrs.	der 1 Years Days		Aug. 1	ıy, Year)		placa (Stata ntry) lesota	or Foreign
	yland		10a. State 10b. County		10c. City, Tow	n or Location					1	10d. Insida C	Ity Limits
	the Mar 28a-f si	rector	Alabama Montgomery Montgomery  10e. Street and Number 10g. Citizen of Wh								of What Cour	41	8 2 □ No
	s 23a or	Funeral Director	2020 Club View	· · · · · · · · · · · · · · · · · · ·			3610			USA			
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Hems 23a or 28a-f show any Injury or other traumatic event, the Modical Examiner must be notified at anc.	by	11. Marital Status  1 □ Navar Married 2 ☒ Married  3 □ Widowed 4 □ Divorced	12. Was Decedant Evarmed Forces? 1 □XYes 2 □ Note of Yes, Giva Year or Dates 1 9	13. Was Dacedent of Hispanic Origin? If Yes, specify Cuban, Mexican, Pus  1 ☐ Yes 2 ☑ No Specify:			uarto Rican, etc.)		Race - American Indian, Black, White, etc. Polfy: White			
Ş	72 h netu	eted	15. Decedent's Educ (Specify only highest grade	cation		Decedent's U		pation a during most of	working	16b. Kind o	f Business/in	dustry	
Maryland 21215-0020	d within giene. r than	Completed	Elementary/Secondary (0-12)	College (1-4or 5+		M/Sgt.	T use retir	ed)	Working	Air Force			
g	offie offie offie vent,	Be C	17. Father's Nama (First, Middle, Last)			111 0841		18. Mother's	Name (First, Middle				
<u>a</u>	uld b Venta rked	To	Thomas J. Watters					Ra	mona Gart	oot			
an	s me		19a. informant's Name/Relationship (Ty)			. Mailing Addr	ess (Stree	et and Number of	r Rural Route Numb	er, Clty or To	wn, Stata, Zip	Code)	
	and and in 27	,	Marcia D. Watters	/Daughter	63	0 N. B	edfor	rd St.,	Carlisle,	Pa. 1	7013		
Baltimore,	Pages 1 nent of H int: if Iter ary or oth		20a. Method of Disposition  1 □ Bunal 2 ∑N Cremation 3 □ R  4 □ Donation 5 □ Other (Specify)	emoval from Stata	cemater	Disposition (f y, crematory o	or other pl		Date /20/96		stown,		l and
Balti	permit. Departmitimports any inju		21. Signatura of Funeral Servica License	Mins	uch	22. Name Minn	and Add	ess of Facility Funeral	Home				
	_		23a. Pert1. Enter the disease, or complications, or heart failure. List only on	cations that caused the	ne deeth. Do r				vd. Hage		, Md.	Approxima	
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	e cause on each line Carcinoma								Interval Be Onset and	Deeth
		<u></u>	Due to (or as a consequence of):										
	ted nsit	듣	_ b	)		2							
60,	artificate be executed ing physician and a as the bunel-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disease or Injury	D:	ue to (or as a	consequence	of):						
x 68760,	eath certificate be asscuted attending physician and for use as the buriel-transit												
8	atten for u	clan											
0.	The law requires that the death stands been signed by the attenpage 2 should be deteched for u	Physician/	Part II. Other significant conditions con	fributing to death but	not resulting in	the underlyin	g causa g	ivan in Part I.		tobacco use Yes 2 N		o the cause bably 4	
rds,	v requires the been signer should be considered.	ed by								an autopsy	24b. W	ere autopsy	findings
Records,	e law re has bev	Completed								ormed?	of	ompletion of death?	cause
VII			25. Wes case referred to medical						10		1 1	□Yes 2□	] No
	Physician: this cartific iral director,	o Be	axaminer?	lospitel:	2∏ ED/0		0	ther:	Death (Check only				
ō	Phy pr this aral d	T. To	27. Manner of Deeth	1 ☐ Inpatient  28a. Dete of Injury (Month, Day)		tpatient 3 Ime of	28c. inje	4 LINUISIN	g Homa 5 Resi 28d. Describe			у)	
o	After : Afte	tol	1 Ñafural 5 ☐ Pending 2 ☐ Accident Invastigation	(Month, Day	rear) li	njury M		ork? ∐Yes 2∐No					
Division of	pital or Attending Pours after death.  eral Director: After tilled in by the funare	Certification:	3 Sulcide 6 Could not be determined	28e. Placa of Injury building, etc.	/ - At home, fa (Specify)	rm, street, fact	lory, office	C _	28f. Location ( City or To		mber or Rura	al Route Nun	n <i>ber</i> ,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical (	29a. Certiflar 1 Certifying Physic (Check only one) 2 Medical Examin	Ician: To the best of eler: On the basis of eler and mannar state	xamination and	, daath occurre d/or investiget	ed at the ton, in my	ime, date and pl opinion, death o	ace, and due to the courred at the time,	cause(s) and date and plac	manner as si a, and due to	tated. o the cause(	s)
	Withii To th	Me	29b, Signature and title of certifier			:	29c. Licar	sa number		29d. Date sig	ned (Month,	Day, Year)	
			1 / dwal	WD.	Ho		DO	1062		June 19	, 1996		
			30. Name and address of person who con			,	-			0.77.0			
			Edward W. Ditto, III, 31. Date filed (Month, Day, Year)	M.D.		Washingt	on St	. Hage	rstown, MD	21740			
	Sta	ite	MIN o 1 10		Signature								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	LAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: If item 28 is ma	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	TMENT OF H	IEALTH AND	MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			TIME OF DEATH	1	
	Ora Mae Wise			June		7, 1996		5:40	Рм			
			(In yrs. last birthday)	IF UNDER 1 YEAR	F UNDER 1 YEAR F INDER 24 HRS 7 DATE OF R				BIOTH BIOTHOLOGY			
	188-09-5070 9a. FACILITY NAME (If not institution, give street	1 M 2 X F 8	8 YRS.				F. 15, 19				ire	
TOR	Reederst Memorial			96. CITY, TOWN OR LOCATION OF DEATH BOONSDORO					9c. COUNTY OF OEATH WASHINGTON			
DIRECTOR	Mary land 106. COUNTY Was		10c. CITY, TOWN OR LOCATION Williamsport					10d. INSIDE LIMITS?				
	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEN		YES 2 X N	10	
FUNERAL	11539 Pinesburg				21795			US	SA			
F	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER II FORCES? 1 YES	2 X NO	13. WAS OEC	ENDENT OF HISPA	ANIC ORIGI	N7 (Specify Yes	or No- 14.	. RACE — Black, W	American Indian	٦,	
BY	3 🔀 Widowed 4 🗆 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Speci		, , , , , , , , , , , , , , , , , , , ,		Specify: White			
	15. OECEDENT'S EDUCAT (Specify only highest grade co	TION modeted)	16a. DECEOENT'S L	JSUAL OCCUPATION	ON .	16	b. KIND OF BUS	INESS/INOUS		mile		
	Elementary/Secondary (0-12)	College (1-4 or 6+)	life. Do NOT use		st of working		11-					
COMPLETED	12 17. FATHER'S NAME (First, Middle, Lest)		Housewi	ite				me ————				
	William	н.	Holmes		18. MOTHER'S N. Hani				Dinkhom			
BE	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a			her City or Town		Pinkham			
٩	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Nancy Bloyer  11539 Pinesburg Rd. Williamsport, MD 21795											
	20a. METHOD 05 DISPOSITION 1 Divisit 2 A Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION //Name of Cremation or other riskel											
2	4 Donation 5 Other (Specify)	S	mithsburg				1996 Sm	ithsbu	irg,M	D 2178	2	
				0SB0R	NE FUNE	RAL H	HOME					
_	1///401/11.	-044		P.0.B	lox # 348	8 Wil	lliamsp	ort,MD	217	95		
	23. PART I. Enter the diseases, or cor shock or heert fallure. Lis	mplications thet ceueed it only one ceuse on e	the desth. Do no ech line.	ot enter the mo	de of dying, suc	ch es cer	disc or respi	ratory srreat	,	Approximat		
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  PNEUMONIA									Onset and	Death	
	resulting in death) s.		CONSEQUENCE OF	:						1 DA	4	
z	DYSPHA-CIA-											
5	Sequentially liet conditions, if any, leading to immediate			:						2 1 12		
FIC	CAUSE (Disesse or Injury	DEME!	CONSEQUENCE OF							10 YE	185	
CERTIFICATION	that initiated eventa reaulting in death) LAST	50E 10 (011 A3 A	CONSCOUENCE OF	ě.					ì			
	PART II Other elegificant conditions											
MEDICAL	PART II. Other significant conditions of	ANT BLY	ut not resulting In	the underlying	ceuse given in	Part I.	24a. WAS AN A PERFOR	MED?	AVA	RE AUTOPSY FINI ILABLE PRIOR TO	0	
ED	(2)(2)(1)-1	11909	77700				1 TYES 2	NO		MPLETION OF CAI DEATH?	USE	
2	DID TOBACCO USE CONTRIB	BUTE TO CAUSE O	F DEATH YES	I NO IZ	UNCERTAI	NΠ			1 [	YES 2 NO	9	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		OTTELKIA						$\neg$	
YSIC	1 - YES 2 1 NO 1	OSPITAL: Inpetient 2 ER/Outp	atlent 3 DOA	OTHER:  Nursing Home	5 Residence	8 🗆 Othe	er (Specify)			*	-	
PH	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU		28d. DE	SCRIBE HOW IN	JURY OCCUR	ED			
BY	2 Accident Investigation	28- BLACE OF MINISTRA			ES 2 NO							
COMPLETED	3 Suicide 4 Homicide  8 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Rural Route	Number,		
MPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER:	N: To the best of my knowl	edge, death occurred	I at the time, data	and place, and due	to the ca	use(a) and man	ner as stated.	ent that co			
	2 MEDICAL EXAMINER: 0	or the basis of examination	Tendor Investigation.	, in my opinion, qu			and place, end				led.	
8	roan	Te .	in		D 449	-	ı	29d. DATE SK		onth, Day, Year) 8, 1994	6	
임	30. NAME AND ACCRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, F	Print)	2111	1		Jan	~ /	-) ' / / *		
2.0												
	Dr. Zafar Malik 203		Road, Boo		, Maryla	nd 2	1713	301-432	2-847	70		

My 11. Oh.

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						(	Certific	cate of	Death			Reg. No.		
	Dhusia		1. Decedent's Neme (First, Midd	lla, Last)							2. Dete of De			. Tima of Deeth
0.	Physic /Medi		LEWIS WHEET	LER							JUNE		996 ·	11:23am
	Exami		4a. Facility Neme (If not institution								cation of Deel	101 0 0 0 0 11	y of Death	
-	Funeral		Fort Washint  5. Sociel Security Number	6. Sex		yrs. last birth	day) If U	Indar 1 Yaa	r If Undar		shing  8. Dete of Bi	ton P		George (State or Foreign
	Director		578-38-2837 Usuel Residence of Decedant	163M 2UF		71 Y	rs.	Mile Boye	710410		Aug.	22,192	4 New	York
	Meryland H show		10e. Stete 10b. County	e George	e's	c. City, Town	or Location							insida City Limits 1 ☐ Yes 2 No
	th with the 23a or 28a	Funeral Director	10e. Street and Number 10f. Zip Coda 10g. CNiz 504 Biddle Rd. 20607									tizen of Whet Country? U.S.A.		
21215-0020	s i and 2 should be filed within 72 hours after death with the Meryland if Heelth and Mentel Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be neathered.	by	11. Marital Status  1 □ Never Married 2 □ Mer  3 □ Widowed 4 □ Divorced	Armed Fo							ce - Amarican I ock, Whita, alc. fy: Whit			
15-0	netul	Completed	15. Deceder (Spacify only highe	nt's Education est grade completed)		16a. C	Decedent's Give kind o	Usual Occu	pation during mos	st of working	ng	16b. Kind of E	Business/Indust	ry
12	withir one. than	dwo	(Spacify only highest grade completed)    Give kind of work done during most of life. DO NOT use retired)   College (1-4or 5+)   Painter								Pa	inting		
<b>Maryland</b>	2 should be filed withing end Mentel Hygiene. Is marked other than aumatic avent, the M	To Be Co	17. Fathar's Name (First, Middla, Harry James						18. Moth		(First, Middla	, Maidan Sumei		,
ore, N	f and 2 shou Heelth end M am 27 is mar Wher traumat		19e. informent's Name/Ralallon: Harry J. Whe	P.C	). Bo	dress (Straet and Number or Rurel Route Number, City or Town, State, Zip Code)  OX 545 Chaptico, MD 20621						de)		
			20e. Method of Disposition  1 XBuriai 2 Cremetion 4 Donetion 5 Other (5	5 Other (Specify)				(Neme of or other plants Ce		6/2	Dete 1/96		on - City or Town, Slata tenham, MD	
Balt	permit. Pege Department of Important: if any injury or once.		21. Signeture of Funarai Sarvice	Licensee C. El.	/ MC	00945						L HOME		
			23a. Part1. Enter the diseese, o shock, or heert feilura. List	r complications that of	aused the	daath. Do no	t enter the	moda of dy	ing, such es	cardiec o	r respiretory a	arrast,	Inte	proximete erval Between
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition rasulting in death)	Θ		to (or as a co		e of):					/	8 dy
	p ji	liner		~						?.	o who			
_	macut and al-tran	Examiner	Sequentially list conditions, if any, leading to immediate			to (or as a co								
68760,	icete be executed physician and s the buriel-transit		Cause (Disease or Injury thet initieted events	c		to (or es e coi							1	Jens
×	ing in	n/Medical	d											
D. Bo	a death or the ettend hed for us	Physician	Pert II. Other significant condition	ons contributing to de	eath bul no	t rasulting in t	he underly	ing cause g	iven in Pert	ī.	23b. Did	tobacco use co	ontribute to the	cause of death?
, P.O	es that the de igned by the e be detached t	by Phy									н	Yes 2□ No	3 Probabl	ly 4 🗆 Unknow
of Vital Records,	aw requires to seen so should	Completed b									24e. Wes	s an autopsy ormed?	availat	autopsy findings ble prior to etion of causa th?
<u> </u>	The ate h	Com									10	Yes 20 No	1 🗆 Ye	es 2 No
N I I	Physician: The this certificate ral director, pag	Be	25. Wes case raferred to medica axaminer?	i Hospital:						e of Deeth	(Check only	one)		
0	Phys ral di	To To	1 ☐ Yes 2 ☐ No 27. Menner of Death	28e. Date	Inpatient of Injury	2 ER/Outp		J DON		1		how injury occur		
Division	or Attanding I after death. Director: After I in by the funer	Certification:	Natural 5 Pending investin	ng (Moni gation not be nined 28e. Place	of Injury -	At home, ferm	М		Yes 2	No	8f. Location (	(Street end Num		oute Number,
ā	rs afte al Dir	Cert	4 ☐ Homicide determ	bulldi	ng, etc. (S)	pecify)					City or 10	wn, Stata)		
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29e. Certifiar 12 Certifyir (Check only one) Medical	ng Physician: To the Examiner: On the ba and men	best of my asis of exam ner stated.	knowledga, o minetion and/o	deeth occur or Investige	rred et the t etion, in my	ime, dete en opinion, des	nd place, a oth occurre	nd due to the ed et the time,	ceuse(s) end m dete end placa,	anner as stete and due to the	d. cause(s)
	To the Within 2 To the comple	Σ	29b. Signatura and title of certifie	er /					sa number			29d. Dete signe		
3			1/20	ode		7		V 45	365			6	-18-	16
			MICHAEL SIDA		e of deeth			on Rd	. F+	. Wa	sh.,	MD 20	744	
	Sta	ite	31. Dete filed (Month, Day, Year)	32. R		igneture				. на	وبااك	110 20	/ ¬ ¬	
	Regist	ar	JUN 2	U 1996   🔏	falia d	Muduer	ardall							

with the later of the section

D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIE	TO THE F	be filed w	IMPORT

31. DATE FILED (Month, Day, Year)

JUN 1 2 1996

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		C	ERTIF	ICATE	UF	DEA	in_	2. DATE	REG. NO			3. TIME OF DEATH
		H. Karl	Yenser						Jur		1996	YEAR	1:30 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (	Dey, Year)		Countr	IPLACE (State or Foreign
	188-09-4914  9e. FACILITY NAME (If not institution, give a	1 M 2 F	80	YRS.				ON OF OR		Day, Your)			sylvania
E .	17425 Frederic				96. CITY		Air		EATH			nty of o Howaj	
5	RESIDENCE OF DECEDENT			I au	Y, TOWN C			<i>y</i>				110 110 1	
DIRECTOR		ward					Air						10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
	10e. STREET AND NUMBER						. ZIP COD				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	17425 Freder		- <del></del>					771					States
BY FUI	11. MARITAL STATUS  t Never Merried 2 Merried  3 Widowed 4 Divorced	12, WAS DECEDEN FORCES? 1 IF YES, CIVE A	NEVER IN U.S. AR A YES 2 1 AR OR DATES	RMED ND		II yes, sp	ecity Cub		n, Puerlo R	? (Specify Ye ilcan, elc.)	e or No	14, RACE Black Speci	E — American Indian, c, White, etc.
ב	15. DECEDENT'S EDU (Specify only highest grade		(G	CEDENT'S	work done	CCUPATIO	ON st of world	na	16b.	KIND OF BU	SINESS/INC		
COMPLETED	Elementary/Secondary (0-t2)	College (1-4 or 5 -	)	ecur:		gen	t			U.S.	Gove	ernme	ent
	t7. FATHER'S NAME (First, Middle, Lest) Herbert Wil	lliam Yer	ser				18. MOT			iddle, Melden		A1714	24
BE	19e, INFORMANT'S NAME (Type/Print)	LIIIII IOI		b. MAILING	ADDRES	S (Street e	nd Numbe						rha
5	196. INFORMANT'S NAME (Type/Print)  Hazel Parry  195. Malting Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  17425 Frederick Road, Mt. Airy, Md. 21771												
	20s. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal from State 4 Donellon 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Charactery of other place)  Charactery of other place)  Charactery of other place)  Charactery of other place)  Charactery of other place)												
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE 0	unad	en H	22.	NAME AL	ND ADDRE	SS OF FA	CILITY			ghtor	n, Pa.
	COlina L.	Mala	th'							h, P.			20872
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION												12 00	
MEDICAL C	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AU								RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH Y	ES 🖂	NO [	UN	CERTAII	N 🗆				
ż	25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)  EXAMINER?  OTHER:												
CIAN	EVAMILIATE !	ER/Outpatient 3	-	4 🗆 Nu	sing Hon		ealdence	8 Other	(Specify)	IN ILIEN OC	CHRED		
HYSICIAN:	1 TYES 2 DANO	28e DATE OF		28b. TIME OF INJURY AT WORK?  M 1 YES 2 ND			PRK?	_ ND	100.000	OTHER HOTE	maonii oo	CONLO	
Y PHYSICIAN:	1  YES 2 0 010  27. MANNER OF DEATH  1 Neturel 5  Pending	28e. DATE OF (Month, D			ome, Jerm, streel, Jactory, office				281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ED BY	1 VES 2 040 27. MANNER OF DEATH	(Month, E	ey, Year)	ome, lerm,	streel, lac	tory, offic	•		City			r or Rural i	Route Number,
ED BY	1 YES 2 AND  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be	(Month, E	F INJURY — At he etc. (Specify)	eath occur	red at the	tima, date	end plec		to the cou	or Town, Stelle	nner ee ata	nted.	
E COMPLETED BY	1 YES 2 AND 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	(Month, D 28e. PLACE C building, ICIAN: To the best of ER: On the best of e	F INJURY — At he etc. (Specify)	eath occur	red at the	tima, date	end plecoleath occu	ENSE NU	to the cau Ilma, date	se(s) end ma	nner ee sta	ited.	
COMPLETED BY	1 YES 2 AND  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	(Month, E 28e. PLACE C building,  ICIAN: To the best of e	ey, Year)  FINJURY — At he etc. (Specify)  my knowledge, decamination end/or	eath occur Investigati	on, in my	time, date	end plecoleath occu	ENSE NUI	Ilma, date	se(s) end ma	nner ee stand due to t	nted. he ceuse(d	e) and manner ee stated.

1:3: 1 TELL Y by the second se

10.1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

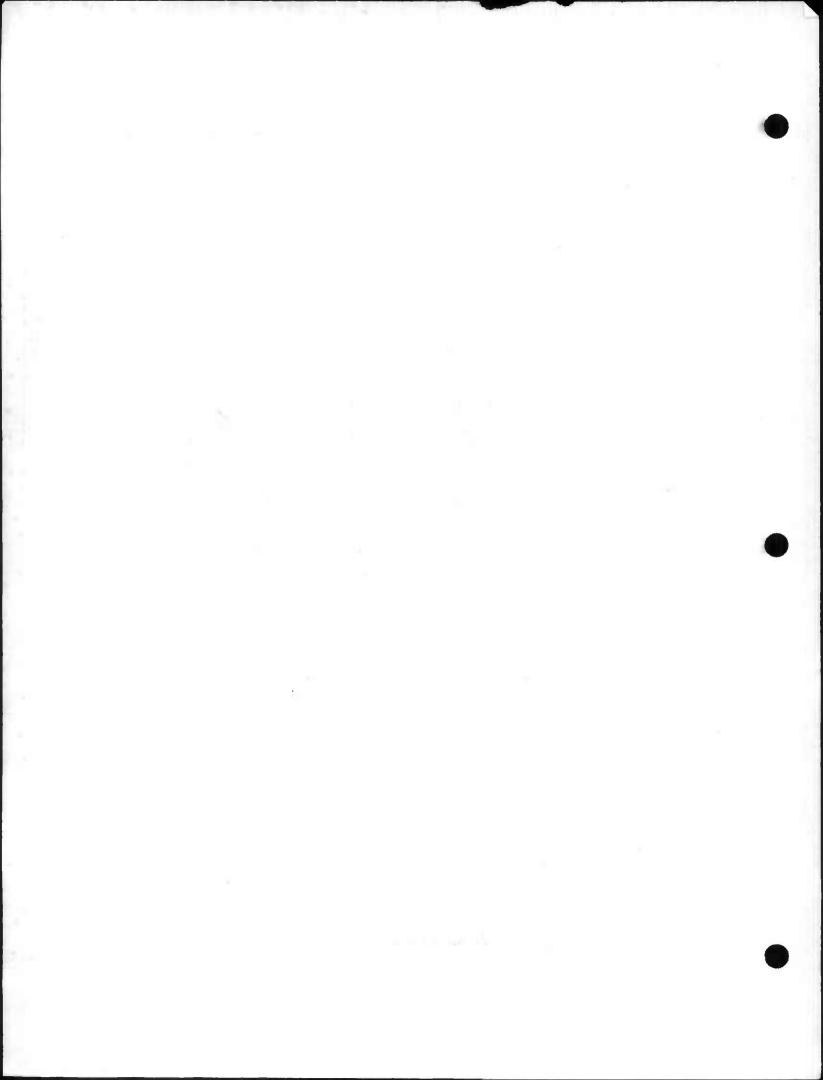
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

	FOR	STATE OF MARYL	AND / DEP	ARTMFN	T OF H	IFAITH	AND I	MENTAL HYGIEN	IF.		2413	
	1 - STATE REGISTRAR	OTHE OF MARITE	CERT	FICAT	E OF	DEAT	H	REG. NO				
	t. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH	
	LEONARD WILLIAM	ZELLER						JUNE !	996	23:33 Pm		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. lest birthd	sy) IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	0 1		LACE (State or Foreign	
	219-01-7124	1 ÅM 2 □ F 7	3 YR	MONTHS	DAYS	HOURS	MIN.	MARCH 7, 1	923	MARYI		
	9e. FACILITY NAME (If not institution, give st			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE	EATH	9c, COL	JNTY OF DEA	ATH	
OR	ANNE ARUNDEL MEDI	CAL CENTER			ANNA	POLIS	,		ANN	E ARUN	NDEL	
5	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY		Treasure.									
DIRECTOR		ARUNDEL		city, town PASADI		TION					Idd. INSIDE CITY LIMITS?  YES 2 X NO	
	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CI	FIZEN OF WN	AT COUNTRY?	
FUNERAL	462 RIVERSIDE DRIVE 21122 US										SA	
Z	ti. MARITAL STATUS	12. WAS DECEDENT, EVER II	N U.S. ARMED	13.	WAS DEC			NIC ORIGIN? (Specify Ye	or No—	14. RACE -	- American Indian.	
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR DO WWII	2 NO ATES		If yee, sp			n, Puerlo Rican, etc.)	White, etc. WHITE			
	15, DECEDENT'S EDUC		16a. DECEDEN	T'S USUAL (	CCUPATION	ON.		16b, KIND OF BU	SINESS/IN	DUSTRY	***************************************	
COMPLETED	(Specify only highest grade	completed)	(Give kina	of work done	during me	st of workin	g	ISS. KIND OF BO	3114E337  14	DOSTRI		
PLE	Elementery/Secondary (0-12)	College (1-4 or 5+)	CITY :	FIREF	LGHTI	ER		BALTIMO	RE C	ITY FI	RE DEPT.	
M	17, FATHER'S NAME (First, Middle, Last)				-	10 MOTA	JED'S NA	ME (First, Middle, Meiden	Cumama)			
	LEON PAUL ZELLER											
BE	LEON PAUL ZELLER  ROSE HELEN DONESKI  198. INFORMANT'S NAME (TyperPrint)  199. MAILING ADDRESS (Street end Number or Rural Pourte Number, City or Town, State, Zio Code)											
2	HELEN M. ZELLER/WIFE 462 RIVERSIDE DRIVE, PASADENA, MD 21122											
	20a METHOD OF DISPOSITION 1 A Burisi 2 Cremation 3 Remo		PLACE AND DA					DATE 20c. LC	CATION -	- City or Tow	n, State	
	4 Donetion 5 Dother (Specify).	OU State	R" LADY	OF G	DOD	COUNS	EL	6/12 SEC	RETAI	RY, MA	RYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	priges /	1			ND ADDRES		CILITY				
	Nous	13011	01					HOME, P.				
	106 MAIN STREET, EAST NEW MARKET, MD 2											
	23 ART I Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final										Onset and Death	
	disesse or condition resulting in desth)	. CAR	LDIUR	eshi	ATC	KY		HUREST			10 minutes	
	SEPTIC SHOCK										-111	
Z											24 hours	
CERTIFICATION	Sequentisity list conditions, if any, isading to immediate	DUE TO (OR AS A CONSEQUENCE OF):										
CA	Cause, Enter UNDERLYING CAUSE (Disease or Injury	С.										
	that initiated events	DUE TO (OR AS A	CONSEQUENC	E OF):								
E	resulting in death) LAST	d										
	PART il. Other algnificant condition	e contributing to death b	ust not requisi	no in the s	on aloubulo		nium in	Don't on who to			WERE AUTOPSY FINDINGS	
AL	DA PULL	DPY A	DE 10	5 ( 1)	D C	) A	I A A	Part i, 24a. WAS AF PERFO			AVAILABLE PRIOR TO	
ŏ	FillFace	THE COMPLETION OF CAUSE DE DE DE DE COMPLETION OF CAUSE DE DE DE DE COMPLETION OF CAUSE DE DE DE DE COMPLETION OF CAUSE DE DE DE DE DE COMPLETION OF CAUSE DE DE DE DE COMPLETION OF CAUSE DE DE DE COMPLETION OF CAUSE DE DE DE COMPLETION OF CAUSE DE DE COMPLETION OF CAUSE DE COMPLETION DE COMPLE										
ME	3/P	SURGICA	TL	KEZ	CCI	101			,		YES 2 NO	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTE	RIBUTE TO CAUSE C		YES	NO D	X UNC	ERTAI	N 🗆 📗				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCOLTAL	28. PLACE OF									
S	1 TYES 2 NO	HOSPITAL:	patient 3 🗆 DC	A 4 No		ne 5 🗆 Re	sidence	8 Other (Specify)				
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Yeer)	28b.	TIME OF		JURY AT ORK?		28d. DESCRIBE HOW	INJURY O	CCURED		
ВУ	1 Natural 5 Pending Investigation	(, 23), 1031)		М		YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, te	m, street, fe	ctory, offic	:0		281. LOCATION (Street	end Numb	er or Rural Ro	ute Number,	
国	4 Homicide determined	ounding, etc. (Spe	97					City or Town, State	7			
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my know	riedge daeth oo	curred at the	time date	and place	and du	to the councies and	nner en in	ated.		
MP	CONTROL CITY	R: On the besis of exemination									end manner en stated	
8				,								
BE	29b. SIGNACIBE AND TITLE OF CERTIFIE	10 50 11	$\lambda$			29c. LICE	ENSE NU	MBER	l.		Month, Day, Year)	
0	(2024 W COLLIN MD) D16354 > JUNE 8, 1996											

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) and manner ee stated. 29c. LICENSE NUMBER D1635 29d. DATE SIGNED (Month, Day, Year) WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD 900 BESTGATE ANNAPOLIS 3t. DATE FILED (Month, Day,



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

9414 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Antonsen Laura 7:07pm 96 June 27 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner University of Maryland Hospital Baltimore N/A If Under 24 Hrs. Hours Min. 5. Sociei Security Number 212-80-5713 if Under 1 Yeer 8. Dete of Birth (Month, Day, Year) April 6, 1961 9. Birthplace (State or Foreign Country) New York 7. Age (In yrs. lest birthdey) **Funeral** Deys Months 1□ M 2€3¢F 35 Yrs. Director Usuel Residence of Decedent death with the Maryland 10e. Stete 10b. County 10c, City, Town or Location 10d. Inalde City Limits ahow permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryle Department of Health end Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumetic event, the Modifal Examiner injury to other traumetic event, the Modifal Examiner injury or other traumetic event. Maryland Howard Director Columbia 1 No 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9050 Flame Pool Way 21045 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritei Stetus N 1 Never Merried 2 Married 1 ☐ Yes 2 🔼 No If Yes, Give Yeer or Detes: 3altimore, Maryland 21215-0020 1 ☐ Yes 202 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Retail Store Manager Bookstore 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Ralph H. Antonsen Elizabeth Schempp 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elizabeth Antonsen 9050 Flame Pool Way (Mother) Columbia, Maryland 21045 20b. Piece of Disposition (Name of cametery, cremetory or other piece) July 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Columbia Memorial Park 4 ☐ Donetion 5 ☐ Other (Specify) 1996 Columbia, Maryland Witzke Funeral Home of Columbia, Inc.

5555 Twin Knolls Road Columbia, Maryland 21045

23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate 21. Signeture of Funeral Service Licen 22. Name end Address of Fecility Approximete Intervel Between Onset end Deeth **Physician** immedieta Causa (Finel diseese or condition resulting In deeth) /Medical Gastraintestinal bleeding 3 dey S Examiner Due to (or es e consequence of): by Physician/Medical Examiner Sequentielly ilst conditions, if eny, leeding to immediate ceuse. Enter Underlying Causa (Diseese or injury that Initieted events resulting in deeth) Lest Due to (or es e consequence of): ettending physician Division of Vital Records, P.O. Box 68760, or Attending Physician: The law requires that the death certificete be Due to (or es e consequence of) ঠ the Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detect 1 Yes 2 No 3 Probably 4 Unknown Hypertension 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed After this certificate hes TOPES 2 No 1 Yes 2 No 25. Wes case referred to medical exeminer? Be 26. Piace of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No Certification: To 1 DInpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28e. Date of Injury (Month, Day Yeer) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Neturel 5 Pending Invastigation death. 1 ☐ Yes 2 ☐ No 2 Accident Director: 6 Could not be detarmined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) 2 4 Homicide time Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et tha tima, data end place, and dua to the ceuse(s) end menner stated. Medical 29a. Certifier (Check only To the H one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme end addrass of person who completed ceuse of daeth (Itam 23e) (Type, Print) Greene St. Bolto mo Bright, Rose 5-21201 MD 22 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature State Filia Davidson JUL 0 2 1996 Registrar

DHMH 16 Rev 6/95

A 2 -Ÿ. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

permit. Pages 1, 2, 3 should use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician, ě page 5 should be detached once, 76 notified pe must director, examiner funeral filled in by the fion, or removal. medical the cremation. npietely event, and com o burial, o OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed traumatic prior to attending physician ntal Hygiene prior to other 6 the atter inlury, E A any Health a the State Dept. of Health the State Dept. of Health d, or Item 23 shows a this cu marked, After 69 DIRECTOR: / 28 item FUNERAL C within 72 h HOSPITAL IMPORTANT: ied i 00

9

Walker

ITEM: 22. PER F'.H. F'ILM G-737 7/2/96 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH 1190 JULY Y Gilbert V. Bresnick, Sr. 2-4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Feb. 16,1925 5. SEX 8. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 216-20-9893 1 M 2 | F 71 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City Union Memorial Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT Baltimore 10a. STATE Maryland 10c. CITY, TOWN OR LOCATION
Baltimore County 10d. INSIDE CITY 1 YES XX NO 101. ZIP CODE 21221 FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 823 Cedar Grove Rd. USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES

KOTEAN CONFLICT RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify. ΒY 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION

16e. DECEDENT'S USUAL OCCUPATION

16e. DECEDENT'S USUAL OCCUPATION

16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) E Coffege (1-4 or 5+)
4 yrs. Elementary/Secondary (0-12) 12 yrs. COMPL Manager BGE 17. FATHER'S NAME (First, Middle, Last) Victor Bresnick 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lydia Aleida Gellert BE 19a. INFORMANT'S NAME (Type/Prim)
Mrs. Helen M. Bresnick 19b. MAILING AODRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code 2 823 Cedar Grove Rd. Baltimore, MD. 21221 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata Buriel 2 Cremetion 3 Removal from State

Donation 6 Other (Specify) 7-3-96 °Zion°Churchacemetery Baltimore, Md. A 7401 Belair Rd. Balto., Md. 21236 23. PART I. Enter the diseases, or complications that ceused the death. Do ahock, or heart failure. List only one cause on each line. tha mode of dying, such ea cardiac or reapiratory arrest, Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) 11 Focal CERTIFICATION Sequantially ilst conditiona, if any, laading to immediata cause. Entar UNDERLYING C. VIRUS CAUSE (Disease or injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in daath) LAST mphocyl PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO W UNCERTAIN | PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only HOSPITAL:
Inpetient 2 ER/Outpetient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 | YES 2 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Accident 5 Pending Investigation BY 3 Suicida 28s. PLACE OF INJURY - At home, term, street, lectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner es stated.

2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the 29a, CERTIFIER tha basis of exemination end/or investigation, in my opinion, death occured at the time, data and placa, end due to the cause(s) and manner as stelled. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE MO 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Memorial

**DHMH-18 Rev 1/89** 

4.1 116

cemetery, cremetory or other place)

CEMETERY

Asythmias

WM. C. MARCH FH.-1101

22. Neme end Address of Facility

BALTIMORE

Part1. Enter the disease, or dempicetions thet caused the deeth. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line.

Due to (or as a consaquance of)

Dua to (or es a consequence of):

Ventricular

heumowia

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2 Date of Death 3. Time of Death Dey Mack 11:30 Opm 1h 7 Inul 96 4b. City, Town, or Location of Death 4a. Facility Neme (If not Institution, give street and number) 4c. County of Death BALTIMORE RANDALLSTOWN HOSPITAL 7. Age (In yrs. last birthdey) 80 Yrs. If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 6. Sex B. Dete of Birth Month, Day, Year) JUN. 30, 1915 9. Birthplece (State or Foreign WINNSBORO, SC 1 □ M 2 Ø XF 10c. City. Town or Location 10d. Inside City Limits n/a 1 Yes 2 No BALTIMORE 10f. Zip Code 10g. Citizen of What Country? UNITED STATES 21207 CIRCLE 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes & ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian 1 Never Married 2 Merried BLACK 1 ☐ Yes XX No Specify: 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Coilege (1-4or 5+) GOVERNMENT LABORER G.S.A. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme)
NANCY MC LILLY BYRD 19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, Steta, Zlp Code) 2207 LAWNWOOD AVENUE, BALTIMORE, MD 21207 19e. Informent's Name/Reletionship (Type, Print) BLACK 20b. Place of Disposition (Name of 20c. Location - City or Town, State

7-3

with the Maryland "natural", or items 23s or 28s-f show solical Examiner must be notified at filed within 72 hours efter death The Me than . Hygiene. is marked other permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: if item 27 is marked oth any liqury or other traumatic event SIREs.

Maryland 21215-0020

**Physician** 

/Medical

**Examiner** 

Director

Funerai

ρ

Completed

Be

2

**Funeral** 

Director

**Physician** /Medical Examiner

The lew requires that the death certificate be axecuted ettanding physician and for use as the burial-transit signed by the e ate hes l certificate

Physician/Medical Examiner þ Completed or Attending Physician: director. Be To After this funeral death. eftar deati filled in by hours Hospital 24 hours To the Hospi within 24 hou To the Funer completely fil Medicai

Division of Vital Records, P.O. Box 68760.

Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, laading to immediate causa. Enter Underlying Causa (Disease or injury thet initieted events resulting in death) Last

Leve

10b. County

LAWNWOOD

NORTHWEST

212-20-5678

Usuel Rasidence of Decedent

St Widowed 4 □ Divorced

Elementary/Secondary (0-12)

JOHN

20e. Method of Disposition

CHARLES

4 ☐ Donetion 5 ☐ Other (Specify)

1XXBurial 2 ☐ Cremation 3 ☐ Removel from State

5. Sociel Security Number

10e. Street and Number

2207

11. Marital Stetus

MD

Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Z

25. Wes case referred to medical examiner? Hospitel: 1 Yes 20 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Death 1 Natural

5 Pending investigation

6 Could not be datermined

28e. Pleca of Injury - At homa, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, State)

26. Place of Deeth (Check only ona)

1 Certifying Phyeiclan: To the best of my knowledge, death occurred at the time, dete and piece, end due to the ceuse(s) end me ceuse(s) end manner steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end piece, end due to the cause(s) end manner steted. CertifyIng Phyelclan: To the best of my knowledge, death occurred at the time, dete and piece, end due to the ceuse(s) and mennar as stated.

24a. Wes an eutopsy performed?

1 Yes

28d. Describe how injury occurred

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

2. No

29b. Signature and title of certil e may 3

29c. License number

28c. injury et Work?

29d. Date signed (Month, Day, Year)

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown

24b. Were eutopsy findings svailable prior to completion of cause of desth?

1 Yes 2 No

BALTIMORE. MD

AVENUE

30. Name and address of parson who completed cause of death (Item 23e) (Type, Print) ezwaiz Kalum Nosth

31. Date filed (Month, Day, Year)

2 Accident

3 Sulcide

29a. Certifier

4 ☐ Homicide

(Check only one)

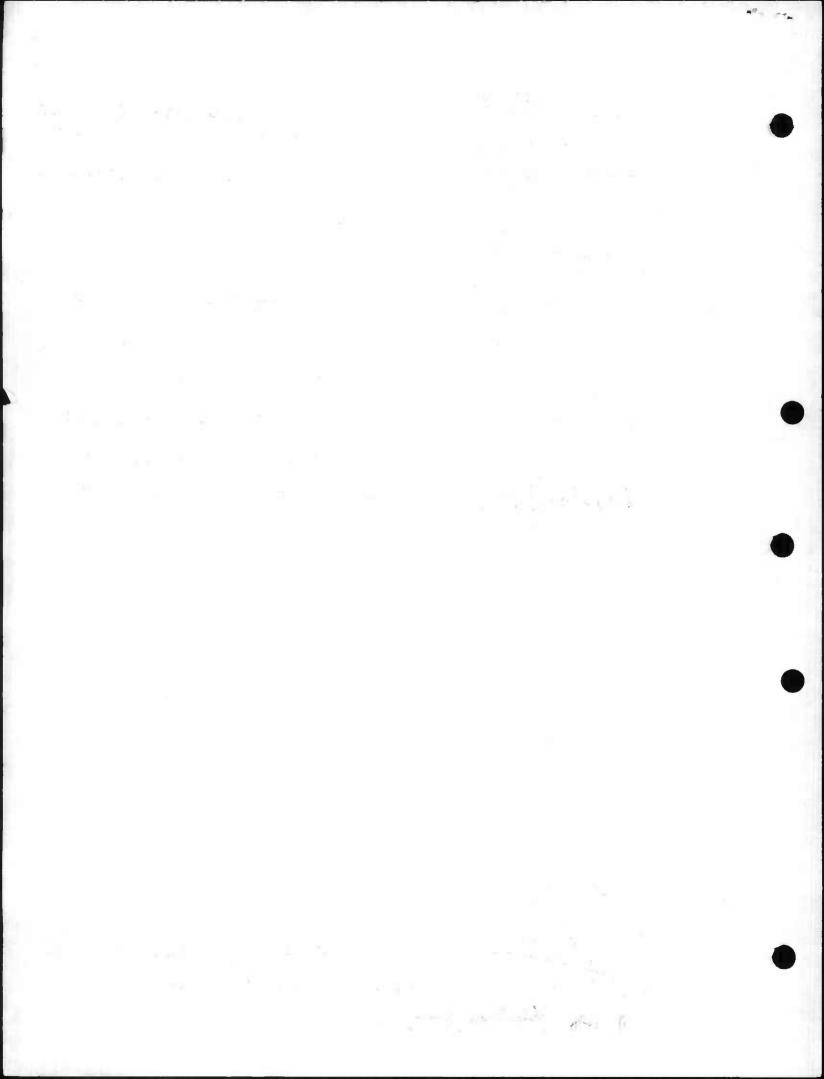
32. Registrer's Signeture

Registrar

State

June

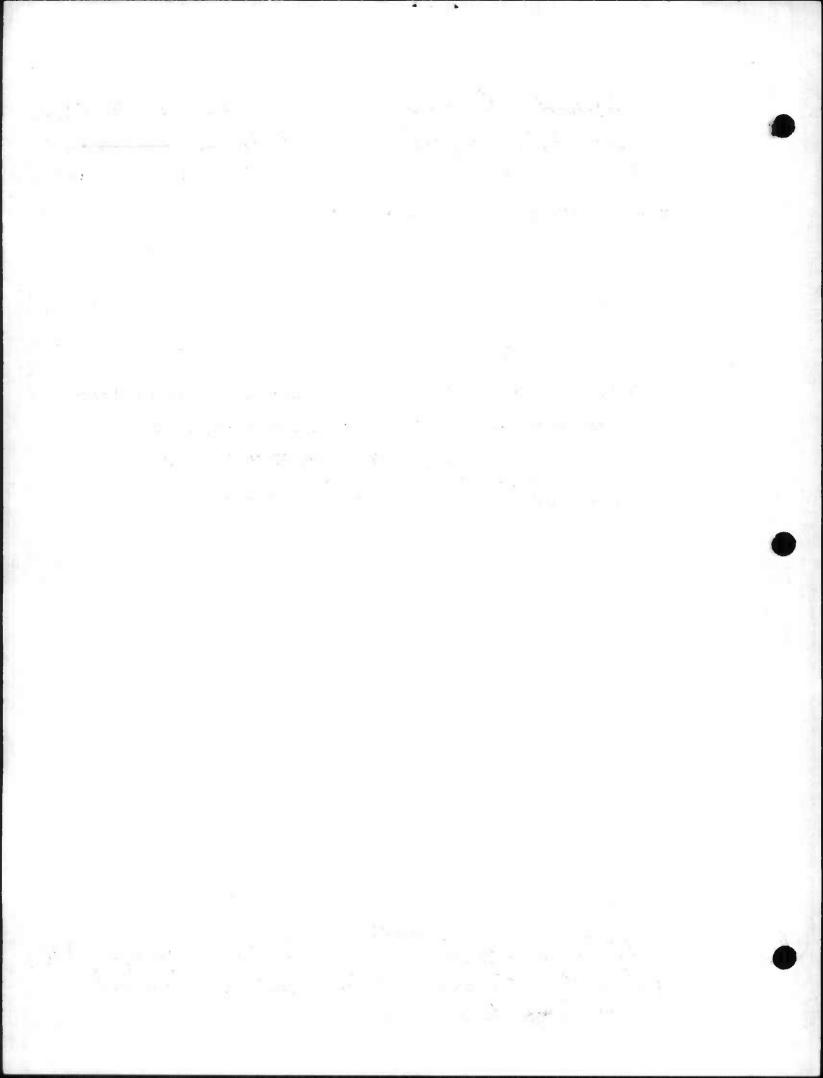
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene - 6-737 7/2/96 t.t Certificate of Death 1. Decedant'a Nama (First, Middle, Last) **ELIZABETH MAY BOWERSOX** 2. Data of Death **Physician** Month TUN /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deat **Examiner** Toks tima 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 6. Date of Birth Month, Day, JAN 30, Birthplace (State or Foreign Country) 5. Social Security Number **Funeral** 1 M 2 X Months Days Hours 220-24-5889 70 Director Maryland Usual Residence of Dacedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiene. Improcrant: if item 27 is marked other than "natural", or items 23s or 28e-f show any injury or other traumatic event, the Medical Examinet mail be notified at 10a. Stata 10b. County 10c. City, Town or Location 10d. fnaida City Limits Maryland Baltimore Catonsville 1 ☐ Yas 2X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 118 Hillside Road 21228 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 ② No If Yas, Give Year or Datas: Race - Amarican Indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yas or No-it Yas, specify Cuban, Mexican, Puarto Rican, atc.) 1 Nevar Married 2 Married Baltlmore, Maryland 21215-0020 1 Yas 2 No Specify: 3 ☐ Widowed 4 ☑ Divorced é White Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Eiamentary/Secondary (0-12) Coilega (1-4or 5+) Artist Painting 17. Fathar's Nama (First, Middla, Last) 16. Mothar's Nama (First, Middla, Maidan Sumame) Henry Augustus Layfield, Jr. Cecilia Angela Bonebrake 19a. intormant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Richard Emmett Shuey/son 1600 Kirkwood Rd. Baltimore, MD 21207 20a. Method of Disposition
1 ➡ Burlai 2 □ Cramation 3 □ Ramoval from Stata 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata Loudon Park Cemetery 07/02/96 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore, MD 21. Signature of Funaral Sarvice Licens Bawn F. McDonald MacNabbaffunefally Home, P.A. 301 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final disease or condition rasulting in death) Examiner Dua to (or as a consaduance ot): Examiner PORUS physiclan and s the burial-transit Sequantially list conditions, if any, laading to immediata causa. Enter Undarfying Cause (Disaasa or injury that initiated evants resulting in daath) Last Dua to (or as a consequence ot): Division of Vital Records. P.O. Box 68760 Physician/Medical Due to (or as a conseg USB as signed by the atter Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown p 24b. Ware autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peeu has page 2 certificate or Attending Physician: Be 25. Was casa retarred to medical 26. Placa of Death (Check only one) axaminar? Othar: 4 Nursing Home 5 Residanca 6 Othar (Specify) 1 Yas 2 No 1) inpatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. injury at Work? 26d. Describe how injury occurred Certification: 26b. Tima of After 1 Naturai 5 Panding 1 Yas 2 No death. 2 Accident invastigation Director: 6 Could not be datarmined 3 Suicida 26a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 26f. Location (Streat and Number or Rural Routa Number, City or Town, State) completely filled in by 4 Homicida within 24 hours a To the Funeral C Certifying Physician: To tha best of my knowledge, daath occurred at tha tima, data and piace, and dua to tha causa(s) and mannar as stated.

| Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and piace, and due to the causa(s) and mannar stated. 29a. Cartifian Medical (Check only one) 29b. Signatura and title of certifier resident 29c. Licansa number 29d. Date signed (Month, Day, Year) In 30. Nama and addrass ot person who complated cause of death (Itam 23a) (Type, Print) 2 MUL 31. Data tiled (Month, Day, Year) 32. Registrar's Signatura State JUL Registrar

DHMH 16 Rev 6/95

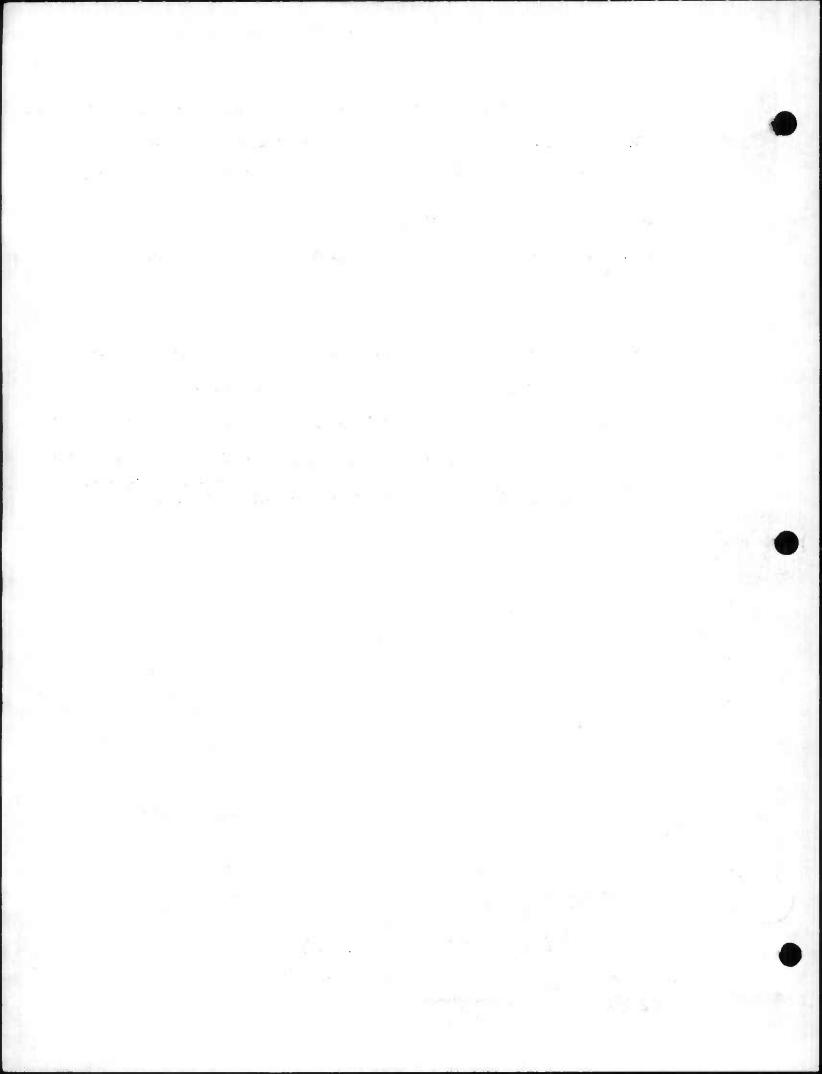


State of Maryland / Department of Health and Mental Hygiene Q 6

96 1941

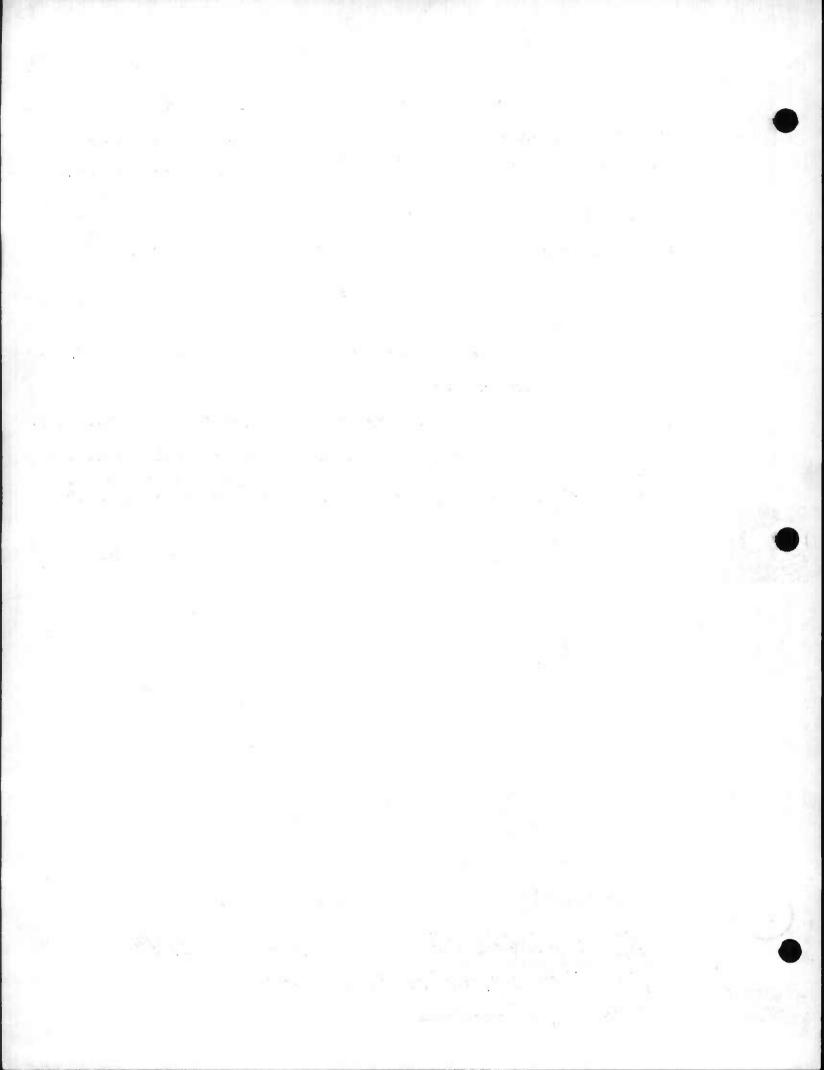
		Decedent's Name (First, Middla, La	est)		С	ertificate o	t Death	2. Date of De	Reg. No.	0	3. Time of Deati
hysiclar	-		Willia	am R	. Br	andt Sr.		Month June	Day	Year 1996	2:05 P.1
Medica/ Examine		4a. Facility Name (If not institution, give					4b. City, Town,	or Location of Deet			Z:05 P.
		2230 Cedley St	treet				Baltim		N/A		
Funeral lirector		218 01 8564	Sex 7. A	ge (In yrs.	last birthda Yrs.	y) If Under 1 Ye Months Day		in. (Month, Di		9. Birthi Could	olace (State or Fo ntry) aryland
ž	1	Usual Residence of Decedent  10a. State 10b. County		10c. Cit	y, Town or	Location					I0d. Inside City LI
a sho	5	Maryland N/A			ltimo						1 ☑ Yas 2 ☐
or 28a-f s be nutitied	9	10e. Street and Number		Do	LUIM	10f. Zip Code	1		10g Citizen of 1	What Cou	
39 0	5	2230 Cedley Stre	et.			212			10g. Citizen of What Country?		
officer maint	ner	11. Marital Status	12. Wes Deceden Armed Forces		,S. 13			(Specify Yes or No erto Rican, etc.)	- 14. Red	e - Americ	can Indien,
, e	2	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 Tes 2 If Yes, Give Year or Dates:	No		1 Yes 224N		erto Rican, etc.)  Black, V  Specify:			hite
dicel		15. Decedent's Ed (Spacify only highast gra	ducation ada completad)		16a. Dec	edent's Usual Occ va kind of work dor	upation	vorkina	16b. Kind of B	usiness/in	dustry
it the Medical	1	Elementary/Secondary (0-12)	College (1-4or	5+)	lifa	. DO NOT usa reti	red)	· citting	Od 1 Draw		Januari and
		6th 17. Father's Name (First, Middla, Last,			TI	uck Driv		Oil Burner Service  Name (First, Middle, Maidan Surnama)			
2 9 m	0			-and+				Name (First, Middle, Maidan Surnama) Elizabeth Keil			
E	-	19a. Informant's Name/Relationship (	402pii 224ii40						State Zir	Code)	
	200	Estella Delauder				Cedley		or Rural Routa Number, City or Town, State, Zip Code) Baltimore, Maryland 21230			
the		20a. Mathod of Disposition			lace of Dis	position (Nama of ramatory or other p	-	Dete	20c. Location		
- X		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		9		rematory,	_	7/2/96	Baltimo	re,	Maryland
Important: If It any injury or one		21. Signature of Funeral Service Licer	isee / F	5		22. Name end Add	ress of Facility	Gonce	Funeral	Home	P.A.
	4	23e. Part1. Enter the diseese, or com shock, or heart failure. List only	ac ci				_	way Bal		Md.	21225
ng physician and as the buriel-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Lest	b	P 10 (0	ras a cons	equence of):  ATC  equence of):		•			
0 6			d								
igned by the attendit be detached for use by Physician/I		Part II. Other significant conditions of	ontributing to death t	but not res	ulting in the	underlying cause	given In Part I.				the cause of de
deta V								10	Yes 2 No	3 Prol	bably 4 Dunkr
should should									erformed? available complet		ere eutopsy finding allable prior to mpletion of cause death?
paga 2								10	Yes 2000		Yes 2 No
certificate rector, pag		25. Was case referred to medical					26. Place of D	eath (Chack only o	16		2.00 22.00
0 D		exeminer?	Hospital: 1 Inpati	ient 2 🗆	ER/Outpati	ent 3 DOA	other: 4 \( \text{Nursing}	Home 5 AResi	dence 6 □Oth	er (Specif	y)
After the funara		27. Manner of Deeth  1 Waturat 5 Pending 2 Accident Investigation	ay Year)	28b. Time Injury	W	ury at ork? ☐ Yes 2 ☐ No	28d. Describe	how injury occur	red		
									Location (Streat and Number or Rural Routa Number, City or Town, Stata)		
2 8 8								ce, end due to the curred at the time,	cause(s) and me date and place,	enner es st and due to	tated. the cause(s)
Tota		29b. Signeture end title of certifier	Mall	ips			23√3	0	29d. Dete signed		1
State		30. Name and address of person who of 3927, Av.)	Ompleted cause of completed cause of completed cause of completed cause of complete cause of complete cause of completed cause of cause			o, Print)	2353	227	,		

DHMH 16 Rev 6/95



		,Film737,7/8/		ast)		Cel	rtificate	OID	eain	0.5	Reg ete of Death	g. No.	96	2 Time of David
/siciar ledica	n	T. Decedent a Marine (7	rist, Wildure, L	Bert	ha R.	Bochn	iak			_ 1	nete of Death Month Ine	Day 29	1 <sup>Yeer</sup> 1996	3. Time of Death 1:50 P.M.
amine	r	4a. Facility Name (If no 1570 Ani			mber)				. City, Town, G <b>len</b> B			4c. County	y of Death	de1
eral tor		5. Sociel Security Number 5. 214 12 12	202	Sex 1□M 2⊠F	7. Age (In yr.	s. iast birthday) Yrs.		Year	If Under 24 H	Irs. 8. C	ate of Birth Month, Day, 1		9. Birthpia Count	ace (State or Foreign) Land
12		Usual Residence of De 10a. State 10	ocedent Ob. County		10c. C	City, Town or Lo	cation						10	d. Inside City Limits
ractor	000	Maryland :	N/A		В	altimor	e							1⊠Yes 2□No
g   2		10e. Street and Number 102 Ponti					10f. Zip C				10g. Citizen of Whet Country? U.S.			ry?
Fireral	20	102 POILL	lac Ave		edent Ever In	U.S. 13. V		1225	spanic Origin? (Specify Yes or No- n, Mexican, Puerto Rican, etc.)				oe - Am <i>e</i> rica	n Indian
2	2	1 ☐ Never Married 3 🏗 Widowed 4 ☐		Armed Fo 1 Tes If Yes, Giv Year or D	2 🔯 No ⁄e		f Yes, specify		Mexican, Pu Specify:	erto Rican, etc.)  Biack, White, etc.  Specify: White			tc.	
4		15. (Specity o	Decedent's E	Education rade completed)		16a. Deced	dent's Usuai ( kind of work	Occupation done dur	on ring most of v	vorking	16	6b. Kind of B	usiness/Indu	ıstry
Completed		Elementary/Seconda	ıry (0-12)	College (1 4 ye			stodiar				A	nne Ar	nnde1	Co. Scho
Be		17. Father's Neme (Firs	st, Middle, Les		u.L.D	042	, 000101	-	8. Mother's N	lame (Firs				co. bene
	2										Brad	-		
Jury or other trac	19e. Informant's Name/Relationship (Type, Print)  Bertha Garrison  19b. Mailing Address (Street and Name)  19th Mailing Address (Street and Name)													
	20a. Method of Disposit	ition		20b.	Place of Dispo cemetery, cren				De		Oc. Location		and 21060 m, State	
	1 ☑ Buriai 2 ☐ C 4 ☐ Donation 5 ☐			State	Stan:				7/3	/96 B	altimo	ore, M	aryland	
	21, Signature of Funera	al Service Lice	onsee		22	. Name end	Address	of Facility						
<u> </u>	1	Honno	NI	Loren	· nous	-16- 40	001 Ri	tabi	e Wigh	T.T. T.F.	Da 144	mara	MA 2	1225
an cal ner		Sie. Parti. Enter the d shock, or heert fa Immediate Cause (Fina disease or condition resulting in death)	nure. List	nications that co	ech line.	eth. Do not ente	er the mode o	of dying,	such as card	iac or res	oiretory arres	st,		Approximate interval Between Onset and Death
edical Examiner		Immediate Cause (Fina disease or condition	ailions, diate	y one ceuse on e	Due to	eth. Do not ente	Buck uence of):	of dying,	such as card	iac or res	oiretory arres	st,		Approximate interval Between Onset and Death
er edicai Examiner		Immediate Cause (Fina disease or condition resulting in death)  Sequentially list condition from the cause. Enter Underlyin Cause (Disease or injurted intileted events resulting in death) Last	ai ions, diate	a. Carra b	Due to (	or as a consequence or as	uence of):	of dying,	such as card	Mu.	typle	n Met	tiles	Approximate interval Between Onset and Death
Physician/Medical Examiner	F	Immediate Cause (Fina disease or condition resulting in death)  Sequentially list condition if any, leading to Immercause. Enter Underlyin Cause (Disease or Injurthet inkileted events	ai ions, diate	a. Carra b	Due to (	or as a consequence or as	uence of):	of dying,	such as card	Mu.	typle	Met	ntribute to t	Approximate interval Between Onset and Death
by Physician/Medical Examiner	F	Immediate Cause (Fina disease or condition resulting in death)  Sequentially list condition from the cause. Enter Underlyin Cause (Disease or injurted intileted events resulting in death) Last	ai ions, diate	a. Carra b	Due to (	or as a consequence or as	uence of):	of dying,	such as card	Ma.	Lycle  23b. Did tobe	Met Met	ntribute to t	Approximate interval Between Onset and Death
pleted by Physician/Medical Examiner	F	Immediate Cause (Fina disease or condition resulting in death)  Sequentially list condition from the cause. Enter Underlyin Cause (Disease or injurted intileted events resulting in death) Last	ai ions, diate	a. Carra b	Due to (	or as a consequence or as	uence of):	of dying,	such as card	Ma.	23b. Did tobe 1 Yes	Met Met	ntribute to t	Approximate interval Between Onset and Death Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset Interval Between Interval Bet
Be Completed by Physician/Medical Examiner	F	Immediate Cause (Fina disease or condition resulting in death)  Sequentially list condition for any, leading to Immediate. Enter Underlyin Cause, (Disease or injurted intileted events resulting in death) Last	ai ions, diate ng ry	a. Color b. c. d	Due to (	or as a consequence or as a consequence sulting in the un	uence of): uence of): uence of):	of dying,	in Part I.	Manual Che	23b. Did tobe 1 Yes  24a. Wes an performe 1 Yes  24ck only one)	acco use oo autopsy ad?	ntribute to t 3 Proba  24b. Wer evail com of de	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
To Be Completed by Physician/Medical Examiner	2 P	Immediate Cause (Fina disease or condition resulting in death)  Sequentially list condition and in the cause. Enter Underlyin Cause (Disease or injurthet initiated events resulting in death) Last  Part II. Other significant	ai lons, diate ng ry long to medical	a	Due to (  Due to	or as a consequence or as	uence of): uence of): uence of):	se given	in Part I.	Manual Che	23b. Did tobe 1 Yes  24a. Wes an performe 1 Yes  25ck only one)	acco use oo autopsy	ntribute to t 3 Proba  24b. Werevail common de de financier (Specity)	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
To Be Completed by Physician/Medical Examiner	2 P	Immediate Cause (Final disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition and in the cause. Enter Underlyin Cause (Disease or Injurted initiated events resulting in death) Last  Part II. Other significant examiner?  1	ai lons, diate no medical Pending investigation	a. Color b. b. c. d	Due to (	or as a consequence or as	uence of): uence of): uence of):	se given  2  Other: Injury al Work?	in Part I.	Manual Che	23b. Did tobe 1 Yes  24a. Wes an performe 1 Yes  25ck only one)	acco use oo autopsy ad?	ntribute to t 3 Proba  24b. Werevail common de de financier (Specity)	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
iffication: To Be Completed by Physician/Medical Examiner	2 2	Immediate Cause (Final disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition and in the cause. Enter Underlyin Cause (Disease or Injurted initiated events resulting in death) Last  Part II. Other significant examiner?  1	ai lons, diate ng ry long long long long long long long long	a. Contributing to de  Hospital: 1   1   1   28a. Date contribution on the contribution of the contributio	Due to (  Due to (  Due to (  Due to (  path but not re	or as a consequence or as	uence of):  uence of):  uence of):  derlying cau  3 □ DOA  M	se given  2 Other: Injury at Work? 1   Yes	in Part I.	eath (Che 28d II)	23b. Did tobut 1 Ves 24a. Wes an performe 1 Ves 25ck only one) 25cg Resident	acco use oo autopsy ad?  2 X No ca 8 Oth vinjury occur	antribute to 1 3 Proba  24b. Wer evaluation of de 1  arer (Specify) ared	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
iffication: To Be Completed by Physician/Medical Examiner	2 2	Immediate Cause (Final disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition from the cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant Part II. Other significant III. Other significant III.	al lons, diate no medical lond investigation determined	a	Due to (  Due to	or as a consequence or as a consequence or as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequ	uence of):  uence of):  uence of):  uence of):  uence of):  occurred at a construction of the mode of	se given  2  Other: . Injury at Work? 1   Yes	in Part I.	Moderath (Che Home 286. C	23b. Did tobe  1 Yes  24a. Wes an performe  1 Yes  25 Residence  26 conty one)  27 Residence  28 Residence  29 Residence  29 Residence  20 Res	acco use oo autopsy ed?  2 M No autopsy ed?  2 M No ca 8 Oth vinjury occur	antribute to 1 3 Proba  24b. Were evaluation of de 1 Probate or (Specify) and the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core or Rural in the core of the core or Rural in the core of the co	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset
iffication: To Be Completed by Physician/Medical Examiner	F F	Immediate Cause (Final disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition from the cause. Part of the cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant  The cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant  Sequentially list condition from the cause (Disease or Injury that initiated events resulting in death)  Sequentially list condition from the cause of t	ions, diate no medical to medical Pending investigation Could not to determine to Medical Example 1	a	Due to (  Due to	or as a consequence or as a consequence or as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequ	uence of):  uence of):  uence of):  uence of):  derlying cau  t 3 DOA  28c  M  occurred at estigation, in	se given  2  Other: . Injury at Work? 1   Yes	in Part I.  26. Place of E 4 Nursing t s 2 No  date and pla ion, deeth oc	Moderath (Che Home 286. C	23b. Did tobe  1 Yes  24a. Wes an performe  1 Yes  25ck only one)  25ck end one  25ck only one, in the time, determined the cause of the cause of the time, determined the control of the time, determined the time, determ	acco use oo autopsy ed?  2 M No autopsy ed?  2 M No ca 8 Oth vinjury occur	antribute to t  3 Proba  24b. Were evaluation of de to the composition of de to the composition of the total anner as stellend due to the total anner ann	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
edical Certification: To Be Completed by Physician/Medical Examiner	F F	Immediate Cause (Final disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition cause. Enter Underlyin Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant resulting in death)  25. Was case referred to examiner?  1	ions, diate no medical to medical Pending investigation Could not to determine to Medical Example 1	a	Due to (  Due to	or as a consequence or as a consequence or as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequ	uence of):  uence of):  uence of):  uence of):  derlying cau  t 3 DOA  28c  M  occurred at estigation, in	se given  2 Other: Work? 1   Yes	in Part I.  26. Place of E 4 Nursing t s 2 No  date and pla ion, deeth oc	Moderath (Che Home 286. C	23b. Did tobe  1 Yes  24a. Wes an performe  1 Yes  25ck only one)  25ck end one  25ck only one, in the time, determined the cause of the cause of the time, determined the control of the time, determined the time, determ	acco use oo a 2 No autopsy ed?  2 X No ca 8 Oth rinjury occur set end Numb State) se(s) and ma	antribute to t  3 Proba  24b. Were evaluation of de to the composition of de to the composition of the total anner as stellend due to the total anner ann	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
iffication: To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Immediate Cause (Final disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition cause. Enter Underlyin Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant resulting in death)  25. Was case referred to examiner?  1	ai ions, diate no medical to medical Pending investigation Could not be determined.	a	Due to (  Due to	or as a consequence or as a consequence or as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequ	uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  oderlying cau  t 3 DOA  28c  M  occurred at testigetion, in	se given  2 Other: Work? 1   Yes	in Part I.  26. Place of E 4 Nursing t s 2 No  date and pla ion, deeth oc	Moderath (Che Home 286. C	23b. Did tobe  1 Yes  24a. Wes an performe  1 Yes  25ck only one)  25ck end one  25ck only one, in the time, determined the cause of the cause of the time, determined the control of the time, determined the time, determ	acco use oo a 2 No autopsy ed?  2 X No ca 8 Oth rinjury occur set end Numb State) se(s) and ma	antribute to t  3 Proba  24b. Were evaluation of de to the composition of de to the composition of the total anner as stellend due to the total anner ann	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons

DHMH 16 Rev 6/95



1. Decedent's Name (First, Middle, Last)

#### UNK. 96-122

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Yaa

00:49 AM

3. Time of Death

Birthplaca (State or Foreign Country)

10d. Inside City Limits

1 X Yas 2 □ No

Maryland

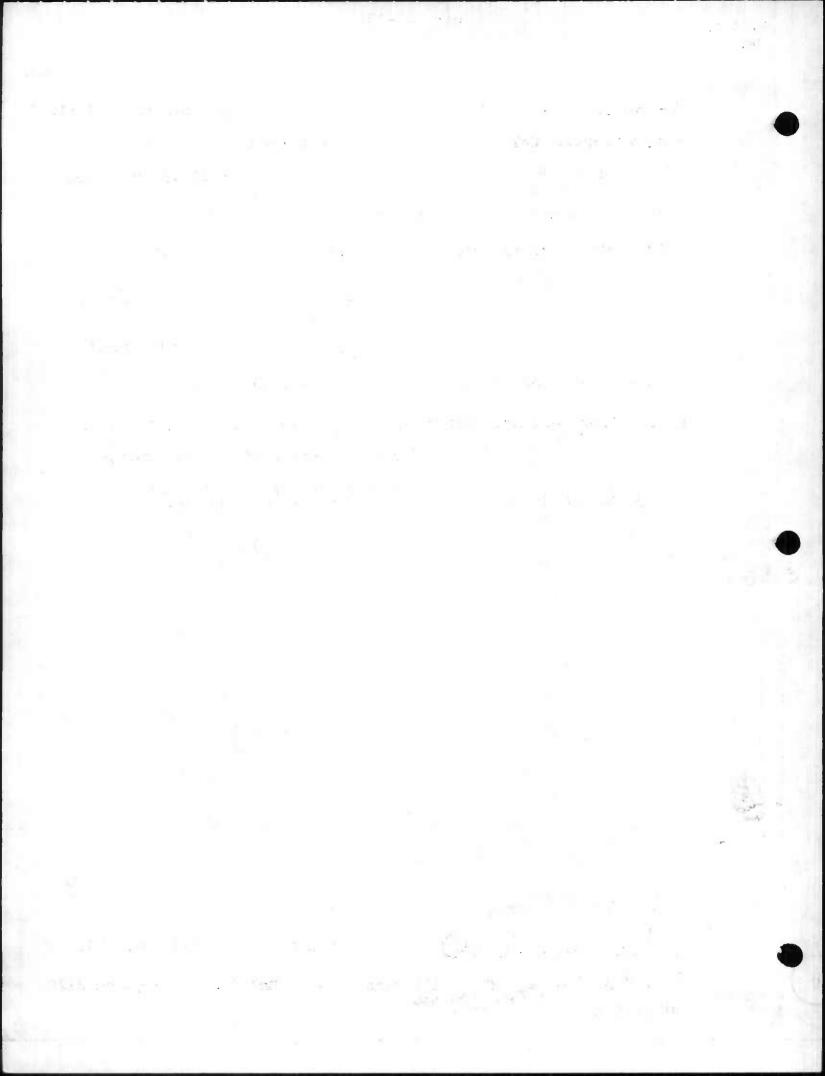
/Medical **Examiner** buriel-trar physician use es the signed by 9 page 2 should certificate this After ! death after death the 3 Delli

2. Date of Death Day Month **Physician** EDWARD L. BRIDGES JR. 18, 1996 JUNE /Medical 4a. Facility Name (If not institution, give straet and number) 4b. City. Town, or Location of Death Examiner 4c. County of Death BALTIMORE N/A 1313 WELLSBACH WAY 5. Social Security Number 6 Sax If Undar 1 Year If Under 24 Hrs. 7. Aga (In yrs. last birthday) Data of Birth (Month, Day, Year) **Funeral** 10XM 2□ F Months Days 212 78 Yrs. 0676 23 Director 30 72 Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 28a-f show Baltimore Md. Examiner name be notified Director Essex 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ŏ 1901 Old Easteren Ave. 21221 USA or items 23a Funeral death 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Give 11. Marital Status Was Decadent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours efter nent of Health and Mental Hygiene. Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 🎾 No Specify: Specifyhite þ 3 ☐ Widowed 4 ☐ Divorced "natural", Year or Dates: Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Service Station Laborer 9 17. Fathar's Name (First, Middle, Last) Edward Lawrence Bridges, Sr. le marked 2 19a. Informant's Name/Relationship (Type, Print) Department of Health ar important: if item 27 le any injury or other trau Edward L. Bridges, Sr., Father 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition Date stery, crematory or other place)
Lawn Cemetery 6-29-96 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Oak 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licensee 23a. Pent1. Enter the disease, or combications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line. **Physician** Immediate Ceuse (Final disease or condition resulting in death) Due to (or as a consequence of Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequenca of): P.O. Box 68760, Physician/Medical that initiated events resulting in death) Last Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 1 Yes Records, þ Completed 24a. Was an autopsy performed? Vital 25. Wes case referred to medical examiner?

1 Yes 2 No Be 26. Place of Death (Check only one) 10 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Division of 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 5 Pending Invastigation 1 Natural 18-96 2 Accident 6 Could not be detarmined 3 ☐ Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Homicide To the Hospital within 24 hours or To the Funeral Completely lilled Hospital Medical 29b. e and title of certifier 29c. License number O.C.M.E.

18. Mother's Nama (First, Middle, Maidan Surname) Barbara Ann Falkenstein 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6503 Danville Ave. Balto., Md. 21224 20c. Location - City or Town, State Eastwood, Md. 22. Name and Address of Fecility Charles S. Zeiler & Son Inc. 901 S. ConklingStreet Balto., Md. Approximate Interval Between Onset and Deeth 23b. Did tobacco use contribute to the cause of death? 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 2 No Other: 4 Nursing Home 5 Residence 6 Nother (Specify) SCENE 28d. Describe how Injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3(3 Wells face 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and plece, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year) JUNE 18, 1996 ne and eddress of person who completed cause of death (Item 23a) (Type, Print) LOCICE 111 Penn Street, Baltimore, Maryland 21201 31-Date filed (Month, Day, Year)
JUL 0 2 1996



19421

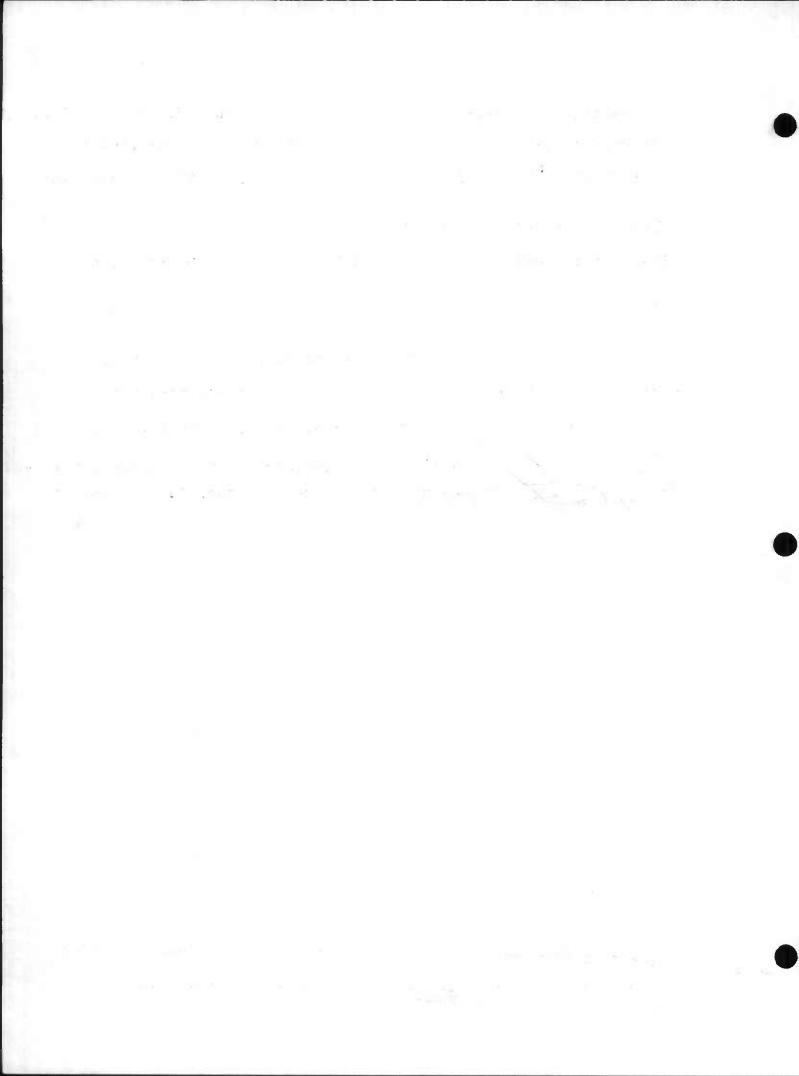
Physici		4. Decedentle Name (Cine Attable)								Reg. No.		
Physici		1. Decedent's Neme (First, Middle,	Last)						2. Dete of De	-		3. Time of Death
10.0 47		JOHN HENRY BI	ROCKMAN , J	lr.				(	Month	Pay	1821	1019A
/Medic		4e. Fecliity Neme (If not Institution,					4b. City. Tow	m, or Lo	eation of Deel	h 4c. County	of Death	Q
Exallill	ier	Stella Maris Ho		,								
			-	ige (In yrs. last	t hirthday)	If Under 1 Year	TOWSO		9 Date of Bi		imore	~
uneral		215-14-5281	1□XM 2□ F	73		Months Deys	Hours	Min.	8. Dete of Bi (Month, De	y, Year)		plece (State or Foreigntry)
irector		Usuel Residence of Decedent		13					June 27,	1923	Mary	yland
2.4		10a. Stete 10b. County		10c. City, T	own or Locat	tion		-				10d. Inside City Limit
# B	5	Maryland Baltim		0	. 1							1 □ Yes 2 XN
88	ect		юте	2	tonele							
23a or 28a-f show	늅	10e. Street end Number	2 1			10f. Zip Code				10g. Citizen of		ntry?
23	Funeral Director	7102 Copeleigh				212	12			U.S	.A.	
or items	Tue	11. Maritel Status	12. Wes Decadent Armed Forces	?	13. We	s Decedent of Hes, specify Cub	lispenic Origen, Mexican,	in? (Spe Puerto	ecify Yes or No Rican, etc.)		ck. White,	can Indien,
8 6	F	1 Never Merried 2 Married	d 1 X Yes 2 ☐	No No	1	Yes 2XNo	Specify:					
- 3	1 by	3 Widowed 4 Divorced	If Yes, Give Yeer or Detes:	1943-46		-21	ope any.			Specif	Whi	te
natural',	Completed	15. Decadent's (Specify only highest)	Education	1	6e. Deceden	nt's Usuel Occup nd of work done	etion	of worki	'na	16b. Kind of B	usiness/in	dustry
Me	pid	Elementery/Secondery (0-12)	College /1-4or	5+)	life. DO	NOT use retire	d)	OI WOIKI	· · · ·			
5 5	NO.		2 years		Re	etail Sa	lesmar	n		Taba		
marked other than matic event, the M	Be (	17. Fether's Name (First, Middle, La	,				18. Mother	's Neme	(First, Middle	Middle, Malden Sumeme)		
ke d	To	John Henry Bro	ockman, Sr.				Bark	oara	Anne	Spielman	ın	
s marked other than aumatic event, the M		19e. Informent's Neme/Reletionship	(Type, Print)		19b. Mailing	Address (Street	end Number	r or Rure	I Route Numb	er, City or Town,	Stete, Zip	Code)
27 is trac		Mary Dyer Brocks	nan (wife)							e, Maryl		
ant: If flem 27 is marked other than "natural", ary or other treumetic event, the Medical Exa		20e. Method of Disposition	(,			ion (Neme of tory or other ple		Da	Dete	20c. Location		
	20e. Method of Disposition  1X Burial 2 □ Cremetion 3 □ Removel from Ste  4 □ Donelion 5 □ Other (Specify)		9									
fun	4 □ Donelion 5 □ Other (Spe		y) Parkwood Cemete					-3-96	Baltim	ore,	Maryland	
Important: If any Injury or once.		21. Signeture of Funerel Service Lic	censee						1 77			
= 8 0		Morroe	Forter	Mitchell-Wied 6500 York Roa					d Home	no More	M 1 0101/	
-		23a. Pert1. Enler the Peese or co shock, or heert feilure. List on	emplications that cause	d the deeth. [	Do not enter t	the mode of dyi	ng, such es d	ardiec o	or respiretory	errest,	Tand	Approximete
sician		snock, or neert tellure. Last on	ny one cause on eech	line.							19	Interval Between Onset and Death
edical		Immediate Cause (Final	1 1101	C- MC	- Ami	Deco	2				į	8 000
miner		disease or condition resulting in deeth)	e. LUNG	5 1118	11181	7130	<u> </u>					omos.
	P.		11-0	Due to (or as	s a conseque	nca of):		_			1	8 mos.
nsit	nin		The			1		9				
D ar			b. 1127	1	ECIC	9	CER				1	Typs.
10 1	хаг	Sequentially list conditions, if any, leading to immediate	b	1	EC/C	9	ICER					Tyrs.
ician a burial-	ai Examiner	Sequentially list conditions, if ery, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury	6	1		9	ICER					Tyrs.
physician a tha burial-	dicai Exar	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting In deeth) Lest	b	1	s e conseque	nce of):	ICER	2				Tyrs.
ding physician a sa as the burial-	edicai	that initieted events	c	Due to (or es	s e conseque	nce of):	CER	2				Tyrs.
attending physician and for usa as tha burial-transit	/Medical	that initieted events	b	Due to (or es	s e conseque	nce of):	CER	2				Tyrs.
the attending physician a hed for usa as tha burial-	/Medical	that initieted events	c	Due to (or es	s e consequer	nce of):		2	23b. Did	tobacco use co	entribute to	
y the atten ached for u	/Medical	resulting in deeth) Lest	c	Due to (or es	s e consequer	nce of):		2	16	tobacco use co Yes 2□ No		o the cause of deat
y the atten ached for u	Physician/Medical	resulting in deeth) Lest	c	Due to (or es	s e consequer	nce of):		2	16			o the cause of deat
gned by the atten be detached for u	by Physician/Medical	resulting in deeth) Lest	c	Due to (or es	s e consequer	nce of):			24e. Wes	Yes 2□ No	3 □ Pro	o the cause of deat bably 4 Unknow
been signed by the atten should be detached for u	by Physician/Medical	resulting in deeth) Lest	c	Due to (or es	s e consequer	nce of):		2	24e. Wes	Yes 2□ No	3 ☐ Pro	to the cause of deat bably 4 Unknown
has been signed by the atten je 2 should be detached for u	by Physician/Medical	resulting in deeth) Lest	c	Due to (or es	s e consequer	nce of):			24e. Wes	Yes 2□ No sen eutopsy ormed?	3 Pro	o the cause of deat bably 4 Unknot ere autopsy findings elleble prior to empletion of cause death?
ata has been signed by the atten page 2 should be detached for u	Completed by Physician/Medical	Part II. Other significant conditions	c	Due to (or es	s e consequer	nce of):	ven in Pert I.		24e. Wes perf	Yes 2□ No sen eutopsyormed?  Yes 2□ No	3 Pro	to the cause of death bably 4 Unkno fore autopsy findings elieble prior to modellon of cause
ata has been signed by the atten page 2 should be detached for u	Be Completed by Physician/Medical	Part II. Other significant conditions  25. Wes case referred to medical examiner?	d	Due to (or es	s e consequer	nce of): nce of): errying cause give	zen in Pert I.	of Deeti	24e. Wes perf	Yes 2 No Yes 2 No Yes 2 No	3 Pro	to the cause of death bably 4 Unkno fore autopsy findings elleble prior to mpletion of cause death?  Yes 2 No
is cardificata has been signed by the atten director, page 2 should be detached for u	To Be Completed by Physician/Medical	Part II. Other significant conditions  25. Wes case referred to medical examiner?  1 Yes No	d	Due to (or es	s e consequer s e consequer ng In the unde	nce of):  artyling cause gh	zen in Pert I.  28. Place	of Deeth	24e. Wes perf	Yes 2 No Yes 2 No Yes 2 No One)  Idenca 6 X Ott	3 Pro  24b. W av co of 11	o the cause of death bably 4 Unkno ere autopsy findings elieble prior to empletion of cause death?
is cardificata has been signed by the atten director, page 2 should be detached for u	To Be Completed by Physician/Medical	Part II. Other significant conditions  25. Wes case referred to medical examiner?	d	Due to (or es	s e consequer	nce of):  priying cause ghas a DOA Otto 28c. Injur Wo	28. Place	of Deeth	24e. Wes perf	Yes 2 No Yes 2 No Yes 2 No	3 Pro  24b. W av co of 11	to the cause of deat bably 4 Unkno fore autopsy findings elleble prior to mpletion of cause death?  Yes 2 No
Aftar this cartificata has been signed by the atten funaral director, page 2 should be detached for u	To Be Completed by Physician/Medical	Part II. Other significant conditions  25. Wes case referred to medical examiner?  1 Yes No  27. Manner of Death 1 Shelturel 5 Pending investigat	d  d  c  d  d	Due to (or es	s e consequer s e consequer ng In the unde	nce of):  priying cause ghas a DOA Otto 28c. Injur Wo	zen in Pert I.  28. Place	of Deeth	24e. Wes perf	Yes 2 No Yes 2 No Yes 2 No One)  Idenca 6 X Ott	3 Pro  24b. W av co of 11	to the cause of death bably 4 Unkno fore autopsy findings elleble prior to mpletion of cause death?  Yes 2 No
rtor: Aftar this cartificata has been signed by the atten y tha funaral director, page 2 should be detached for u	To Be Completed by Physician/Medical	Part II. Other significant conditions  25. Wes case referred to medical examiner?  1 Yes No  27. Manner of Death 1 Neturel 5 Pending	d.  Hospitel: 1   Inpati	Due to (or es	s e consequer s e consequer ng In the unde	nce of):  arrying cause ghas a continuous of the	28. Place	of Deeth	24e. Wes perfi	Yes 2□ No sen eutopsy primed?  Yes 2□ No cone)  Idenca 6 ∑Ott how injury occur	3 Pro  24b. W av co of  1 {  her (Specificated)	to the cause of death bably 4 Unkno fore autopsy findings elleble prior to mpletion of cause death?  Yes 2 No
Mrector: After this cardificate has been signed by the atten In by the funeral director, page 2 should be deteched for u	Be Completed by Physician/Medical	Part II. Other significant conditions  25. Wes case referred to medical examiner?  1 Yes No  27. Manner of Death 1 Neturel 5 Pending investigat 2 Accident investigat 3 Sulcide 6 Could not	d.  Hospitel: 1   Inpati	Due to (or es	s e consequer s e consequer ng In the unde	nce of):  arrying cause ghas a continuous of the	28. Place	of Deeth	24e. Wes perfi	Yes 2 No  yes 2 No  yes 2 No  one)  idenca 6 X Oth how injury occur  Street and Number	3 Pro  24b. W av co of  1 {  her (Specificated)	o the cause of death bably 4 Unkno ere autopsy findings elieble prior to empletion of cause death?  Yes 2 No  No  YOUNGER HOSPICE
Mrector: After this cardificate has been signed by the atten In by the funeral director, page 2 should be deteched for u	Certification: To Be Completed by Physician/Medical	25. Wes case referred to medical examiner?  1   Yes   No  27. Manner of Death 1   Seturel investigat 2   Accident 3   Sulcide   Gould not determine  29e. Certifier   Certifying F	d.  Hospitel: 1   Inpation   Inpa	Due to (or es  Due to (or es  but not resultin  lent 2 □ ER  ury ey Year) 28 ey Year) 28 etc. (Specify)	of the under the	nce of):  nce of):  arrying cause gh  all DOA Oth  28c. Inju Wo  M 1 1  dectory, offica	28. Place ner: 4 Nur yet k? Yes 2 N	of Deeti	24e. Wesperfin 1	Yes 2 No sen eutopsy primed?  Yes 2 No cone) Idenca 6 NOtth how injury occur  Street and Number win, Stete)	3 Pro  24b. W av ccc of 1 {  her (Spech rred  enner es s	o the cause of death bably 4 Unkno ere autopsy findings eliable prior to impletion of cause death?  Yes 2 No  NO HOSPICE al Route Number, itated.
Mrector: After this cardificate has been signed by the atten In by the funeral director, page 2 should be deteched for u	Certification: To Be Completed by Physician/Medical	25. Wes case referred to medical examiner?  1   Yes   No  27. Manner of Death 1   Seturel investigat 2   Accident 3   Sulcide   Gould not determine  29e. Certifier   Certifying F	d.  Hospitel: 1   Inpation   28e. Deteofing (Month, Deteored) 28e. Pleca of Inbuilding, e	Due to (or es  Due to (or es  but not resultin  lent 2 ER  ury ey Year)  28  njury - At home tc. (Specify)	of the under the	nce of):  nce of):  arrying cause gh  all DOA Oth  28c. Inju Wo  M 1 1  dectory, offica	28. Place ner: 4 Nur yet k? Yes 2 N	of Deeti	24e. Wesperfin 1	Yes 2 No sen eutopsy primed?  Yes 2 No cone) Idenca 6 NOtth how injury occur  Street and Number win, Stete)	3 Pro  24b. W av ccc of 1 {  her (Spech rred  enner es s	o the cause of death bably 4 Unknow ere autopsy findings eliable prior to impletion of cause death?  Yes 2 No  NO HOSPICE al Route Number, itated.
Mrector: After this cardificate has been signed by the atten In by the funeral director, page 2 should be deteched for u	To Be Completed by Physician/Medical	Part II. Other significant conditions  25. Wes case referred to medical examiner?  1 Yes No  27. Manner of Death 1 Selection investigat 3 Sulcide 6 Could not determine  29e. Certifier (Check only 2 Medical Examiner)  29 Medical Examiner	d.  Hospitel: 1   Inpati 28e. Dete of Inj (Month, Di toe and 28e. Pleca of Inbuilding, e	Due to (or es  Due to (or es  but not resultin  lent 2 ER  ury ey Year)  28  njury - At home tc. (Specify)	of the under the	nce of):  nce of):  arrying cause gh  all DOA Oth  28c. Inju Wo  M 1 1  dectory, offica	28. Place her: 4 Nur y et k? Yes 2 Nur me, date end pinion, deet	of Deeti	24e. Wesperfin 1	Yes 2 No sen eutopsy primed?  Yes 2 No cone) Idenca 6 NOtth how injury occur  Street and Number win, Stete)	3 Pro  24b. W av cc of  1 {  her (Spech rred  enner es s end due te	to the cause of death bably 4 Unknow ere autopsy findings eliable prior to impletion of cause death?  Yes 2 No  No  NO  HOSPICE  Al Route Number,  Stated. To the cause(s)
rtor: Aftar this cartificata has been signed by the atten y tha funaral director, page 2 should be detached for u	edical Certification: To Be Completed by Physician/Medical	25. Wes case referred to medical examiner?  1 Yes No  27. Manner of Death 1 Selection investigat 3 Sulcide 6 Could not determine 4 Homicide  29e. Certifier (Check only one)  Certifying F (Check only one)	d.  Hospitel: 1   Inpati 28e. Dete of Inj (Month, Di toe and 28e. Pleca of Inbuilding, e	Due to (or es  Due to (or es  but not resultin  lent 2 ER  ury ey Year)  28  njury - At home tc. (Specify)	of the under the	all DOA Otto	28. Place her: 4 Nur y et k? Yes 2 Nur me, date end pinion, deet	of Deeti	24e. Wesperfin 1	Yes 2 No sen eutopsy primed?  Yes 2 No cone) Idenca 6 NOth how injury occur  Street and Number Notes (S) end middle end placa,	3 Pro  24b. W av cc of  1 {  her (Spech rred  enner es s end due to	o the cause of death bably 4 Unknow ere autopsy findings ere lieble prior to impletion of cause death?  Yes 2 No  No  NO  NO  NO  NO  NO  NO  NO  NO
Mrector: After this cardificate has been signed by the atten In by the funeral director, page 2 should be deteched for u	edical Certification: To Be Completed by Physician/Medical	25. Wes case referred to medical examiner?  1 Yes No  27. Manner of Death 1 Nelsturel 5 Pending investigat 3 Sulcide 6 Could not determine (Check only one)  29b. Signeture end title of cartifier	d.  Hospitel: 1   Inpati 28e. Dete of Inj (Month, Di toe   28e. Pleca of In- building, e  Physician: To the best aminer: On the bests and menner si	Due to (or es but not resulting lent 2 ER lent 2 ER lent 2 lent lent 2 lent lent lent lent lent lent lent lent	O'Outpetlent  O'Dutpetlent  O'	ance of):  ance of):	28. Place her: 4 Nur y et k? Yes 2 Nur me, date end pinion, deet	of Deeti	24e. Wesperfin 1	Yes 2 No sen eutopsy primed?  Yes 2 No cone) Idenca 6 NOth how injury occur  Street and Number Notes (S) end middle end placa,	3 Pro  24b. W av cc of  1 {  her (Spech rred  enner es s end due to	o the cause of death bably 4 Unknow ere autopsy findings ere lieble prior to impletion of cause death?  Yes 2 No  No  NO  NO  NO  NO  NO  NO  NO  NO
Mrector: After this cardificate has been signed by the atten In by the funeral director, page 2 should be deteched for u	edical Certification: To Be Completed by Physician/Medical	25. Wes case referred to medical examiner?  1 Yes No  27. Manner of Death 1 Selecture investigat 3 Sulcide 6 Could not determine 2 Accident investigat 4 Homicide Certifying F (Check only one)  29b. Signeture end title of cartifier  20b. Signeture end title of cartifier  30. Neme end eddress of person who	Hospitel: 1   Inpati 28e. Dete of Inj. (Month, Dete of Inj. (Month, Dete of Inj.) 28e. Pleca of Inj. 28e. Pl	Due to (or estable to	do (Type, Pri	ance of):  ance of):	28. Place her: 4 Nur yes 2 N me, date end pinion, deet	of Deeth sing Ho	24e. Wesperfin (Check only me 5 Res 28d. Describe City or To and due to the ed et the time,	Yes 2 No sen eutopsy primed?  Yes 2 No cone) Idenca 6 Noth how injury occur  Street and Number Note on the place of the pl	3 Pro  24b. W av cc of  1 {  her (Spech rred  enner es s end due to	o the cause of death bably 4 Unknow ere autopsy findings ere lieble prior to impletion of cause death?  Yes 2 No  No  NO  NO  NO  NO  NO  NO  NO  NO
Mrector: After this cardificate has been signed by the atten In by the funeral director, page 2 should be deteched for u	edical Certification: To Be Completed by Physician/Medical	25. Wes case referred to medical examiner?  1 Yes No  27. Manner of Death 1 Nelsturel 5 Pending investigat 3 Sulcide 6 Could not determine (Check only one)  29b. Signeture end title of cartifier	Hospitel: 1   Inpati 28e. Dete of Inf. (Month, Distriction of the best aminer: On the bests aminer: On the bests on months of the best aminer of t	Due to (or estable to	do (Type, Pri	ance of):  ance of):	28. Place her: 4 Nur yes 2 N me, date end pinion, deet	of Deeth sing Ho	24e. Wesperfin 1	Yes 2 No sen eutopsy primed?  Yes 2 No cone) Idenca 6 NOth how injury occur  Street and Number Notes (S) end middle end placa,	3 Pro  24b. W av cc of  1 {  her (Spech rred  enner es s end due to	o the cause of death bably 4 Unknow ere autopsy findings ere lieble prior to impletion of cause death?  Yes 2 No  No  NO  NO  NO  NO  NO  NO  NO  NO

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

19422

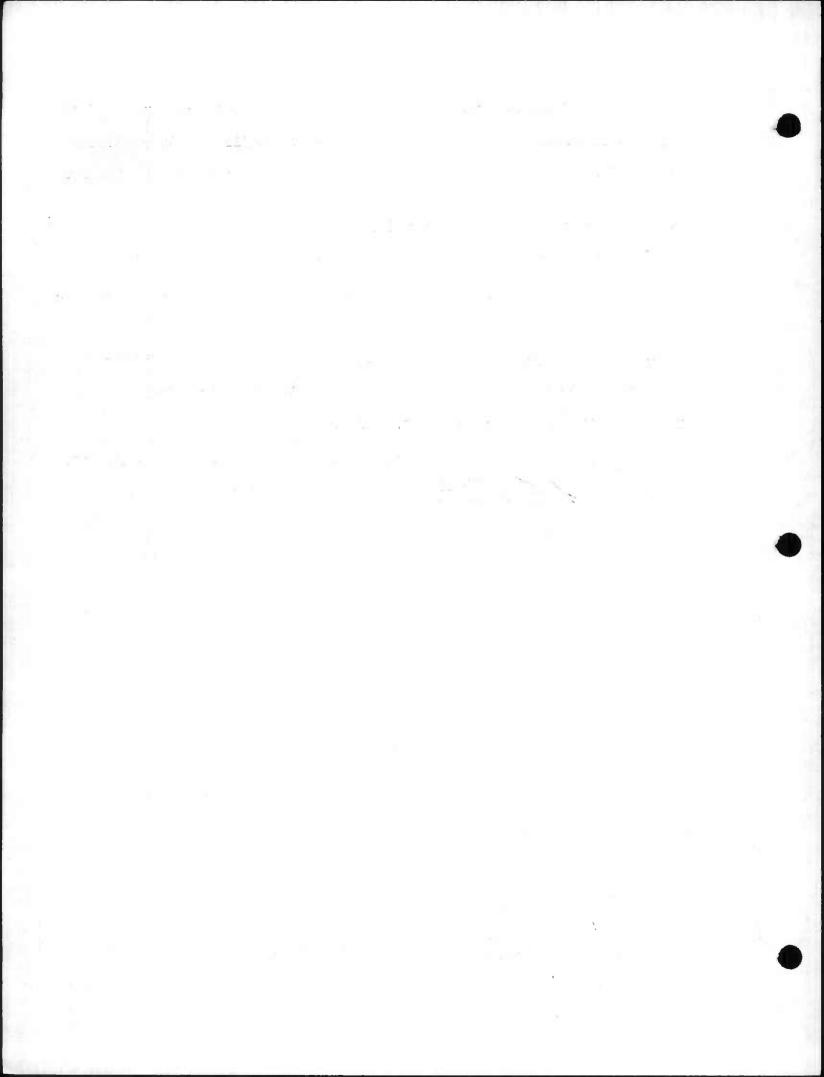
											Reg. No.			
		1. Decedant's Nama (First, Middla,	Last)							2. Data of D	eath		3. Tir	na of Death
Physici										Month	Day	Year	_	0.1
_/Medi		Martin 4a. Facility Nama (If not institution,	P. Br	itt S	r.			th City To	um or la	June		996		15pm
Examir	ner			bar)			1	4b. City, To	wn, or Lo	cation of Das	4c. Cour	nty of Deat	ħ	
		1253 Poplar A	venue					Arb	utus			ltim	ore	
Funeral		5. Social Sacurity Number 6		. Aga (In yrs.	last birthday)		ar 1 Yaar Davs	If Undar Hours	24 Hrs. Min.	8. Data of B (Month, E	irth	9. Birt	hpiaca (Si	tata or Foraig
Director		215-16-7202	10XM 2□ F	74	Yrs.	MOTILITIS	Days	Hours	Win.		29,19			
77		Usuai Rasidance of Decedant		14						nune	29,19	ZZM	aryı	and
the Maryland 28a-f show		10a. Stata 10b. County		10c. Cit	y, Town or Lo	cation							10d. Insi	da City Limi
r 28a-f show	ō	V												Yas & N
o o	Sc	Maryland Balti	more	Ar	butus								, ,	100 34
with the	Director	10e. Street and Number				10f. Z	ip Coda				10g. Citizan o	of What Co	untry?	
th wi		1253 Poplar A	Wenlie			-	2122	7			IInita	3 CT	-+	
death me 23	Funeral	11. Maritai Status	12. Was Deced	lant Evar in U	.S. 13. V				gin? (Spe	cify Yas or N	Unite	ace - Ama	rican India	in.
	5	1 ☐ Navar Married 2 ☐ Married	Armed Ford	as?		f Yas, sp	ecify Cuba	an, Maxicer	, Puarto	Rican, atc.)	В	iack, White		
s a	by F	3 Midowed 4 Divorced	If Yas, Giva		1	1 🗆 Yas	2 No	Specify:			Spec	cify:		
non a		3 2 to loowed 4 1 Divorced	Yaar or Dat	as:								W	hite	
within 72 hours after ene. then "neturel", or ite	Completed	15. Decedant's (Spacify only highast)	Education		16a. Deced	lant's Usi	ual Occup	ation du <i>ring</i> mos	t of work!	'na	16b. Kind of	Businass/	Industry	
g . c .	5	Elamantary/Secondary (0-12)	Coilaga (1-	(or 5+)	lifa. L	DO NOT	usa <i>retire</i>	d)	O WOIN	ny				
filed within Hygiene. Ither than sent, the Market than sent, the M	5	1 2	Conaga (1	401 01)	fin	anci	2 T c	offi	cor		~~~	COM	~~~	
e filed other vent, p		17. Fathar's Nama (First, Middla, La	est)			<u>unc</u>	u I			(First Middl	a, Maidan Sum	COM:	pany	
od in bo	Be													
should be ind Mentai i marked of umatic eve	P	Martin K. Bis	triski					Ann	a Ba	rbara	Kask	auki	S	
d 2 should be file th and Mental Hy 7 is marked othe traumatic event,		19a. Informant's Name/Raiationship	(Type, Print)		19b. Maiiin	ng Addras	s (Street	and Numbe	er or Rura	/Routa Num	ber, City or Tow	m, Stata, Z	(ip Coda)	
and 2		Michael Britt	son		3022	TATO	+ = 1		7	D.	. 1		WD 2	1014
of Health item 27 i	1	20a. Mathod of Disposition	, 3011	20b. F	Place of Dispo	sition (Na	ama of	ela 1	aver	Data	1timo			
Se of		1 ⊠Buriai 2 □ Cramation 3	Ramover from St		ematary, cran	natory or	othar plac	<b>(e)</b>	i	Date	200. Locatio	ony or	TOWN, Ola	TO.
Pa ant:		4 ☐ Donation 5 ☐ Other (Spe-	cify)	10	udon	Park	Cei	mete	rv 7	/1/96	Balt	imor	e. M	arvi
permit. Pag Department Important: it any injury o		21. Signatura of Funarai Sarvice Lie	tenion		22	. Nama a	nd Addra	ss of Facilit	y	, , , , ,	Dull			<u> </u>
Depa impo any i		10.	-X .		Ar	mbro	se l	Fune	ral	Home,	Inc.	A	rbut	us
		23a Part1. Enter the disease, or co	2	-									2 1 2 2 Approx	
		23a Parti. Entar tha diseasa, or co hock, or haart failura. List on	omplications that car	used tha daat	h. Do not ante	ar tha mo	da of dyir	ig, such as	cardiac o	or respiratory	arrast,		Approx	kimata Il Between
Physician	1													
100 10- 11												Î	Onsat	and Death
/Medical		Immediata Causa (Finai										i	Onsat	and Death
Examiner		Immediata Causa (Final disaasa or condition rasulting in death)	a	Me	sothel	im	h					1	Onsat	and Death
		disaasa or condition	a		SOThel or as a conseq							i i i	Onsat	and Death
Examiner	iner	disaasa or condition	a										Onsat	and Death
Examiner	aminer	disease or condition rasulting In death)	a	Dua to (c		uanca of	):					1	Onsat	and Death
Examiner	Examiner	disease or condition rasulting In death)	a	Dua to (c	or as a conseq	uanca of	):						Onsat	and Death
Examiner		disease or condition rasulting In death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants	a b	Dua to (c	or as a conseq	uanca of	):						Onsat	and Death
eta be axecuted hysician and haburial-transit		disaasa or condition	a	Dua to (c	or as a conseq	uanca of	):						Onsat	and Death
eta be axecuted hysician and haburial-transit		disease or condition rasulting In death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants	a	Dua to (c	or as a conseq	uanca of	):						Onsat	and Death
o certificate be axecuted inding physician and cura as the burfal-transit	vMedicai	disease or condition rasulting In death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants	a	Dua to (c	or as a conseq	uanca of	):						Onsat	and Death
n certificate be axecuted mding physician and use as the burlet-transit	vMedicai	disease or condition rasulting In death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants	a. b. c. d. s contributing to dea	Dua to (o	or as a consequence of a consequence of	uance of	): ):	en in Part I			d tobacco uss		Onsat (6 )	nonth
o certificate be executed minding physician and mosa as the burlet-transit	vMedicai	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	a b c d s contributing to dea	Dua to (o	or as a consequence of a consequence of	uance of	): ):	en in Part I		23b. Did	diobacco uss	contribute	Onsat (6 )	nonth
nding physician and usa as the burlei-transit	Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	a b d d	Dua to (o	or as a consequence of a consequence of	uance of	): ):	en in Part I		23b. Did		contribute	Onsat	nonth
nding physician and usa as the burlei-transit	by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	a b d d	Dua to (o	or as a consequence of a consequence of	uance of	): ):	en in Part I		23b. Did	Y88 2□ No	contribute 3 □ Pr	Onsat	use of dear
requires that the death certificate be executed xx requires that the death certificate be executed by the attending physician and mould be detached for use as the burial-transit	by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	a b c d d	Dua to (o	or as a consequence of a consequence of	uance of	): ):	en in Part I		23b. Dk		contribute 3 □ Pr	Onsat	use of dear
requires that the death certificate be axecuted xx been signed by the attending physician and mould be detached for use as the burlet-transit	by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	a b d d	Dua to (o	or as a consequence of a consequence of	uance of	): ):	en in Part I		23b. Dk	Yss 2□ No	contribute 3 □ Pr	Onsat	use of dear
requires that the death certificate be executed xx requires that the death certificate be executed xx required by the attending physician and mould be detached for use as the buriel-transit	by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	a b d d	Dua to (o	or as a consequence of a consequence of	uance of	): ):	en in Part I		23b. Did 1 [ 24a. Wa per	Yss 2 No	contribute 3 □ Pr	Onsat  to the car robably  Wara auto available pcompletion of death?	uss of death  With the control of th
The law requires that the death certificate be executed to the last that has been signed by the attending physician and page 2 should be detached for use as the burial-iransit	Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Lest  Part II. Other significant conditions	a b d d	Dua to (o	or as a consequence of a consequence of	uance of	): ):			23b. Did 1 [ 24a. Wa per	s an autopsy formed?	contribute 3 □ Pr	to the carebably  Wara autoavailable prompletion	uss of dear
The law requires that the death certificate be axecuted to the late has been signed by the attending physician and page 2 should be detached for use as the burlat-transit	Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last  Part II. Other significant conditions  25. Was cesa referred to medical axaminar?	Hospitai	Dua to (o  Dua to (o  Dua to (o	or as a consequence of a consequence of	uance of uance of) uance of)	): : : causa giv	28. Piace		23b. Did	s an autopsy formed?  Yas 2 No	contribute 3 □ Pr	Onsat	uss of death  NONTH
refcient. The law requires that the death certificate be executed to seartificate has been signed by the attending physician and director, page 2 should be detached for use as the burlat-transit	To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last  Part II. Other significant conditions  25. Was cess referred to medical axaminar?  1   Yas   2   No	Hospitai: 1 ☐ Ing	Dua to (o  Dua to (o  Dua to (o  th but not rasi	or as a consequence of a consequence of	uance of uance of) uance of) ndarlying	causa giv	28. Piaca ar: 4 □ Nu		23b. Did	s an autopsy formed?	contribute 3 □ Pr	Onsat	uss of dea
Physician: The law requires that the death certificate be executed this cartificate has been signed by the attending physician and all director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last  Part II. Other significant conditions  25. Was cesa referred to medical axaminar?  1	Hospitai: 1 ☐ Inj	Dua to (o  Dua to (o  Dua to (o  th but not rase	or as a consequence of a consequence of a co	uance of uance of) uance of) ndarlying	causa giv	28. Piaca ar: 4 □ Nu	a of Death	23b. Did 1 [ 24a. Wa per 1 [ 1 (Check only ma 5 [] Flas	s an autopsy formed?  Yas 2 No	contribute 3 □ Pr  24b. 1	Onsat	uss of dea
Physician: The law requires that the death certificate be executed this cartificate has been signed by the attending physician and all director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last  Part II. Other significant conditions  25. Was cess referred to medical axaminar?  1   Yas   2   No	Hospitai: 1 □ Inj 28a. Data of (Month,	Dua to (o  Dua to (o  Dua to (o  th but not rasi	or as a consequence of a consequence of a consequence	uance of uance of) uance of) ndarlying	causa giv	28. Piaca ar: 4 □ Nu	a of Death	23b. Did 1 [ 24a. Wa per 1 [ 1 (Check only ma 5 [] Flas	S an autopsy formed?  Yas 2 No	contribute 3 □ Pr  24b. 1	Onsat	uss of dear
Physician: The law requires that the death certificate be axecuted this cartificate has been signed by the attending physician and all director, page 2 should be detached for use as the bufair-transit	To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last  Part II. Other significant conditions  25. Was cesa referred to medical axaminar?  1 Yes 2 No  27. Manner of Death 1 Naturai 5 Pending invastigat 2 Accident Invastigat 3 Suicida 6 Could not	Hospitai: 1 ☐ Ing	Dua to (o  Dua to (o  Dua to (o  th but not rasi	or as a consequence of a consequence of a conse	uance of uance of) uance of) uance of) uance of)	causa giv	28. Piaca ar: 4 □ Nu y at k?	of Deathursing Hor	23b. Did 1 24a. Wa per 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yas 2 No	contribute 3	onsat  to the car robably  Wara auto available pcompletion of death?	uss of death NO NTA
Physician: The law requires that the death certificate be executed this cartificate has been signed by the attending physician and all director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last  Part II. Other significant conditions  25. Was cesa referred to medical axaminar?  1 Yas 2 No  27. Manner of Death 1 Maturai 5 Pending invastigat	Hospitai: 1 ☐ Inj 28a. Data of (Month, ion be 28a. Piace o	Dua to (o  Dua to (o  Dua to (o  th but not rasi	or as a consequence of a consequence of a co	uance of uance of) uance of) uance of) uance of)	causa giv	28. Piaca ar: 4 □ Nu y at k?	of Deathursing Hor	23b. Did 1  24a. Wa per 1  (Check only ma 5  Accepted Describe	S an autopsy formed?  Yas 2 No	contribute 3	onsat  to the car robably  Wara auto available pcompletion of death?	uss of death NO NTA
Physician: The law requires that the death certificate be executed this cartificate has been signed by the attending physician and all director, page 2 should be detached for use as the burial-transit	Certification: To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last  Part II. Other significant conditions  25. Was cesa referred to medical axaminar?  1 Yes 2 No  27. Manner of Death 1 Naturai 5 Pending invastigat 2 Accident Invastigat 3 Suicida 6 Could not	Hospitai: 1 ☐ Inj 28a. Data of (Month, ion be 28a. Piace o	Dua to (o  Dua to (o  Dua to (o  th but not rasi	or as a consequence of a consequence of a co	uance of uance of) uance of) uance of) uance of)	causa giv	28. Piaca ar: 4 □ Nu y at k?	of Deathursing Hor	23b. Did 1  24a. Wa per 1  (Check only ma 5  Accepted Describe	S an autopsy formed?  Yas 2 No none)  sidance 6 C o how Injury occ	contribute 3	onsat  to the car robably  Wara auto available pcompletion of death?	uss of death NO NTA
Physician: The law requires that the death certificate be axecuted this cartificate has been signed by the attending physician and all director, page 2 should be detached for use as the bufair-transit	Certification: To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part II. Other significant conditions  25. Was cess referred to medical examinar?  1	Hospital: 1 Injury 1 Injury 28a. Data of (Month, liberard 28a. Piace of building)	Dua to (o  Dua to (o  Dua to (o  Dua to (o  th but not rase  patient 2 □  Injury  Day Year)  If Injury - At ha, atc. (Specification)	or as a consequence of a consequence of a co	uance of uance of uance of uance of M	causa giv	28. Piace ar: 4 □ Nu y at k? Yas 2 □	a of Death	23b. Did 1 [ 24a. Wa per  1 [ 1 (Check only ma 5 [] Flat 28d. Dascribe 28f. Location City or To	S an autopsy formed?  Yas 2 No opna  Sidance 8 Octoor on opna  Sidance 9 Octoor on opna  Sidance	contribute 3	Onsat  to the car robably  Wara auto availabla pcompletior of death?  U Yas  city)	use of death NO NTA  Use of death Winking Prior to n of ceuse 200 No
Physician: The law requires that the death certificate be axecuted this certificate has been signed by the attending physician and all director, page 2 should be detached for use as the burial-iransit	Certification: To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part II. Other significant conditions  25. Was cess referred to medical examinar?  1	Hospitai: 1 ☐ Ing. 28a. Data of (Month, be ad 28a. Place of building	Dua to (o  Dua to (o  Dua to (o  th but not rasional partiant 2 Injury Day Year)  If Injury - At he, atc. (Specification of axamina)	or as a consequence of a consequence of a co	uance of uance of uance of uance of M	causa giv	28. Piace ar: 4 □ Nu y at k? Yas 2 □	a of Death	23b. Did 1 [ 24a. Wa per  1 [ 1 (Check only ma 5 [] Flat 28d. Dascribe 28f. Location City or To	S an autopsy formed?  Yas 2 No opna  Sidance 8 Octoor on opna  Sidance 9 Octoor on opna  Sidance	contribute 3	Onsat  to the car robably  Wara auto availabla pcompletior of death?  U Yas  city)	use of death NO NTA  Use of death Winking Prior to n of ceuse 200 No
Physician: The law requires that the death certificate be executed this cartificate has been signed by the attending physician and all director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last  Part II. Other significant conditions  25. Was cesa referred to medical axaminar?  1 Yas 2 No  27. Manner of Death 1 Netural 5 Pending invastigat 3 Suicida 4 Homicida  29a. Cartifiar (Check only 2 Medicat Exercise)	Hospitai: 1 In In In In In In In In In In In In In	Dua to (o  Dua to (o  Dua to (o  th but not rasional partiant 2 Injury Day Year)  If Injury - At he, atc. (Specification of axamina)	or as a consequence of a consequence of a co	uance of uance of) uance of) uance of) uance of)  t 3 D  M  aat, facto	causa giv	28. Piace ar: 4 □ Nu y at k? Yas 2 □ na, data an pinion, daa	a of Death	23b. Did 1 [ 24a. Wa per  1 [ 1 (Check only ma 5 [] Flat 28d. Dascribe 28f. Location City or To	S an autopsy formed?  Yas 2 No opna  Sidance 8 Octoor on opna  Sidance 9 Octoor on opna  Sidance	contribute 3 □ Pr  24b. \frac{3}{3}  24b.	Onsat Onsat	uss of death NO NTA  West of death Winking Propry findingerior to or decuse 2 No  Number,
folian: The law requires that the death certificate be executed to actificate has been signed by the attending physician and mrector, page 2 should be deteched for use as the buntal-transit	edical Certification: To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last  Part II. Other significant conditions  25. Was cesa referred to medical axaminar?  1 Yas 2 No  27. Manner of Death 1 Naturai 5 Pending invastigat 3 Suicida 6 Could not dataminal 2 Accident 3 Suicida 6 Could not dataminal 29a. Cartifiar (Check only one)	Hospital: 1 In Ing. 28a. Data of (Month, ion be ad 28a. Piace of building Physician: To tha baminer: On tha bas and manna	Dua to (o  Dua to (o  Dua to (o  Dua to (o  th but not rasi	or as a consequence of a consequence of a co	uance of uance of) uance of) uance of) uance of)  t 3 D  M  aat, facto	causa giv	28. Piace ar: 4 Nu y at k? Yas 2 Nu na, data an pinion, daa e number	of Deathursing Hor	23b. Did 1 [ 24a. Wa per  1 [ 1 (Check only ma 5 [] Flat 28d. Dascribe 28f. Location City or To	S an autopsy formed?  Yas 2 No rona  Sidance 8 Constant And Number of Streat and Number of St	contribute  3 Pr  24b. \ \text{24b.} \ \text{36} \text{36} \text{37} \text{38} 3	Onsat  to the car robably  Wara auto available prompletion of death?  U Yas  chip)	use of deat  4 12 Unkno  psy findings  prior to n of ceuse  2 13 No  Number,
Physician: The law requires that the death certificate be axecuted this cartificate has been signed by the attending physician and all director, page 2 should be detached for use as the bunki-transit	edical Certification: To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last  Part II. Other significant conditions  25. Was cesa referred to medical axaminar?  1 Yas 2 No  27. Manner of Death 1 Naturai 5 Pending invastigat 3 Suicida 6 Could not dataminal 2 Accident 3 Suicida 6 Could not dataminal 29a. Cartifiar (Check only one)	Hospital: 1 In Ing. 28a. Data of (Month, ion be ad 28a. Piace of building Physician: To tha baminer: On tha bas and manna	Dua to (o  Dua to (o  Dua to (o  th but not rasional partiant 2 Injury Day Year)  If Injury - At he, atc. (Specification of axamina)	or as a consequence of a consequence of a co	uance of uance of) uance of) uance of) uance of)  t 3 D  M  aat, facto	causa giv	28. Piace ar: 4 □ Nu y at k? Yas 2 □ na, data an pinion, daa	of Deathursing Hor	23b. Did 1 [ 24a. Wa per  1 [ 1 (Check only ma 5 [] Flat 28d. Dascribe 28f. Location City or To	s an autopsy formed?  Yas 2 No one)  Sidence 8 Co one one one one one one one one one on	contribute  3 Pr  24b. \ \text{24b.} \ \text{36} \text{36} \text{37} \text{38} 3	Onsat  to the car robably  Wara auto available prompletion of death?  U Yas  chip)	use of death NO NTA Use of death Winking strior to on of cause 200 No
Physician: The law requires that the death certificate be executed this cartificate has been signed by the attending physician and all director, page 2 should be detached for use as the burial-transit	edical Certification: To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last  Part II. Other significant conditions  25. Was cesa referred to medical axaminar?  1 Yas 2 No  27. Manner of Death 1 Naturai 5 Pending invastigat 3 Suicida 6 Could not dataminal 2 Accident 3 Suicida 6 Could not dataminal 29a. Cartifiar (Check only one)	Hospitai: 1 In Ing 28a. Data of (Month, ion) be ad 28a. Piace of building Physician: To the beaminer: On the bas and manna	Dua to (o  Dua to (o  Dua to (o  Dua to (o  th but not rasi	er as a consequence of a consequence of a co	uance of uance of) uance of) uance of) uance of)  M  aat, facto	causa giv	28. Piace ar: 4 Nu y at k? Yas 2 Nu na, data an pinion, daa e number	of Deathursing Hor	23b. Did 1 [ 24a. Wa per  1 [ 1 (Check only ma 5 [] Flat 28d. Dascribe 28f. Location City or To	S an autopsy formed?  Yas 2 No rona  Sidance 8 Constant And Number of Streat and Number of St	contribute  3 Pr  24b. \ \text{24b.} \ \text{36} \text{36} \text{37} \text{38} 3	Onsat  to the car robably  Wara auto available prompletion of death?  U Yas  chip)	use of death NO NITA  Use of death Winking Prior to n of ceuse 2 [] No  Number,
Physician: The law requires that the death certificate be executed this cartificate has been signed by the attending physician and all director, page 2 should be detached for use as the burial-transit	edical Certification: To Be Completed by Physician/Medical	disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last  Part II. Other significant conditions  25. Was cesa referred to medical axaminar?  1 Yas 2 No  27. Manner of Death 1 Netural 5 Pending invastigat 6 Could not datarminal conditions 2 Accident 3 Suicida 6 Could not datarminal cone)  29a. Cartifiar (Check only one)  29b. Signatura and title of certifiar	Hospitai: 1 Ing 28a. Data of (Month, 1 be ad 28a. Piace o building Physician: To tha ba aminer: On tha bas and manna	Dua to (o  Dua to (o  Dua to (o  Dua to (o  th but not rasi  Injury Day Year)  If Injury - At he, atc. (Specification of axamina in stated.	er as a consequence of a consequence of as a consequence of a consequ	uance of uance of uance of uance of uance of MandarlyIng	causa giv  Causa giv	28. Piace ar: 4 Nu y at k? Yas 2 Nu y at anna, data ann pinion, daa	of Death rising Hor No d place, a	23b. Did 1 24a. Wa per 1 Check only ma 5 Flat 28d. Describe 28f. Location City or To	S an autopsy formed?  Yas 2 No rona  Sidance 8 Constant And Number of Streat and Number of St	contribute 3  Pr 24b. 3	Onsat  to the car robably  Wara auto available prompletion of death?  U Yas  chip)	use of death NO NITA  Use of death Winking Prior to n of ceuse 2 [] No  Number,



State of Maryland / Department of Health and Mental Hygiene

19423

						Ce	rtificate	of i	Death			Reg. No.			
4 1		1. Decedent's Name (F	First, Middle, L	ast)							2. Date of De		V	3. Time	of Death
Physic /Medi		Pamela	Joy (Sa	aunders !	) Bisch						June	28, 199	Year 6	1:1	5 PM
Exami		4a. Facility Name (If no	ot institution, gi	ive street and n	umber)			4	b. City, To	wn, or Lo	cation of Deat				
		1620 Hog	farm Ro	oad					Mill	ersv	ille	Anne	Aru	ndel	
Funeral		5. Social Security Num		Sex	7. Age (In yrs.	last birthday)	If Under 1	Year	If Under						e or Foreign
Director		218-76-60	19	1□M 27 F	42	Yrs.	Months	Days	Hours	Min.	8. Date of Bir (Month, De 04/16	17. Year)	Cou	rylan	_
		Usual Residence of De	cedent				1					,		1	
show		10a. Stete 10	b. County		10c. Cit	y, Town or Lo	cation						1	Od. Inside	City Limits
the Maryla 28a-f sho	ţ	Md.	Anne Ar	nindo]	Mi	llersv	4116						-	1 🗆 Ye	s a No
the M.	9	10e. Street and Number		uider	PIL	TIELDA	10f. Zip C	ode				10g. Citizen of	What Cou	ntrv?	
23a or	0	1620 Hog:	farm Ro	had					108			Ameri		,	
eath v	Funeral Director	11. Meritel Stetus		-	cedent Ever in U,	S 13	Was Deceder			inin? (Sne	oify Vee or No			can indian,	
Hems Hems	5	1 Never Married	<b>9₽</b> Marriad	Armed F	orces?	0. 10.	If Yes, specify	Cuba	n, Mexicar	, Puerto	cify Yes or No Rican, etc.)	Bla	ck, White,		
urs after of the	by	3 □ Widowed 4 □		If Yes, G	20 No live		1 ☐ Yes 2)	No	Specify:			Nati	ive A	Ameri	can
72 hours after death with the Maryland "natural", or Hems 23a or 28a-f show after Examinet must be nutified at			. Decedent's E		Duitos.	16a Dece	dent's Usual (	)ccup	etion			16b. Kind of B	uelnose/ln	duetor	
- 4	Completed	(Specify	only highest gi	rade completed	*	(Give	kind of work DO NOT use	done o	during mos	t of worki	ng	TOO. INITIA OF E	usii iese ii i	dustry	
e filed within al Hygiene.	E	Elementary/Seconda	iry (0-12)	,	(1-4or 5+)				,			Li	brar	ian	
Hygi ther ther		17. Father's Name (Fir.	st, Middle, Las	n/a		CTe	rical		18. Mothe	er's Neme	(First, Middle	Maiden Sumai		LCGI	
od be	Be	Fred Wil										Boque			
2 should be to and Mental It is marked or	2	19a. Informant's Name				10h Mailt	na Address (	344					Chair 7/	0-4-1	
s 1 and 2 should be filed within 72 hours of f Health and Mental Hygiene. tem 27 is marked other than "natural", or other traumatic event, the Medical Exam		Cynthia J			Sister					er or mura	i rioute ivumo	er, City or Town	, Siale, Zij	Code)	
Heat ther				ar c			eensbo				Data	000 1 00000	Oh T		
or or	5 10 4 4 E	1 ★ Burial 2 □ Cremation 3 □ Removal from State   Cemetery, crematory or other place)									20c. Location				
omnit. Pages 1 ar Department of Hea mportant: if item: iny injury or other		4 □ Donation 5			Wo	odfiel	d Ceme	ter	-y		7/1/96	Gales	ville	e, MD	•
permit. Pages 1 and 2 st Department of Health and Important: If Item 27 is n any Injury or other trsun once.		21. Signature of Fugier	al-Service Lice	17001	-		. Name and								
20153		10/	~ 1	70	mer	_	Hardes	- marine							
		23a. Part 1: Enter the c	lisease, or obe	iplications that	caused the deet	n. Do not ent	er the mode	of dyln	g, such es	cardiac o	r respiratory a	rrest,		Approxim Interval B	ete
Physician		shock, or heart fa	mure. List only	one seuse on	each line.								İ	Onset an	etween d Death
/Medical	н	Immediate Cause (Fin.	al		n. L.	h_4.:	1.10							70	
Examiner		disease or condition resulting in death)		a. \	1 18121	12116	204	10	<u> </u>	inon	na, u	nknow	+	4	mos
	ē				Due to (a	ras e consec	quence or):	P	(Im)	317	31 +6	_			
certificate be executed ding physician and se as the burial-transit	Examiner			b. ———	Due to /e	r es e consec							- 1		_
exec n an ial-tri	Exa	Sequentially list condit if any, leeding to imme cause. Enter Underlyii Cause (Disease or Inju	diate		000 (0	r es e consec	(uence or):								
certificate be executed ding physician and se as the burial-transi		Cause (Disease or Inju	ry ⊀	C	0.14.6	O CONTRACT OF									
phy sthe	Medical	resulting in death) Less			Due to (or	es e conseq	uence of):								
ding Se a				d									1		
that the death cert hed by the attending detached for use	Physiciar														
the d	ysi	Part II. Other significan	nt conditions	contributing to	death but not resu	alting in the u	nderlying cau	se giv	en in Part i	l.	23b. Did	tobacco usa co	entribute to	the caus	e of death
requires that the ceen signed by the hould be detached	F										10	Yes 2 No	3 Pro	bably 4	Unknow
8 6 6	by												T.		
v requin	Completed										24a. Was	an autopsy ormed?	av	ere autops aliable pric	r to
has by	ple												of	mpletion o death?	r cause
The ate h	O.										10	Yes 2 No	10	□Yas 2	No
Ician: The	Be	25. Wes case referred	to medical						26. Place	of Death	(Check only	one)	J		
Physician: The li this certificate ha	To	exeminer?		Hospitel:	Inpatient 2	ER/Outpatler	it 3 DOA	Oth	er.	irsing Hor	1	dence 6 □Otl	ner (Specii	(v)	
Physer this eral di		27. Menner of Death			of Injury oth, Day Year)	28b. Time of		. Injun				how Injury occu		,,	
Attending ir death. ector: After by the fune	atlo	1 Natural 5 2 □ Accident	Pending investigation		ntn, Day Year)	Injury	М		Yes 2□	No					
Attendil r death. ctor: A	flea	3 ☐ Suicide 6	Could not to	286. Plac	e of Injury - At ho	me, ferm, str	eet, factory, o	ffice		- 1	28f. Location (	Street and Num	ber or Run	al Route No	ımber,
f or Attending after death. Director: After d in by the fune	Certification:	4 Homicide	dotomino	build	ting, etc. (Specif)	1)					City or To	wn, State)			
The pital or Attending in a hours after death. The Funeral Director: After npietely filled in by the funeral presents and the funeral pitals.	0	29a. Certifier 18	Certifying P	hvalcian: To the	e best of my know	vladna daati	occurred at	the tim	ne date an	d place a	and due to the	causo(s) and m	0000000000	teted	
Fun Pelo	edicai		Medical Exa	miner: On the b	pasts of examinat	ion and/or in	estigation, in	my of	pinion, dea	th occurre	ed at the time,	date and place,	and due to	o the cause	e(s)
To the properties or extending Physics 2 hours after death. To the Funeral Director: After the completely filled in by the funeral	Mec	29b. Signeture and title	of certifier	and met	mer stated.		200 1	icens	e number		1	29d. Date signe	d (Month	Day Your	
2 2 8		S. S. S. S. S. S. S. S. S. S. S. S. S. S		M		m ~	250.	A	111	<		/			
/		Ch	JA	-	ney,	111.0.	1	14	146	)		06/6	13/	16	
6		30. Name and address	$\sim$		se of death (Item	23a) (Type	Print)	_		10		$\infty$ , $A_{m}$			
		Ann C.		4	1.D. 9	00 R	estgá	le	KOS	0,0	site3	W, Am	spoli	MD	2140
Sta	ate	31. Date filed (Month, L	0 2 199	32.1	Hegistrer's Signa	ture									
Registi	rar	JUL	UZ 133	0	. u wavid	son-Rang	da 82								



State of Maryland / Department of Health and Mental Hygiene 96

			Cer	tificate of	Death		R	leg. No.		
Physician	1. Decedent's Neme (First, Middle		00.7				2. Dete of Dear Month		Yaer	3. Tima of Deeth
/Medica	SANA	P. P. P. I. V	COX				JUNE	26	1996	9:00 m
Examine	NORTH ARI	INDEL HO	SPITAL		GLET	NBU	ation of Death			KUNDEL
Funeral Director	5. Social Security Number  218 - 18 - 6486  Usual Residence of Decedant		7 / Yrs.	Months Deys		Min	8. Data of Birth (Month, Day JAN 03	Year) 5, 1925	Cour	placa (State or Foreign htry) yland
land w	10e. Stete 10b. County	10c.	City, Town or Loc	cation					1	0d. Inside City Limits
r 28a-f show	MD. ANNE	ARUNDEL	PASA	DENA				Og. Citizen of	Affica Court	1 ☐ Yes 2 No
23a or		RD.		2/12	22			U.S.		itry /
020 urs a	3 □ Widowed 4 □ Divorced	If Yes Give	If	Vas Decedent of Yas, specify Cul ☐ Yes 2 1 No	ban, Mexicar	n, Puerto R	oify Yes or No- lican, atc.)		e - Americ ck, White, v: W]	
21215-0020 d within 72 hours af plene. Ir than "natural", or the Modical Exam.	15. Deceden (Spacify only higher Elementary/Secondery (0-12) 12th Grade 17. Fether's Neme (First, Middle,	t's Education st greda complated)  College (1-4or 5+)	16a. Deced (Giva i life. D	ent's Usuel Occu kind of work done OO NOT use retin	upation e during mos ed)	t of workin	g	16b. Kind of B	usiness/ind	dustry
	12th Grade		Home	Maker				Own H	lome	
	17. Fether's Neme (First, Middle,  Albert G. Mai						(First, Middle, 1 Lent	Meiden Suman	10)	
Aar)	19e. Informent's Neme/Relations	hip (Type, Print)	19b. Mellin	g Address (Stree	et end Numbe	er or Rural	Route Number	r, City or Town,	State, Zip	Code)
	Louis F. Cox			Lake Ro	ad, Pa	sader	na, Mar	yland 2	1122	
Baltimore,  eemit. Pages 1 at Pepartment of Has mportant: If Item; my Injury or other more.	20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremetion  4 ☐ Donetion 5 ☐ Other (S)	3 Removal from State		sition (Nema of nefory or other plant) 1 Cemeta		6.		20c. Location		Maryland
Baltimor pemit. Pages Department of I important: if ite any injury or or once.	21. Signeture of Funerel Service		is) 22.	Nama and Addr	ress of Facilit	Geo	orge J.	Gonce	Fune	ral Home
	23a. Pert1. Enter the diseese, or	complications that caused the de only one cause on each line.							ryla	Approximata
/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Undertying	b	(or es a consequ	uence of):	AM	CRE	か介と	CAN	CER	. OME Men
10 9 H =	Sequentially list conditions, if eny, leeding to immediate causa. Entar Underlying Cause (Disease or Injury	Due to	(or as e consequ	uence of):						
2 0 6	resulting in deeth) Last	Dua to	(or es a consequ	uence of):	-					
death o	8	54								
P.O hat the d by the satache	Pert II. Other significant condition	ins contributing to deeth but not re	esulting In the un	derlying cause g	iven in Pert I		23b. Did to	N		the cause of death? bebly 4 Unknown
aw requir	Dieted by						24a. Was a perform		av.	ara autopsy findings allebie prior to mpletion of cause death?
The law ate has the page 2 s	E						1 🗆 Ya	as 200No	10	Yes 20 No
f Vital I ysicien: The ysicien: The is cardificate director, pag		UR Constitution				of Deeth	(Check only on	10)		
Of Vita Physician: this cardiforal director,	O 1□ Yes 2 No		ER/Outpetient	3LI DON			e 5 🗆 Reside			v)
Division o  Buye Attending Ph  The death  Th	27. Menner of Death  1 Netural 5 Pendin  2 Accident Investig	pation	28b. Time of Injury	28c. Inju Wo M 1	uryet ork? ]Yes 2∐I		8d. Describe ho	ow injury occur	red	
Division de la principa del principa del principa de la principa del principa del principa de la principa de la principa del	3 Sulcide 6 Could in determined		home, ferm, stre	et, fectory, office		21	Bf. Location (St City or Town	treet and Numb n, Stete)	er or Rura	I Route Number,
Hospital Plensky Illia		g Physicien: To the best of my kr Examiner: On the basis of examiner end menner steted.	nowledge, deeth netion and/or inv	occurred et the t estigetion, in my	ime, dete en opinion, dea	d plece, ar	nd due to the ca	ause(s) end ma ete end plece,	anner as si and due to	teted. the cause(s)
To the To the Comp		Im. v	MN		sa number	06		9d. Deta signe		
5	30. Name and address of person	who completed cause of deeth (Ite	em 23e) (Type, F	Print) HOST	2. Dr	2	GLEN	TENK	MIE.	TH 1996 mb 2106
State	21 Date filed (Month Day March	32. Registrer's Sig	nature	., .,	0 1	1				J 7.130

YEAR

9c. COUNTY OF DEATH

3. TIME OF DEATH

10:30

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

1 YES 2X NO

White

8. BIRTHPLACE (State or Foreign

Maryland

10g. CITIZEN OF WHAT COUNTRY?

U.S.A

Specify:

A.M

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

JUL 02 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

s works

32. REGISTRAN'S SIGNATURE

902

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

E	
S	
90	
9	
5	
dea	
Je .	
50	
Ę	
3	
24	
=	
1	
2	
5	
9	
40	
8	
100	
E E	
8	
5	
100	
9	
=	
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 m	
88	
8	
9	
30	
2	
-	
A	
200	
₹.	
2	
NG	
9	
1	1
A	
8	
1	
M	

June 25, 1996 Kenneth Wayne Carl 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Oct. 10 1948 DAYS 213-52-3494 1 M 2 F permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR 16840-56 Henderson Road Henderson Caroline RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Caroline Henderson 10e. STREET AND NUMBER 10f. ZIP CODE 16840-56 Henderson Road page 5 should be detached for use as the burial-transit 21640 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THOU IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2X NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 11 N/A Welder Power Brake once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) Ti RObert M. Carl Violet H. Bonsall BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Peggy Tyler 4106 Arundel Court Pasadena, Maryland å 20e. METHOD OF DISPOSITION
1 | Burlel 22 Cremetion 3 | Re
4 | Donetion 6 | Other (Specify) | 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must director, cemetery. Metro Crematory June 27,96 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY
Fleegle-Helfenbein Funeral Home n by the funeral c P.O. Box 160 Greensboro, MD 21639 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final and completely filled to burial, cremation, or the disease or condition LUNG CANCER event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior tr other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 injury. PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 明日 any signed Health a t. of Heah PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item certificate h the State 1, or item OTHER: 1 YES NO Inpetient 2 - ER/Outpetient 3 - DOA ng Home 🤌 Residence 6 🗆 Other (Specify) 4 🗌 Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? marked, this c 1 Netural 2 Accident 5 Pending Investigation 1 YES 2 NO BY After 1 DIRECTOR: An hours after desitem 28 is n 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 4 Homicide item 156 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner ee stated. TO THE FUNERAL OF TO THE FUNERAL DE FILED WITHIN 72 PC IMPORTANT: If IN MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 20c. LOCATION - City or Town, State Baltimore, MD **Approximate** Interval Between Onset and Death 6 1445 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 25 ALE 4-8 70w 160 DHMH-16 Rev 1/89

29c. LICENSE NUMBER

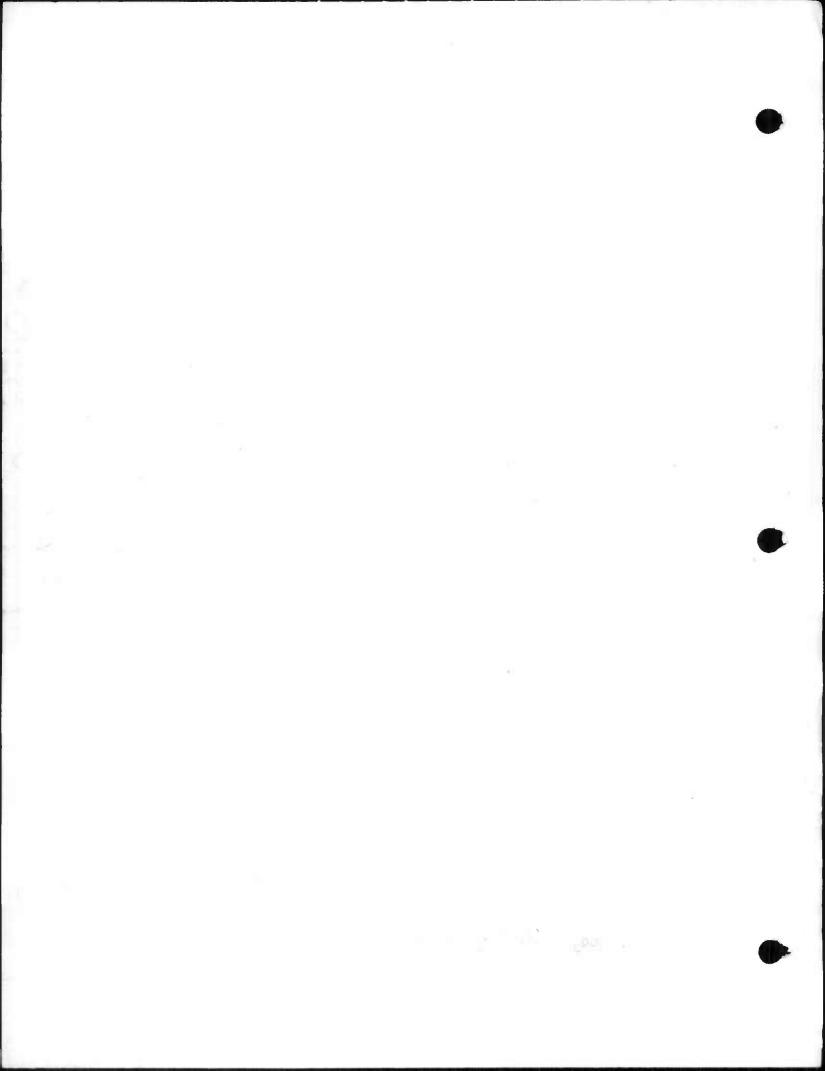
1DOWILD

012

305 130 III

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

		REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	Ю.	
		1. DECEDENT'S NAME (First, Middle, Last) MILDRED A. CA.	MPBELL			2. DATE OF DEATH JUNE 2	2,1996	3. TIME OF DEATH 12:52 a.m.
2		4. SOCIAL SECURITY NUMBER 207-12-3215	5. SEX 6. AGE (		UNDER 1 YEAR OF UNDER 24 HI	RS. 7. DATE OF BIRTH	8.8	BRTHPLACE (State or Foreign Country)
1, 2, 3 should	STOR	9a. FACILITY NAME (If not institution, give  LS W. K. JUMS)  RESIDENCE OF DECEDENT	y Home	96	Battimore	F DEATH	9c. COUNTY	OF DEATH
permit. Pages	DIRECTOR	10a. STATE 10b. COUNT  Md NA	Y	0	own or Location	14		10d. INSIDE CITY LIMITS? 1 YES 2 NO
St	FUNERAL	500 W. Uniu		Kuay	101. ZIP CODE 21210		10g. CITIZEN	OF WHAT COUNTRY?
215-0020 attending physician. ise as the burial-transit	BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO		SPANIC ORIGIN? (Specify ) exican, Puerto Rican, etc.) pecify:		RACE — American Indian, Black, Whita, etc. Specify: Black
21 al or for u	PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	ICATION o completed)  College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work kite. Do NOT use rel	done during most of working	16b, KIND OF B	USINESS/INDUST	
by the hospital be detached to at once.	BE COMPLET	17. FATHER'S NAME (First, Middle, Last)	Jalker	Supers	18. MOTHER'S	S NAME (First, Middle, Maide		of Recreation
E, MARY be retained by ge 5 should b	TO B	190. INFORMANT'S NAME (Type/Print) Franklyn E.	Walker	19b. MAILING ADD	RESS (Street and Number or Re	Lane Ph	wn, State, Zip Code	"in Pa 19144
	must be	20a. METHOD OF DISPOSITION  1 Separation 2 Cremation 3 Ren  4 Donation 6 Other (Specify)	cem	PLACE AND DATE OF DI green, crematory or other in	olace) A /	7-1-96 B	a Himore	or Town, State
0 = 0		21. SIGNATURE OF FUNERAL SERVICE LI	Marci	4	March TE, 8	4. West Wabast	à Aveni	ne Bato, Md
B min of hours after seems find in by the companie, or removal min, the medical		23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Club	I the death. Do not dech line.	Oo Dis	auch as cardlec or rea	piratory erreat,	Approximate Interval Between Onset and Death
O. BOX services of providing physician congress prior to consider traumating	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR AS A	CONSEQUENCE OF):	Mille	hs		1090
G T S	CERTI	resulting in death) LAST	d					
CORC res that th signed by t leafth and rs any in	EDICAL	PART II. Other algnificant condition	na contributing to deeth be	ut not resulting in th	e underlying ceuse given	In Part I. 24e. WAS A PERFO	ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
L RE law requests been ept. of 1	AN: M	DID TOBACCO USE CONT				AIN 🗆		1 TES 2 NO
一年 自 報 馬	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Output		HER: Nursing Home 5  Rasiden	ice 6 🗆 Other (Specify)		
O # 18 # 2	ву Рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURE	0
DIVISION DR ATTENDING I DIRECTOR: After hours after death item 28 is man	ETED	3 Suicida 6 Could not be detarmined	26s. PLACE OF INJURY building, etc. (Speci	— At home, larm, street	, lectory, office	261. LOCATION (Street City or Town, State	t and Number or Ru e)	irel Route Number,
DIV HOSPITAL DR A FUNERAL DIREC WITHIN 72 hours TANT: 1f item	COMPL	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowler: R: On the basis of examination					se(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P IMPORTANT: If i	TO BE	296. SIGNATURE AND TITLE OF CENTRIE	Vilsen	M.D	29c. LICENSE	NUMBER -+77	29d. DATE SIG	NEO (Month, Day, Year)
5			700 W.	TH (ITEM 27) (Type, Print	reet Ba	Ho md	2/2/	1
		31. DATE FILED (Month, Day, Year)	Julia Laurdson-Ra	ndell		,		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 5. PER F'.H. F'ILM G-737 7/2/96 t.t item #4, filmg 737, 7/26/96, cyw per daughter filmater of Death

Reg. No.

PER F.H. FILM G-/3/
State of Maryland / Department of Health and Mental Hygiene
Certificate of Death

Reg. No. Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Physician BELLE COHEN 25, 1996 JUNE 9:15am /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** i. Sociel Security 218-05-08395ex 7. Age (In yrs. last birthdey) H Under 1 Yeer If Under 24 Hrs. Months Days Hours Min. (Month, Day, Year)

Yrs. Months Days Hours Min. MARCH 28, 1915 WOOD Birthplace (State or Foreign Country) **Funeral** 10 M 20 F Director MARYLAND -03 Usual Residence of Decedent filed within 72 hours after death with the Maryland Hyglene. 10a. State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 Yes 2 No Director MD Ball mora Runnalls Lucia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. Funeral 8-703 21133 BILLAS MOUD ROGO 12. Wes Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Maritel Stetus Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give X 1 ☐ Yes 2 X No Specify: WHITE þ Specify: 3 ☑ Widowed 4 ☐ Divorced Year or Detes: 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Buainess/Industry 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) U.S. GOVERNMENT Elementary/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed wi Department of Health and Mentel Hyglen, Important: If feen 27 is marked other th, any Injury or other traumatic event, and ODGs. DEPT. OF ARMY BUDGET ANALYST 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) DAVID BLUMENTHAL SADIE FRIEDMAN 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARCIA WELLINGTON - DAUGHTER 5607 LIGHTSTUN LANE COLUMBIA, MD 21045 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) MIKRO KODESH BETH ISRAEL 6/27/96 BALTIMORE 22. Neme end Address of Facility 21. Signeture of Juneral Service Licensee SOL LEVINSON & BROS., INC. un 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hear feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical a metastitic **Examiner** Brunst Due to (or as a consequence of): Examiner requires that the death certificata be executed physician and the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of) 88 980 9 signed by the a Part II. Other eigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown p 24b. Wera autopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed 188 1 Yes 2 No 1 ☐ Yes 2 ☐ No director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of injury 28c. Injury at Work? 28d. Describe how Injury occurred Certification: or Attending 1 Natural 5 ☐ Pending 24 hours after death. Funeral Director: Al 1 Yes 2 No 2 Accident Investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homloide Hospital edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piace, and due to the cause(s) end manner as steted. To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examinar: On the basis of revemination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(e) and menner stated. 29b. Signeture and title of certifier 29c. License number 29d, Date signed (Month, Day, Year)

Pzo

31. Date filed (Month, Day, Year)

ded duran

30. Name and address of person who completed cause of death (item 23s) (Type, Print)

32. Registrar's Signature

029085

010

Court Roos

JUNE 25 1996

DHMH 16 Rev 6/95

n X % - 1

4 II 1971

n I

18 IV

, 300

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 1. Assure All Copies Are Legible. 1. Assure All Copies Are Legible. 2. Department of Health and Mental Hygiene 9.6

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

19428

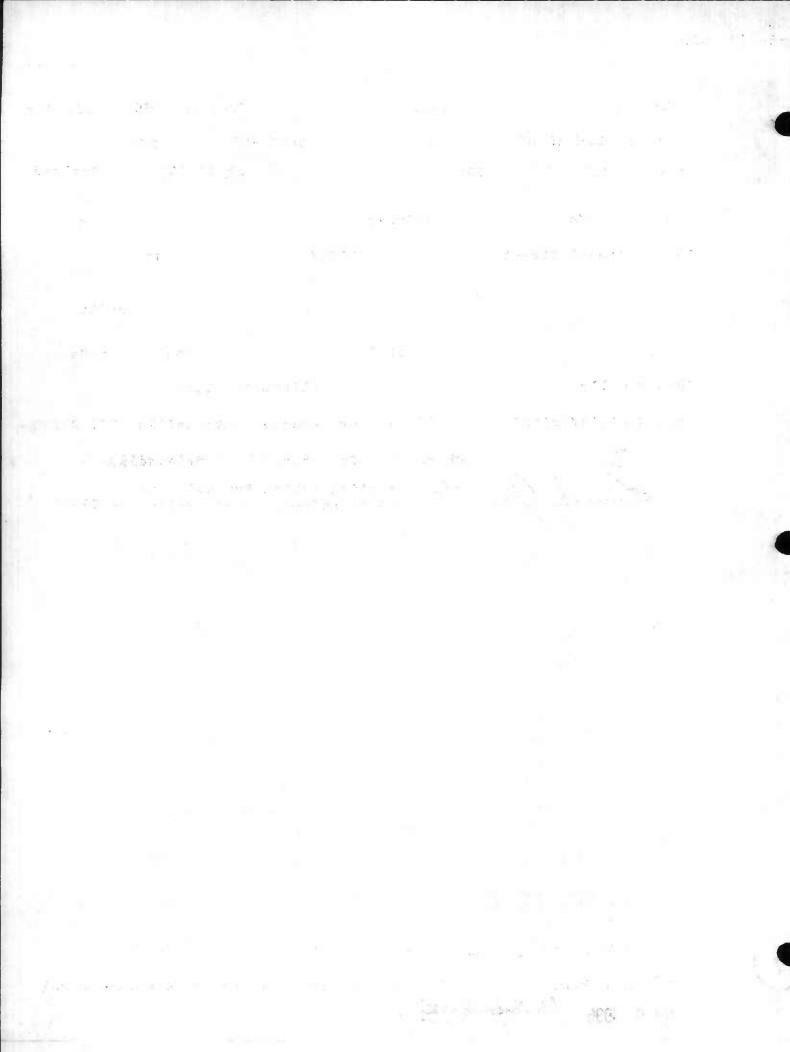
						Ce	runcat	e or	Deam			Reg. No.			
Phys	ician	1. Decedent's Name (First, Mic									2. Data of D	Day	Year	3. Tima	of Death
	dical	NICHOLAS TON	Y CORI	VIAS							June	29, 199	96	12:	03 A.
Exan	niner	4a. Facility Nama (If not Institut	P. 12 - 111 -						4b. City, To	own, or Lo	cation of Dec	ith 4c. Cou	nty of Death	1	
		Johns Hopkin						4.54			e City				
Funer Directo		5. Social Sacurity Number 220-04-0282	6. Sex 1 🗀 M	2□ F	7. Aga (In yrs. las 30	st birthday) Yrs.	If Undar Months	Days	If Under Houra	Min.	8. Data of E (Month, I Jan.	lirth Day, Year) 10, 196	9. Birth Cou Ma.	piaca (State intry) rylano	or Foreign
p ,		Usual Rasidance of Decedent  10a. State 10b. Cour			10- 04-	Y									
deeth with the Maryland ms 23a or 28a-f show	Director	1000	/A			Town or Lo								10d. Inside 1 ☑ Ya	City Limits is 2 □ No
or 28	a a	10e. Street and Number					10f. Zip					10g. Citizen	10g. Citizen of What Country?		
th wi	a C	800 S. Umbra	Stree	et			212	224				U.S	.A.		
p 22	by Funeral	11. Marital Status  1 ☑ Never Married 2 ☐ M 3 ☐ Widowed 4 ☐ Divorce	arried	Was Dece Armed For 1 ☐ Yes if Yes, Giv Yaar or Da	2 ☑ No a	}	Was Deced if Yes, spec 1 ☐ Yes		dispanic Ori an, Mexical Specify:		ecify Yas or N Rican, etc.)		Race - Amer Black, White cify: W		
72 hours natural	De De	15. Deced	int's Education	on		16a. Dece	dent's Usua	i Occup	oation			16b. Kind o	Business/I	ndustry	
within ene. then	Completed	(Specify only high	T	Coilege (1	-4or 5+)	life.	DO NOT us	se retire	<i>dur</i> ing mos d) Admin			Muni	cipal		
STEE.	Ü	17. Father's Name (First, Middle	e, Last)						18. Moth	er'a Neme	leme (First, Middle, Maiden Surneme)				
DET	To Be	Tony Nichola	s Corr	nias					C1	ara F	Cordis	tos			
shour Man	20e. Method of Disposition			(Type, Print) 19b. Mailing Address (Street and Num.									wn, State, Z	ip Code)	
C = N L		ias, f	athe	r	800	S. Un	nbra	Stre	et, I	Baltim	ore, MI	2122	4		
		20e. Method of Disposition  1 ☐ Buriai 2 ☐ Crematio 4 ☐ Donetion 5 ☐ Othar		ovai from S	State		nafory or o			17.	Data -1-96	20c. Location	on - City or T		
permit. Pege Department of Important: If any injury or	Ain]	21. Signature of Funeral Sarvice			Oan				y ss of Facili		-1-90	Darci	.IIIOLE,	rice .	
Deer v	Buce	I ann 3	1.2	att	heus	/ N	latthe	ews .	Funer	al H		more, M	d. 21	224	
		23a. Part1. Enter the diseese, shock, or heart feilure. L	or complicati	ons that ca	aused the death. ech line.	Do not en	er the mod	a of dyin	ng, such es	cardiec o	r respiratory	arrest,	1	Approxim Intervat B	ate etween
Physicia	_					-							1	Onset and	
/Medica		immediate Ceuse (Final disease or condition resulting in death)	a	M	ass. V	2	who	10he	·M	He	morri	~	<u> </u>	15m	inute
Examin		resulting in death)			Due to (or a		quence of):				-	3			
per jist	Examiner		b	171	MOYW	-1	6/00	7	54	rehy	to the	a lu	19		
and and	хап	Sequentially list conditions, if any, leeding to immediata			Dua to (or a	is a consec	uence of):		1 7	10)	0				
ificete be e g physician es the burie		Sequentially list conditions, if any, leeding to immediata cause. Enter Undarlying Cause (Disease or Injury that initiated events	<b>c</b>	(	etralog	-	F	a	lot 1	w. th	· h	Imones	Att	eige	
certificate be executed iding physician and use as the buriel-transit	VMedical	rasulting in death) Last	1		Dua to (or a	s a consec	uence of):						7		
certif nding use e	3		d												
A	clar	Deat II Other deathlesses and	1-1-1		Same Hardakera Tree							14.6			
ires that the deeth signed by the ette d be detached for	Physician	Part ii. Other significant condi	ions contrib	uting to de	ath but not rasulti	ing in the u	nderlying c	ause giv	an in Part i	1.		tobacco use			
thet by deta	by Pt										1	Yes 2 N	o 3∐PM	obably 4	_ Unknow
requires that the seen signed by the hould be detache	D D											s an autopsy	24b. V	Vere autops	y findinga
20 00	Set										per	formed?	0	vailable prio ompletion of f death?	cause
The le	E	Completed							,,	Yas 200			□ No		
ificat or, pa									a of Dooth		10	, ,	☐ 195 21	_ NO	
Physician: this certific ral director,	To Be	examinei? 1  Yas 2 No	Hosp	oitai:	npatient 2 1 EF	R/Outpatler	nt 3 DO	Oth	oc:		(Check only	sidence 8 🗆	Whee (Case	16.1	
		27. Manner of Death	2		-	8b. Time o				-		how injury oc		ny)	
offing f ith. : After s funer	皇	27. Manner of Death 1 12/Natural 5 Pending (Month, Day Year) 28a. Date of injury (Month, Day Year) 28b. Time of injury work? 1 1 Yes 2 No								No					
Hospital or Attending A hours after deeth. Funeral Director: After lely filled in by the fune	Certification:	3 ☐ Sulcida 4 ☐ Homicide  3 ☐ Sulcida 4 ☐ Homicide  5 ☐ Could not be datamined building, atc. (Specify)										mber,			
Hospital or M hours after Funeral Dir tely filled in		29a. Certifier 1 Descripting Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
24 ho Fun pietely	Medical	(Check only 2 Medica	i Examiner:	on the ba and menn	sis of examinetion	n and/or in	estigation,	in my o	ne, date an pinion, dea	th occurre	end due to the	e cause(a) and , date and pied	manner as e, end due	stated. to the cause	o(s)
2 12 8	Z	256. Date signed (Mishin, Da)													
)		Jon S.	Kan.	, ms	2.			D	206	56		Ju	ne 29	1991	0.
_		30. Name and address of person	n who compl	eted cause	of death (Item 2	3a) (Type,	Print)				6	00 N. W	ole :	Sheet	
5		Jean S	, Kan	M.1	D'	The J	hus	4001	ci his	Hoop-	te B	Ju. 00 00. W. W. 00 00 00 00 00 00 00 00 00 00 00 00 00	re M	reykind	2120
,	tate	31. Date filed (Month, Dey, Yes	r) <b>p</b>	32 Re	gistrar's pnagu	100.		1		1			,	J	

DHMH 16 Rev 6/95

State Registrar

				aryiaric			of Health and of Death	u ivieritai H	/giene Reg. No.	96	1942
Physic	ian	Decedent's Neme (First, Middla, Last	)					2. Date of D Month	eeth Day	Yeer	3. Time of Death
/Medi		GEORGE		CU	JLLY			JUNE			10:10 P
Exami	ner	4a. Facility Name (If not Institution, giva	English a HU. I					or Location of Dee	th 4c. Count	ty of Death	
		363 S. BONSAL  5. Sociel Security Number 6. Se		e (In yrs. la	et hirthda	if Under 1		TIMORE		/A	
Funeral Director			M 2□ F 7		Yrs.			Min. (Month, D	th Year) 1919	9. Birthplac Country	e (Stata or Foraign reland
nylan how		10a. State 10b. County		10c. City,	Town or	Location				10d.	Inside City Limits
8 Ma	cto	Md N/A		Ва	ltir	nore					1 ☐ Yes 2 ☐ No
th th	Dire	10e. Street and Number				10f. Zip Co			10g. Citizen of	What Country	?
s 23s	- a	363 S. Bonsal S					L224		US		
Trinous ener deam with the maryand "neturel", or items 23a or 28a-f show indical Examiner must be notified at	by Funeral Director	11. Marital Status  1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2 N If Yes, Give Year or Dates:		. 13	If Yes, specify	of Hispanic Origin? Cuben, Mexican, Pu No Specify:	(Specify Yes or Nuerto Rican, etc.)	o- 14. Ra Bla Speci		
cal E	8	15. Decedent's Edu	cetion		16e. Dec	edent's Usual O	ccupation		16b. Kind of E	Whi <sup>*</sup> Business/Indus	
- 30	ple	(Specify only highest grade Elementary/Secondery (0-12)	a complated) College (1-4or 5	4)	(Giv lifa.	a kind of work d DO NOT usa r	ona during most of atired)	working	100.1010	30011030111003	
Hygiena. ther than ent, the M	Completed	12	250go (1-401 3	.,	Re	etail			Packa	ge Go	ods
and Mental Hygi marked other umatic event, I	Be	17. Fether's Neme (First, Middla, Last)					18. Mother's I	Name (First, Middle	a, Maldan Suma	ma)	
arke atic	2	Thomas Cully	19a. Informant's Name/Relationship (Type, Print)  19b. Meiling Address (Stre					beth Bl			
0 0 0											
tem 27		Joan Weglein/Fri	end				g Avenu				
or of		20a. Method of Disposition 1 ☐ Buriai 2√☐ Cremetion 3 ☐ R	emoval from State	cen	natary, cr	position (Nema o ama <i>tory or oth</i> a	placa)	Date		- Clty or Town	
important: if il eny injury or once.		4 □ Donation 5 □ Other (Spacify)	_	Che			ematory	6/30/96	Beltsv	ille,	1d
Departm Importar eny injur	0.1	21. Signature of Funeral Service License	"//	11			ddress of Facility  19 Ashto	n Funer	al Hom	0	
	Ů,	23e. Part1. Enter the disease, or compli shock, or heart failure. List only or	you	NO	7	36 Edn	nondson	Avenue.	Balto		21228
ysician Medicai caminer	ier	Immediate Ceuse (Finel disease or condition resulting in deeth)	Arterio			ic Caro	diovascu	ılar Dis	sease		nset and Death
physician and the bunal-transit	Examine	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury		Due to (or a	is a conse	equence of):					
been signed by the ettending physicial should be detached for use es the bun	edical	Ceuse (Disease or Injury that initieted events resulting in death) Last		Due to (or a	s a conse	equence of):					
d for u	Physician/M	Part II. Other significant conditions con	tributing to dooth hu	1 mat 10 m 1 h	in a le sh a	and a day a service	and the David	201 014			
by the	hys	Tarti. Other algimicant conditions con	induting to death bu	t not result	ing in me	underlying caus	e given in Part I.		Yes 2□ No		causs of death?
gned be de	by										
pinoi		w .						24a. Was	an autopsy ormed?	24b. Were availal	autopsy findings ble prior to
00 CV	Completed							-			etion of cause
paga	Con							10	Yes 200 No	1 🗆 Ye	s 2 No
is certific director,	Be (	25. Was cese referred to medicel examiner?						Death (Check only	one)		
al dire	2	1/∑ Yes 2□ No	ospitel: 1 Inpatien 28a. Date of Injury (Month, Day		VOutpetie		The second second	Home 5 Res	Idence 6 Dot	her (Specify)	
uner	ion:	27. Manner of Death  1. ■ Natural 5 □ Pending	8b. Time of Injury		Injury at Work?	28d. Describe	how injury occu	rred			
the	cat	2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be	00 01 11				1 Yes 2 No				
lled in by	Certification:	4 ☐ Homlcide determined	28e. Place of Injurbuilding, etc.	ry - At hom (Specify)	e, farm, s	treet, factory, of	ice	28f. Location ( City or To	Street and Num wn, Stata)	ber or Rural Ro	outa Number,
To the Funeral Director: After this certificate completely filled in by the funeral director, pag	edical	29a. Certifier 1 ☐ Certifying Phys (Check only one) 2 ☐ Medical Examin	er: On the best of er: On the basis of e end manner stet	examination	edge, dea n and/or in	th occurred at the nvestigation, in r	e time, date and pla ny opinion, death oc	ice, and due to the courred at the time,	cause(s) and m dete and placa,	anner as state and due to the	d. ceuse(s)
To the	X	29b. Signature and title of certifier				29c. Lic	ense number		29d. Date signe	ed (Month, Day	Year)
11		MAN A	X\	, med			O.C.M.E		JUNE	26, 19	96
( /	-	30 Name and address of person who cor	nnleted cause of de	ath (Itam 2							
17		Soldieging and address of beison who con	inploted cadae of de	atri (iterii 2	3a) (Type	, Print)					

State Registrar 31. Dete filed (Month, Day, Year)



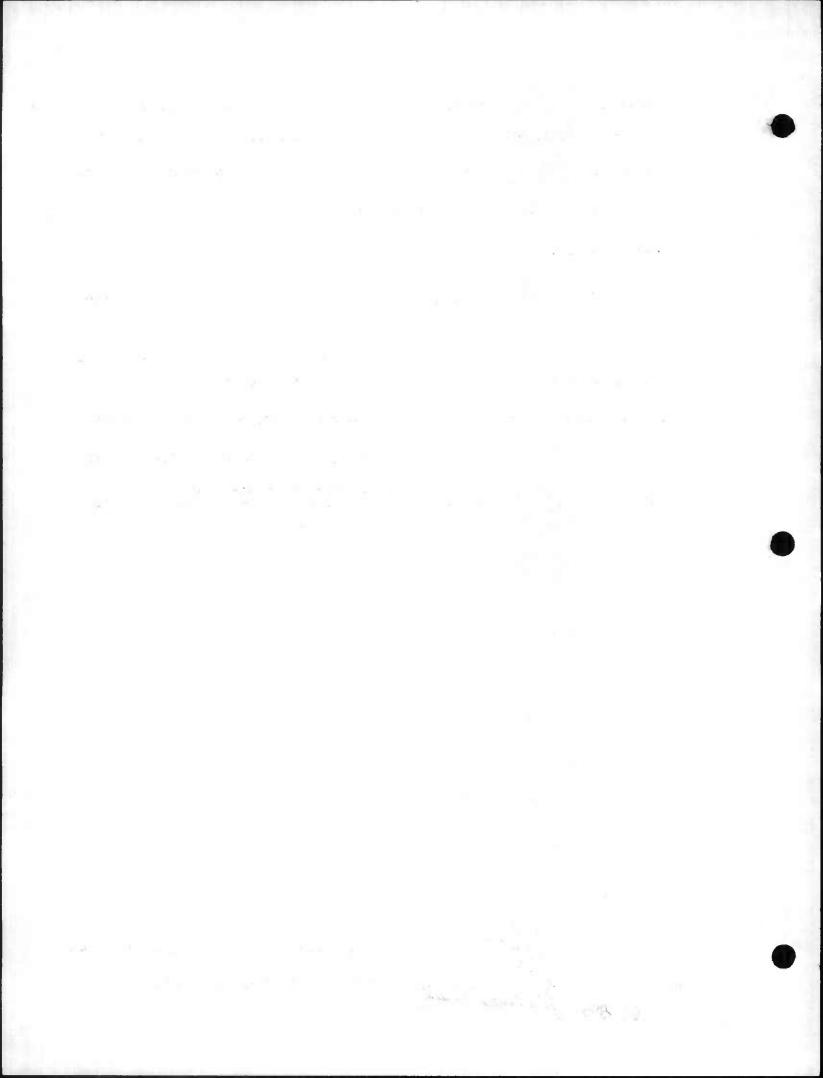
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

19430

						Ce	nificat	e or	Death			Reg. No.		
Physici /Medic		1. Decedent's Name (First, M Michael			Chrom	10					2. Data of D Month June	e 29,19	96 Yaer	3. Time of Deeth 12:30 PM
Examir		4a. Fecility Name (If not instituted 1804 Green)			umber)					wn, or Lo	ocation of Dea		nty of Deet Baltin	
Funeral Director		5. Social Security Number 159-12-6205 Usuel Residance of Decedent		/ 2□F	7. Aga (Ir 8E	yrs. last birthday) Yrs.	If Under Months			24 Hrs. Min.	8. Dete of B (Month, D 10-1	irth Pay, Year) 11–09	9. Birth	nplaca (State or Foreig untry) PA
r 28a-f show	tor		nty Ltimor	е	10	c. City, Town or Lo Rose	cation clale							10d. Inside City Limit
23a or 28 ust be not	al Direc	10e. Street and Number 1804 Green	castle	Dr.			10f. Zip	Code 212	37			10g. Citizan		untry?
or items miner m	Be Completed by Funeral Director	11. Maritel Status  1 Never Married 3 Nover Married 3 Nover 4 Divor	Married	Armed F	2 No		Was Deced If Yes, spec	cify Cub	oan, Maxicar	gin? (Sp n, Puerto	ecify Yas or N Rican, atc.)	E	14. Rece - American Indian, Black, Whita, atc. Specify: White	
ne. NeuTratur Medical	npieted	15. Dece (Specify only hig Elementary/Secondery (0-1)	- Y	completed)	1-4or 5+)				pation during mos	t of work	ing	16b. Kind of	Businass/I	ndustry
Department of Health end Mental Hygiene.  Department if item 27 is marked other than "natural", any injury or other traumatic event, the Healten Example.  Once.	To Be Cor	17. Father's Nama (First, Midd Michael Chr			0		Machinist  18. Mother's Ne Mary F							Sugar
aith end M 27 is mar r treumet		19a. Informant's Name/Ralati Helen Chror				19b. Malli 180	ng Address 4 Gre	(Stree	astle	or or Run	Route Num Roseda	ber, City or Too	vn, Stete, Z 2123	-
nent of Her int: If Item iry or othe	20a. Mathod of Disposit    Quarter   Quarter   Quarter			noval from	Stata	Ob. Place of Dispo cometery, cres Gandens	netory or o	ther ple		-	Deta 7-3-96	20c. Location		
Depart Importu any Inji	4 Donation 5 Other (Spec												ne	
ysician Medical man muse es the privel-transit man muse es the privel-transit muse es the privel-trans	In/Medical Examiner	shock, or heart failure. It Immediate Causa (Finel disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter Underfying Cause (Disease or injury that initiated evants resulting in death) Last		DIAI	BETES Dua EBRON Dua	MELLIT to (or as a consect  VASCULA) to (or es e consect to (or es e consect	quance of): R ACC quanca of):		ENT					Approximata Interval Between Onset end Deeth YEARS YEARS
ed by the atter deteched for	Physicia	Part II. Other significant cond						ausa gi	ivan in Part I		23b. Did	I tobacco uss		to the cause of deat
been sign	Aq discourse and a second			C INTERSTITIAL LUNG DISEASE, C OBSTRUCTIVE PULMONARY DISEASE.								s an autopsy formed?	a	Vare autopsy findings vallable prior to completion of causa of daath?
certificate hes rector, pege 2	Be Com	25. Wes case referred to med	ical	26 Ple					26. Place	of Deat	1 [	Yas 2000	1	☐ Yes 2☐ No
h. After this funeral di	2	2 Accidant inva	28a. Data of Injury (Month, Dey Year)  28b. Tima of Injury (Month, Dey Year)  28c. Injury at Work? 1   Yas 2   No						iome 5 Aasidance 6 Other (: 28d. Describe how injury occurred					
neral Director:		4 ☐ Homicide dete	ving Physic	buildi	ing, etc. (S	pecify) / knowledga, daeth	occurred	at the ti	ime, data an	eoela h	City or To	own, Stete)	mannar as	ral Route Number,
1	Medical	29a. Cartiflar  (Pheck only only)  29b. Signature and titla of certifier  29c. Licansa number  29d. Cartifying Physician: To tha basis of my knowledga, daeth occurred at the time, data and place, and due to the caus (Pheck only only)  29b. Signature and titla of certifier  29c. Licansa number  29d.						a tima, data and placa, and dua to tha cause(s)  29d. Date signed (Month, Day, Year)		to tha cause(s)				
78	1 don						H35593 JULY 1ST 1996							
7				T				H35	593			JOLY	IST	1996



State of Maryland / Department of Health and Mental Hygiene

29d. Date/signed (Month, Day, Yest)

mD

21078

Grace

Certificate of Death 1. Decedent's Neme (First, Middle Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month June 27, Vincent Salvatore Collurafici 1996 8:20 P.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Harford Memorial Hospital Havre de Grace Harford County If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Y.)
Months Deys Hours Min. Sept. 18, 5. Sociei Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral Ж** М 2□ F Yrs 212-10-9155 88 Director 1907 Maryland Usuei Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f show Director Harford County Bel Air 1 Yes 2 No Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1803 Othello Court 21015 U.S.A. Funeral items 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, traumatic event, the Medical Examiner Pages 1 and 2 should be filed within 72 hours after onent of Haaith and Mental Hygiena.
Int: If item 27 is marked other than "natural", or itei iny or other traumatic event, the Medical Examinal. Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 XWidowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Upholsterer Upholstering Company 5th Grade Baltimore, Maryland 17. Fether's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Frank Collurafici Anello Unknown Antonina Unknown 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Lena Grace DeGraw/Daughter 1803 Othello Court, Bel Air, Maryland 21015 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete Dete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If any injury or once. Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Gardens of Faith Cemetery 7/1/96 21. Signature of Funeral Service Licegoee 22. Name and Address of Facility John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 ort. Inter the disease, or complications that caused the death, or heart failure. List only one cause on each line. not enter the mode of dying, such as cardiac or respiratory arrest, Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical 687 certifica Box The law requires that the teath Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? peeu 1 Yes 2 No 1 TYes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifice 25. Was case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Residenca 6 Other (Specify) P 1 Yes 2 LNO 2 ER/Outpetlent 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigetion 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es stated.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner stated. 29e. Certifier Medical (Check only one)

29c. License number

Haure

State

Registrar

Tilee, MD 31. Dete filed (Month, Dey, Year)
JUL 0 2 1996

29b. Signature and title of certifier

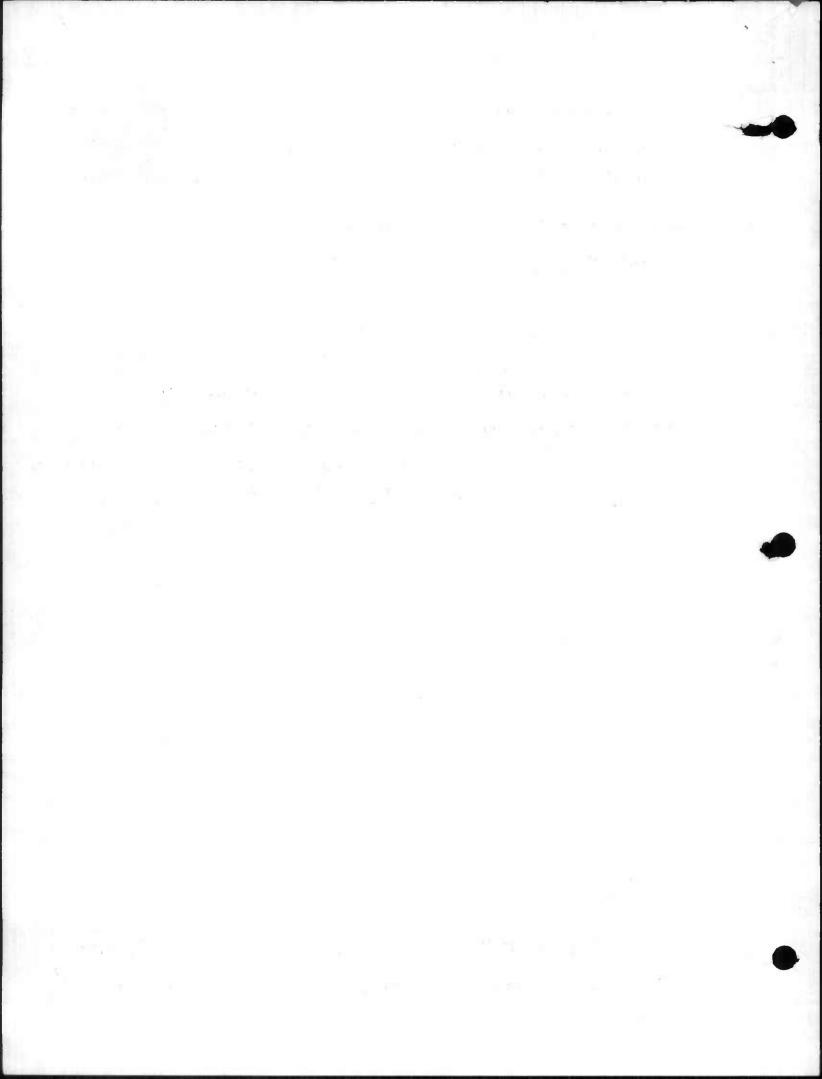


30. Name and educate of person who completed cause of deeth (Item 23e) (Type, Print)

å = 90 att ₩= df .Tm agreement the state of the stat

State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificate	of .	Death			Reg. No.			
	- maria	4477	1. Decedent's Name (First, Middle, Last)								2. Dete of Deeth		111111111111111111111111111111111111111	3. Time of Death	
	Physic	ian									Month	Dey	Year	10.77 434	
1000	/Med		John Wesley Duvall								June 2			10:47 AM	
	xami	ner	4a. Facility Name (If not institution,	ion, give street and number)					4b. City, To	wn, or L	ocation of Deet	h 4c. Co	unty of Deeth		
	1		Sykesville Eldercare Center						Sv	kees	ville	c Carroll		011	
	Funeral							Year	If Under	24 Hrs.		th			
			21/ 1/ 6920	1 M 2 □ F		Yrs.	Months De	Deys	Hours	Min.	(Month, De	y, Year)	Cou	place (State or Foreign intry)	
	Director		214-14-0820 83								Mar 19	, 1911	Ma	ryland	
3	within 72 hours after death with the Maryland tinns. Iften "natural", or thems 23s or 28s-f show the Medical Examiner must be notified at		Usual Residence of Decedent  10a. Stete 10b. County		10a Ci	h. Tournaria	antina								
1													10d. Inside City Limits		
2		용	Maryland Carroll Winfield										1 ☐ Yes 2 ☑ No		
-		Director	10e. Street and Number 10f. Zip Code									10g. Citizen	of What Cou	ntry?	
3			4555 Salem Bottom Road 21												
5		Funeral					211				7	USA			
4		Ě	11. Meritel Status	cedent Ever in U forces?				f Hispenic Origin? (Specify Yes o Joen, Mexican, Puerto Rican, etc.			14. Race - American Indien, Black, White, etc.				
0			1 Never Merried 2 Marrie		1 ☐ Yes 2 ☑ No Specify:					Specify:					
Maryland 21215-0020		by	3 ☑ Widowed 4 ☐ Divorced	If Yes, G Year or I			100 29	2140	Specify.			Spi	ite		
7		Completed	15. Decedent's Education 16a. Decedent's Usual Occupation						ation		one =	16b. Kind o	of Businass/In		
T 5		18	(Specify only highest			(Give	16a. Decedent's Usual Occupation (Give kind of work done during most of w life. DO NOT use retired)				king				
7		E	Elemantary/Secondary (0-12)	Coilege (	(1-4or 5+)		Carpenter						0.16 5 7		
2 2	Day 1	ပိ	/th	-41			Jarpen	cer		1 01	40 <sup>m</sup> 2 . A 41 . 41		Self-Employed		
ŭ	l and 2 should be to leasth and Mental H m 27 is marked off her traumatic even	Be	17. Father'a Name (First, Middle, La	ist)					18. Motha	ars Nam	e (First, Middle	, Maiden Sur	name)		
e /		2	Jessee James	Duval1				i		He	enrietta	a Shi	pley		
5		1	19a. Informant's Name/Relationship	(Type, Print)		19b. Mailir	ng Address (	Street	and Numbe		rai Routa Numb			p Code)	
2 0			D :1 E 11:	(D 1 .	`	,		_		_	. II C	. 11	MD 01	70/	
0 3			Ruth Franklin 20a. Method of Disposition	Daughte		4555 Place of Dispo	Salem		ttom	Road		ield,		784	
0	10 m 10		1 Burial 2 Cremation 3	□Removel from		semetery, crer	natory or oth	er pled	ce)	1	Date	20c. Locati	ion - City or T	own, Stete	
Baltimore,	permit. Pag Department Important: II any Injury o		4 □ Donetion 5 □ Other (Spe			e View	Mem.	Pai	ck	6	/29	Sykes	ville.	Maryland	
# #		1 1	21. Signature of Funeral Service Lic	censee		22	. Name end	Addre	ss of Fecili	lv					
m			· Stank.	m	L. V.	· 1	Burrie	r-Q	ueen	Fune	eral Di	rector	s, P.A		
	20.212.00		siegenen	- //	unn	19 1:	212 W.	01	d Lib	erty	Road	Winfi	eld, M	D 21784	
		2.33	23a. Pert1. Enter the disease, or co shock, or heart failure. List or	omplications that	caused the deat	h. Do not ent	er the mode	of dyln	ig, such es	cardlac	or respiretory a	rrest,		Approximete Interval Between	
DI	hysiclan		arrow, or rout failure. Elst of	ny one cause on	000111110.									Onset and Deeth	
	Medical		Immediate Cause (Final disease or condition resulting in death)  Two wears												
	xaminer														
			resulting in deeth)  Due to (or as a consequenca of):												
5 -	- 4	i e											1		
e di d	rans	Examine	Sequentially list conditions.	D	Dua to (c	or as a consec	uence of):						1		
G 8	ie i	Ĭ.	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury		•										
9	centificate be executed ding physician and se as the burlei-transit	8	Causa (Disease or injury that initiated evants	c	D										
68760,	th the	edical	resulting in death) Lest  Due to (or as e consequence of):												
X Certif	raw requires that the beant certificate be exacuted as been signed by the attending physician and 2 should be deteched for use as the buriel-transit	N.													
		a a													
		Physician	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.								23b. Dfd	tobacco use	contribute t	o the causs of death?	
P. 0.		5										1 Yes 2 No 3 Probably 4 Unk			
			Inemia, Ist ression								, ,	1 100 2 100 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 1 1 0 1			
of Vitai Records,	0 0 0 0	1 by								D40 18600	24a. Was en eutopsy parformed?  24b. Were autopsy finding available prior to competion of cause of death?				
0	s peed s	100												parfo	
0 3	2 to	Completed													
E E	- 8	E									10	Yes 2 N		□Yes 22No	
<u>a</u>	s certificate director, pag										- ''	105 ZUN	0 1	LI TES ZEINO	
5 5		Be	axaminer?								th (Check only o	one)			
of Vita	. w 0	2	1 Yea 2 No	Hospital: 1 🗆	Inpatient 2	ER/Outpatien			412 NU	irsing Ho	ome 5 Resi	dence 6 🗆	Other (Speci	ify)	
	After	Ë	27. Manner of Death	28a. Data	of Injury oth, Day Year)	28b. Time of 28c. I			Jury at lork?		28d. Describe	how injury oc	curred		
0 4		[월	1 ☑Netural 5 ☐ Pending 2 ☐ Accident investigat						Yes 2	No					
Vision	death.	12	3 ☐ Sulcide 6 ☐ Could not	be 28e Place						28f. Location (			(Street and Number or Rural Route Number,		
Division or Attending	after deati Director: 3 in by the	Certification:	4 ☐ Homicida determine	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						City or Town, State)					
Capital	2 6														
90	24 hours Funeral staly filled	Ca	29a. Certifier (Check only one)  29a. Certifier (Check only one)									manner as a	stated.		
-	plet	8	one)	and men	ner steted.	LION AND OF THE	estigation, in	my o	pirilori, dee	in occur	reg at the time,	date and pia	ca, and due t	O (lia cause(s)	
10	- E	Σ	29b. Signature and title of periffier 29c. License number									29d. Date sl	gned (Month,	Day, Year)	
-	T		////	( MD			177184			1	June 28, 1996				
_	/		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								110				
	5		30. Name and address of parson wh	o completed caus	se of daath (Itan	23a) (Type_	Print)		1	1-	01	1.0	101	001	
			Jonathan	Kushne		114 1	3 usine	55	Chr	ite	1)(IV&	KK	KSPn	un, ////	
	Sta	ate	31. Date filed (Month Day Yeer)	32. F	Registrer's Signa	ture po_						7.7			
	Regist		JUL 0 2 1996	11 -	Tagor-1	Name of Street									



State of Maryland / Department of Health and Mental Hygiene

		L				Certifica		Death		Reg. No.	20	13433		
	Physic	ian	Decedent's Neme (First, Middle	•					2. Deta of D	eath Day	Yaer	3. Time of Death		
	/Medi		Kenneth	Edwin		DC	TTER		June	28	1996	5:37 a.m.		
1	Exami	ner	4e. Facility Name (If not institution, Franklin Squar		r)			4b. City, Town, or Le ROSSVILLE						
	Funeral Director		5. Social Security Number  214-14-5177  Usual Residence of Decedant	6. Sex 1 Ø M 2 □ F	nge (In yrs. last b 76	Yrs. If Under Months	Days	If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, D	rth ay, Year) 3, 1919				
	pue *		10e. Stete 10b. County		10c. City, Tov	vn or Location	_		b *		10	Od. fnside City Limits		
	Ba-f sh	ctor		altimore				emere				1 ☐ Yes 2 ☑ No		
	23e or 2	Funeral Director	10e. Street and Number 7738 South Cou	e Road		10f. Z	p Coda	21:	219					
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mentel Hygiene. I have seen 12 a cr 28a-f show other traumatic event, the Medical Evanther must be nothed at	by	11. Meritel Stetus  1 Never Merried 2 Marrie  3 X Widowed 4 Divorced	12. Was Decedar Armed Forces 1  Yas 27 If Yas, Giva Yeer or Datas	? ] No	13. Was Dece If Yes, sp		Hispanic Origin? (Sp ean, Maxicen, Puarto Specify:	ecify Yes or N Rican, atc.)	120.00	ck, Whita, a	atc.		
5-0	72 ho	eted	15. Decedant' (Specify only highest	s Education	168	. Decedant's Usi	uel Occup	pation during most of work id)	ina	16b. Kind of B	usinass/ind	ustry		
121	ithin	<b>Completed</b>	Elementery/Secondery (0-12)	College (1-4o	5+)				"'9	0.4	Day Year 28 1996 5:37 a.  4c. County of Death Baltimore  9. Birthplaca (State or Fore Country) Maryland  10d. Inside City Lim 1 Yes 22 Citizan of What Country?  Mited States  14. Race - American Indian, Black, Whita, atc.  Specify: White  Kind of Businass/Industry  teel Industry  an Sumame)  y or Town, Stata, Zip Code) 2121  imore, Maryland  Location - City or Town, State  ase, Maryland  Indalk, Inc.  land 21222  Approximate Interval Between Conset and Death  25 minute  co use contribute to the cause of death  25 minute  10ps 24b. Wara autopsy finding  10ps 24b. Wara autopsy finding  10ps 24b. Wara autopsy finding  10ps 24b. Wara autopsy finding  10ps 24b. Wara autopsy finding  10ps 24b. Wara autopsy finding  10ps 24b. Wara autopsy finding  10ps 24b. Wara autopsy finding  10ps 24b. Wara autopsy finding  10ps 24b. Wara autopsy finding  10ps 24b. Wara autopsy finding			
2	her th		7 Years	41		Steelw	orke		(F) . A 6: 1 d		3. Tima of Death 3 1996 5; 37 a, m. County of Death Baltimore  9. Birthplaca (Stata or Foreign Country) Maryland  10d. Inside City Limits 1 Yes 2 No izen of What Country? ited States  14. Race - American Indian, Black, Whita, atc.  Specify: White ind of Businasa/Industry  eel Industry  Surname)  or Town, Stata, Zip Code) 21219  more, Maryland coation - City or Town, Stete  se, Maryland docation - City or Town, Stete  se, Maryland docation - City or Town, Stete  se, Maryland 21222  Approximate Interval Between Onset and Death 25 minutes  25 minutes  No 3 Probably 4 Unknown  Day 24b. Wara autopsy findings evallable prior to completion of cause of death?  No 1 Yes 2 No  1 Yes 2 No			
Maryland	the fi	Be	17. Fether's Neme (First, Middle, L Edwin Henry Do			Hazel La			ne)					
Z	2 should and Men is marke	2	19a. Informant's Name/Ralationsh		40	h Adallina Addan	- (Ot				0.4. 7.	0.41.01010		
Ma	d 2 shoth and 7 is me treum													
ē,	Health Health tem 27 i		Sharon L. Mane 20a. Mathod of Disposition	ss (vaugni	20h Place	of Disposition (No	me of	T	Date		_			
Baltimore,	permit. Peges 1 and Department of Health Important: If them 27 any injury or other tr once.		1 🗷 Buriel 2 🗆 Cramation 4 🗆 Donation 5 🗆 Other (Sp	ecify)	Ebenez		ed M	eth. 7/1/	1996	Chase,	Mary	land		
Bal	Deparitment important		21. Signetura of Funerel Service L	icenage		22. Name e Duda-	nd Addre Ruck Ili ko	Funeral Allo Dun	Home of	Dundal	k, Inc	2.		
			23e. Part1. Entar the diseese, or o shock, or haart feilura. List o	complications that cause	ed the daeth. Do	not entar the mo	da of dyi	ng, such as cerdiac	or respiratory	errest,		Approximete		
V	Physician			,								Onset and Death		
4	/Medical Examiner		Immediete Causa (Final disaesa or condition	Hypoxi	a						2.	5 minutes		
ź	LAdilities	No.	rasulting In death)		Dua to (or as e	consequence of	):							
-	ed sit	ol e		Myocar	dial Ini	farction								
	end end	Examiner	Sequentially list conditions, if any, leading to immediate		Dua to (or es e	consequance of	:				1			
9	be a sician burie		Sequantially list conditions, if any, leading to Immadiate ceusa. Entar Undarlying Cause (Disease or Injury that initieted evants	c. Corona	ry Artei	y Disea	se							
68760,	rtificate be axecuted ng physician end a as the burial-trensit	Medical	rasulting in death) Lest		Dua to (or as a	consequence of)	:							
Box	eeth certifi ettending   I for use as	Physician/N		d										
P.0.	the de	ıysi	Part II. Other significant condition		_	In the underlying	ceuse gh	van in Part I.						
	ras that the de igned by the e be detached i		Metastatic	Lung Cance	r				110	Yes 2 No	3 Prob	ably 4 Unknown		
Records,	requir	Completed by							24a. Was	s an autopsy omed?	eva	Illable prior to		
Re	sicien: The lew certificata has l irector, page 2 s	шо							40	Vac of Na				
Vital	ifficat	BeC	25. Was cesa raferred to medical					26. Place of Daet				198 20 190		
<u>&gt;</u>	Physiclen: this certific	0	axaminar? 1 ☐ Yas 2 ☒ No	Hospital:	lant 2 ER/O	utpatient 3 D	OA Oti	har			er (Specify	7)		
o uo		Certification: T	27. Mannar of Deeth  1 Natural 5 Panding	28a. Data of In (Month, D		-	28c. Inju Wo			how Injury occur		,		
Jivisi	Division for Attending after death. Director: After d in by the fund		2 Accident Investige 3 Suicide 6 Could no 4 Homicide determin	ot be 28e. Place of Ir	njury - At homa, f etc. (Specify)	am, straat, facto			28f. Location (Street and Number or Rural Route Number, City or Town, State)			Route Number,		
-	Funeral Funeral	29a. Cartifiar  (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and during and manner steted.							and dua to the ed at the time,	nd dua to tha ceusa(s) and mennar as stated.				
4	T I I I I	W	29b. Signatura and titla of certifier			29	c. Licens	se number		29d. Date signe	d (Month, E	Day, Year)		
			) ( ) ( <u> </u>	٨	am		RD 1	920		June 2	8.199	6		
	10		30. Nema and addrass of person w	no complated ceuse of	daath (Itam 23a)						. ,	-		
	10		Jude Muneses M	1.D. 9000 F	ranklin	Square	Driv	e Balt	imore.	MD 2123	7			
	Sta		31. Data filed (Month, Day, Year)	32. Ragis	trer's Signetura									
	Registr	ar	JUL 02 1996	Julia Davidon	-Mandelle									

DHMH 16 Rev 6/95

and the last the last functions are the first than the first and t

						Cei	rtificate o	f Death	7		Reg. No.		
		1. Decedent's Neme (First	, Middle, Li	ast)						2. Deta of Dec			3. Tima of Death
Physic		DAWNE		E	3.		DAFF			JUNE	30°.19	96	0118
/Medi		4a. Fecility Nema (If not in	stitution, gi	ve street end nur	mber)			4b. City, To	own, or Lo	ocation of Death	4c. Count	y of Deeth	
- Exam	iici	MERIDIAN	NUF	RSING C	ENTER	3		ANN	APOI	TS	ANNE	ARU	INDEL
Funeral		5. Social Security Number	-			s. last birthday)	if Undar 1 Yaa	ar If Under	r 24 Hrs.	8. Date of Birt (Month, De	h	9. Births	oleca (Stata or Foreign
Director	Ю	214-40-878	38	1□M 2XF	54	Yrs.	Months Dey	s Hours	Min.	Jun. 4	1942	Mary	land
10		Usuei Residenca of Deced	lent										
ahow ahow		10e. Stete 10b. 0	County		10c. (	City, Town or Lo	cation					1	10d. Inside City Limits
Mer I	to	MD Ani	ne An	rundel	Cro	ownsvi	lle						1 Yes 2 No
with the Meryler or 28a-1 show be notified at	Director	10e. Street end Numbar					10f. Zip Code				10g. Citizen of	Whet Cou	ntry?
3a o		452 Kyle I	Road				2103	2			USA		
5-0020 72 hours efter deeth with the Menyland netural; or items 23s or 28s-f show pical Examiner must be notified at	Funeral	11. Maritai Status		12. Was Dece	edent Ever in	U,S. 13.1	Wes Decedent of f Yas, specify Cu	Hispenic Or	rigin? (Sp	ecify Yes or No-	14. Re	ce - Americ	
ofter hand		1 Nevar Merried 2	Married	Armed Fo						Rican, etc.)		ck, White,	
Maryland 21215-0020 d2 should be filed within 72 hours eft the and Mental Hyglene. T is marked other than "natural", or traumatic event, in Modical Exam	by	3√EWidowed 4 □ Di	vorced	If Yes, Giv Year or D	ates:		1□Yes 2CXN	o Specity.	:		Specia	y: WHI	TE
72 hours	Completed	15. De	cedent's E	ducation		16a. Dece	dent's Usuai Occ	upetion			16b. Kind of E	Business/In	dustry
215 7 nin 7	pie	(Specify only Elementery/Secondery (		ade completed) College (1	Aor 5 ()	(Give	dent's Usuai Occ kind of work don DO NOT use reti	e during mos red)	st of work	ing			
d 2121 filed within Hygiene. wher than "	mo	12	0-12)	College (1	401 54)	Bus	Driver				Trans	port	ation
be file d othe	Bec	17. Fether's Neme (First, A	Aiddle, Las	t)				18. Moth	er's Nem	e (First, Middle,	Meiden Sume	ma)	
aryland Should be filed and Mental Hygi marked other ametic event,	To B	William P	. Has	stings	Jr.			Bet	tie	Henni	ngsen		
Maryla d 2 should lith end Men 7 is marke	-	19e. Informent's Neme/Re	iationship	(Type, Print)		19b. Meilir	ng Address (Stre	et end Numb	er or Run	al Route Numbe	or, City or Town	, Stete, Zic	Code)
		William P	Has	stings	Jr.	845	Button	boow	Trai	il, Cro	ownsvi	lle,	MD 21032
Baltimore, Memit. Pages 1 and 3 modulus of Heelth modulus of the 27 in the my in the 18 modulus of other transmission.		20e. Method of Disposition			20b	. Plece of Dispo	sition (Nema of			Dete	20c. Location	- City or To	own, Stete
ages ages		XXBuriai 2 Crem			State GI		natory or other p		y :	7-2-96	GLEN		
Saltim		4 Donetion 5 Of		**	. //					2 30	ODDIN	DOM	IL NO
Ba Sepa May in my in ma		21. Signature of Funeral S	etvice race	1	111		Name and Add			HOME	DΛ		
- 40264		Dalu	et !	1 au	M		51 ANN					MD	21054
		23a. Pert1. Entar tha disa shock, or heart feilure	ase, or cent	nplications that c	aused the de	eth. Do not ent	er the mode of d	ying, such as	s cardiac	or raspiretory ar	rest,		Approximata Intervai Between
Physician													Onset end Death
/Medical Examiner		Immediate Cause (Final disease or condition				COL	ouic	cav	rcei	^			6mas
Examiner		resulting in deeth)		a	Due to	(or es e consec	juence of):						
A #	je j		_									i	
ox 68760, certificate be executed ding physician and see as the burfal-transit	Examiner	Sequentieily list conditions		D	Due to	(or es e consec	uence of):						
90, e exe	<u> </u>	Sequentieily list conditions if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	8										
68760, Ufficate be ext g physician as the burial.	edical	that initieted events resulting in death) Last		C	Due to	(or es e conseq	uence of):						
C 66	/Mec											-	
				d	<del>.</del>						-	1	
- 0 0 0	Physician	Part II. Other significant c	onditions	contributing to de	eth but not ra	asulting in the u	nderfying cause	given in Pert	t.	23b. Dld 1	obacco use co	ontribute t	o the causa of death?
P.O.	,									10	Yes 20 No	3 □ Pro	bably 4 Unknown
S, Flash es that igned I be det	by F										0		
Division of Vital Records, or Attending Physician: The law requires the after death.  Director: After this certificate has been signed in by the luneral director, page 2 should be	B									24e. Wes	en eutopsy	24b. W	ere autopsy findings
cord w require been si should	let									репо	rmed?	00	railable prior to empletion of cause death?
I Rec	Completed									400	40		
Vital I		of Was assessed as the	41 1	1						101		11	☐ Yes 2☐ No
of Vita Physician: this certific	Be C	25. Wes case referred to n examiner?	1edicai	Hospitei:				ther S		h (Check only o			
Of Phys	T.	1 Yes 2 No		111		☐ ER/Outpatier 28b. Time of	I 3LI DOA	4 LAN	ursing Ho	me 5 Residence 128d. Describe 1			(v)
On O ding Ph h. After th funeral	Certification:	1 Neturei 5 🗆	Pending	1	of injury h, Dey Year)	Injury	W	ork? □ Yes 2 □	1 No	200. 00001001	iow injury occu	1100	
Division I or Attending after death. Director: After	cat	Z LU MODIGOTIL	investigation	20	Er television Av	Lance de la constant				Oof Leasties //	March on of Abres	har as Our	al Bauta Mumbar
Or A or A sin by in by	ŧ	4  Homicide	determined	28e. Plece buildir	ng, etc. (Spe	noma, tarm, str cify)	aat, factory, offic	е		City or Tov	vn, Stete)	Der Or Muri	al Route Number,
ospital hours a uneral to				1									
Hospital 24 hours Funeral stely filled	edicai	(Check only 2 Ma	artifying Pladical Exa	nystotan: To the miner: On the be	sis of exemin	nowledge, deeth netion end/or in:	occurred et the restigation, in my	time, dete er opinion, de	nd pieca, eth occuri	end due to the red at tha time,	ceuse(s) end m dete end place,	enner es s , and dua t	steted. o the causa(s)
2 - 2 6	Med	one)		end manr	ner steted.								
Som The second		29b. Signature end title of	Төпплес	:0.			29C. LICO	nse number	>0/		29d. Dete sign	101	
		J. 70	ou	ugu	W			17183	>8		711	176	
6		30. Name end eddress of p	erson who	completed caus	e of deeth (it	em 23e) (Type,	Print)	04-	1.0	00	Λ	0./5	Uld. 2140
		Straut	t	seloui	Chi U	110.	100 B	499a	46	Kd.	HUNDS	valis,	Ma. 2140
Sta	ate	31. Data filed (Month, Dey,			egistrer's Sig	neture	LL.	0					
Regist	rar	JUL 0 2	1996	54	na David	son-Randa	22						

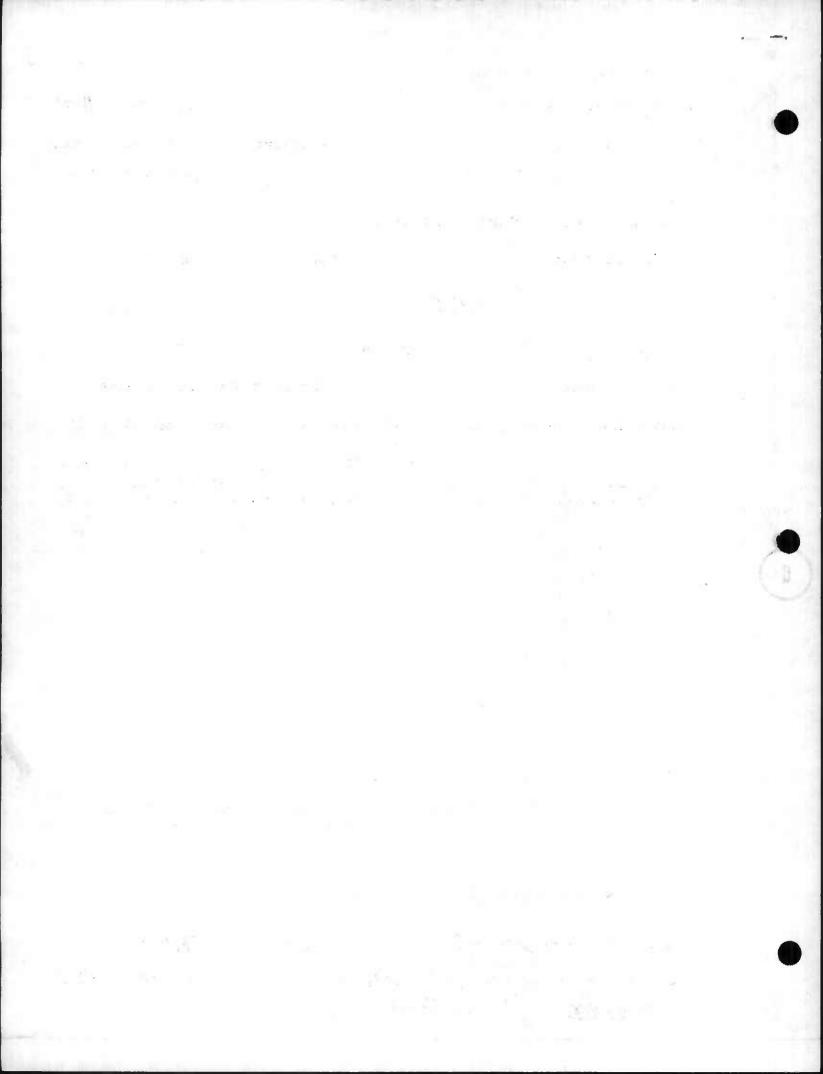
There is a second of the conservation of the c

State of Maryland / Department of Health and Mental Hygiene Q 5

101.35

		ITEM: 12 per F.H. G-73	7 7/2/96 reb		Certificate o	f Death	Re	eg. No.	0	13433
Physic	ion	1. Decedant's Name (First, Middle, La.					2. Data of Deat Month	h Day	Yaar	3. Time of Death
/Medi		Kenneth Francis	Dieter					28, 19	96	114500
Exami		4a. Facility Name (If not institution, give	e street and number)			4b. City, Town, or L	ocation of Death	4c. County	of Daath	
		10040 Icabod Lane				Baltimore		Balti	more	County
Funeral Director		5. Social Sacurify Number 6. S 1 219–18–5174	ax 7. Aga (/ □ M 2X□ F 7.1	n yrs. last bii	thday) If Undar 1 Yaa Yrs. Months Day		8. Data of Birth (Month, Day, March 1:			lace (Stata or Foreign stry) y land
Ø		Usuai Residenca of Decedent					march_1.	L. J. Z. Z. Z. Z. Z. Z. Z. Z. Z. Z. Z. Z. Z.	Hai	y I dilu
how		10a. State 10b. County	10	Dc. City, Tow	n or Location				1	0d. Inside City Limits
Ba-f s	cto	Maryland Baltim	ore County	Balt	imore					1 ☐ Yes 2 ☐ No
1 7 V	Directo	10e. Straet and Number			10f. Zip Code		10	Og. Citizen of	What Coun	try?
ath w		10040 Icabod Lane			212			United	State	es
er de	Funeral	11. Marital Status	12. Was Decedent Eve Armed Forces?	r in U,S.	13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (Sp iben, Mexican, Puerto	pecify Yes or No- Pican, etc.)		e - Americ k, White,	
s 1 and 2 should be filed within 72 hours after death with the Maryland f Health end Mentel hygiene. If the 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by F	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 X Yas 2 No If Yes, Give 3 - 1	3-43	1□Yes 2□N	o Specify:		Specify	<i>r</i> :	
houn houn		15. Decedent's Ed	Year or Datas	5-46	Decedent's Usual Occ	unation		I6b. Kind of B	Whit	
d within 72 hours at giene. It than "natural", or the Modern Eram	Completed	(Specify only highast gra	de completed)	TOA.	(Give kind of work don life. DO NOT use retii	e during most of work	king	IOD. KING OF B	JSINOSS/INC	lustry
filed within Hygiene. other than	mo	Elementary/Secondary (0-12)	Coilege (1-4or 5+)	Ir	on Worker			Union		
Hygie other	BeC	17. Father's Name (First, Middla, Last)				18. Mother's Nam	e (First, Middle, N	faidan Suman	ia)	
Mentel or artic eve	To B	Charles Thomas	Dieter			Margaret	Magadil	ine Mc	Neive	
d 2 should be file the and Mentel Hy traumatic event		19a. fnformant's Name/Relationship (		196	. Mailing Address (Stre	et and Number or Rui	rai Routa Number,	City or Town,	State, Zip	Code)
1 end 2 Health e		Mary Elizabeth Di	eter / Wife	e 1	0040 Icabod	Lane Ba	ltimore.	Marvl	and 2	1220
of He roth		20a. Mathod of Disposition		20b. Place o	Disposition (Name of			20c. Location -		
mit. Peges 1 er pertment of Hea portant: If Item; y injury or othe		Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		Garde	ns of FAith	Cem.	7-2-96	Baltin	ore.	Maryland
		21. Signature of Funeral Service Licen	see		22. Name and Add		6415 B			ial y zana
		Dolle-M-	DAN		John C. M	liller, Inc				d-21206
		23a. Parti. Enter the disaase, of centre shock, or heart failure. List only	olications that caused the	daath. Do					T	Approximata Interval Between
Physician			one succession out of the							Onset and Death
/Medical Examiner		Immediate Cause (Final disaasa or condition	a Cancir	vona	OF ME	ab of Pa	NCREAS		1	4 months
zzammer		rasulting in death)			consequence of):					
D #	Examiner		h							
acut end I-tren	хап	Sequentially list conditions, if eny, leading to immediate	Due	to (or as a	consequence of):					
ficate be executed physician end is the bunal-trensit		cause. Enter Underlying Ceuse (Disease or injury	C							
The lew requires that the death certificate be executed to be been signed by the ettending physician and page 2 should be deteched for use as the bunial-trensit	Medical	that initiated events resulting in death) Last	Due	to (or as a	consequenca of):				i	
ath certif			d							
es thet the death ce igned by the ettendir be deteched for use	Physician/	Part ii. Other significant conditions co	entribution to death but on		the made disease as a second	Londo Book	on Dida			Ab
d by the	hys	raitii. Other significant conditions of	minouting to death out h	ot resulting if	the underlying cause (	given in Perci.		s 2 No		the cause of death?
s the	by P						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 110	0 1100	ably 4 onkion
v require been sig should b							24e. Was ar		24b. We	ere autopsy findings aliabla prior to
ew requ	plet						periorii	lad r	cor	mpletion of cause death?
The lev te hes	Completed						1 □ Ye	s 28 No	10	Yes 2□ No
	BeC	25. Was case referred to medical				26. Piace of Deal	th (Check only one			200
Physician: rthis certific and director,	TOE	examiner? 1 \( \sum \) Yas 2 \( \sum \) No	Hospital:	2□ ER/Ou	tpatient 3 DOA	ther:	oma 5 Reside		er (Specify	()
tending Physical.		27. Manner of Death 1 ☐ Natural 5 ☐ Pending	28e. Dete of Injury (Month, Day Ye	28b. 1	Time of 28c. Inj	ury et	28d. Describe ho	w injury occur	red	
ath.	atic	2 ☐ Accident investigation				☐Yes 2☐No				
r Att	Certification:	3 ☐ Sulcida 6 ☐ Could not be determined	28e. Plece of Injury building, etc. (5	At home, fa	rm, atreet, factory, office	9	28f. Location (Str. City or Town	reet and Numb State)	er or Rura	Route Number,
Tale of the lead in the lead i										
Hosp 24 hou Fune tely fi	edicai	(Check only 2 Medical Exam	rsfcian: To the best of miner: On the basis of exa	amination en	, death occurred at the d/or investigation, in my	time, date end place, oplnion, death occur	end due to the ca red of the time, de	use(s) and ma te and piaca,	nner as st	ated. the cause(s)
To the Hospital or Attending P within 24 hours effer death. To the Fureral Director: After completely filled in by the funeral	Med	29b. Signatura and title of certifiar	and manner stated			nsa number		d. Date signe		
		And a 12		1		18642		7/1/86		ruft (vdf)
12			7	(		11467 -		8/1/1		
IVA		30. Name and eddress of person who o	completed cause of death	(Item 23a)	Type, Print)	nuico.	n RAI	-7 IN	ה כ	1237
CA	at a	31. Date filed (Month, Day, Year)		Signature	) ] [ 1 7	1, 1, 1, 1	. 4 , 7 , 7 , 7	)	,	/
Sta Regista		JUL 0 2 1996	182 Registrar's	son-Aan	1466					

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene 96

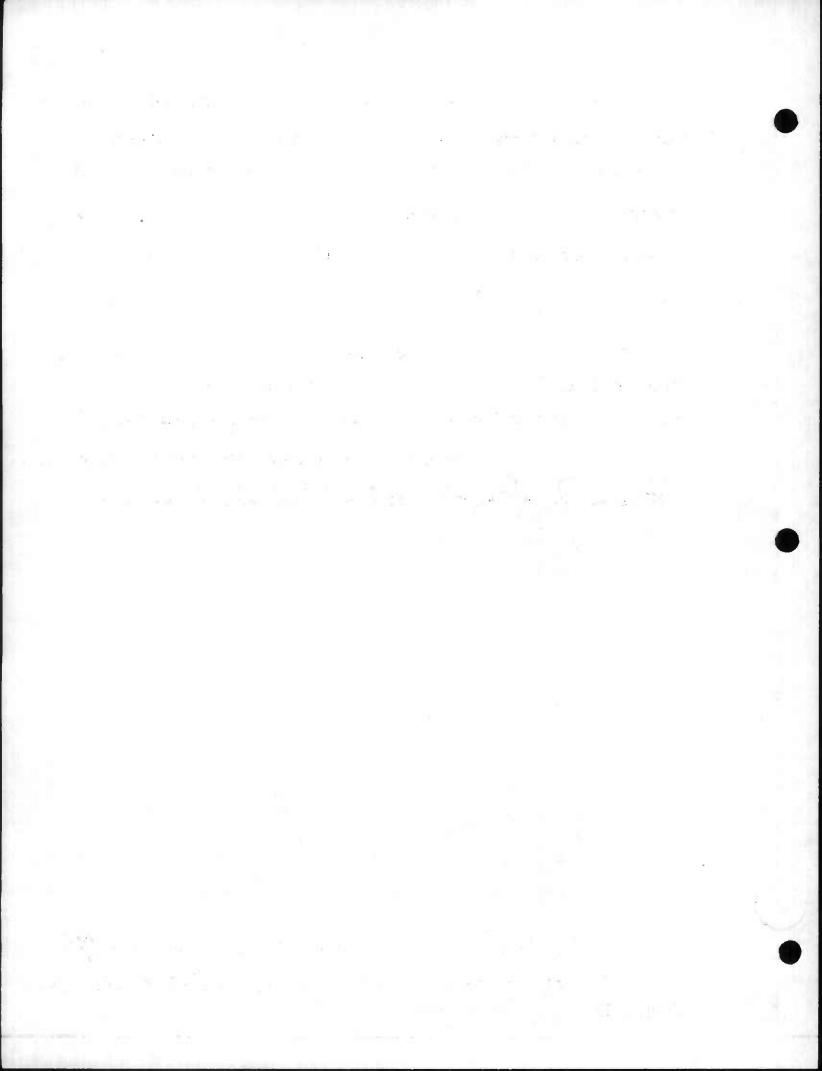
19436

Physic /Medi		1. Decedent's Name (First, Middle, Lillian		zabeth		Daddu	ıra		2. Dete of D June 3		Year	3. Time of Deeth 3:00 am
Exami		4a. Facility Name (If not institution,	giva street and nu	m <i>ber)</i>			41	b. City, Town, or	Location of Dea	ath 4c. Cour	nty of Death	
		Meridian Heritad	ge Nursin	g Cente	r		D	Dundalk		Balt	imore	
Funerai Director			6. Sex 1 □ M 2 □ F	7. Age (In yrs. I			Year	If Under 24 Hr. Hours Mir		Birth Day, Year)		lece (State or Foraig try) and
2		Usual Residence of Decedent  10a. State 10b. County		10. 04	. T							
dearn with the Maryland ms 23a or 28a-f show	ctor	Maryland 10b. County			timore						- 1	0d. Inside City Limit 1   Yes 2 □ No
20 3	Oire	10e. Streat and Number				10f. Zip Co	ode			10g. Citizen o	f What Coun	try?
23a	a	103 Apt. 308 Cer	nter Plac	e			212	202		USA		
or its	by Funeral Director	11. Marital Status  1 □ Never Married 2 □ Marrie  3 ☑ Widowed 4 □ Divorced	Armed Fo	2 ₹ No ve		Was Deceden If Yes, specify 1 ☐ Yes 2 ☐		spanic Origin? ( n, Mexican, Pue Specify:	Specify Yas or N to Rican, atc.)	No- 14. R B		etc.
		15. Decedent's	Education		16a. Dece	dent's Usual C	ccupa	itlon		16b. Kind of	Whit Business/Ind	
E [ 2	Completed	(Specify only highast Elementary/Secondery (0-12)	grade completed) College (1	1-Apr 5.1)	(Give	kind of work of DO NOT use i	done di etired)	uring most of wo	orking			,
marked other than	NO.	7	Conogo (	1-401 04)	Hous	sewife				Own	Home	
i end 2 should be med i Heelth end Mental Hygi tem 27 is marked other other traumatic event,	Be (	17. Father's Neme (First, Middle, La	ast)					18. Mother's Na	me (First, Middle			
Vent rked tice	To	William F. Hildw	vein					Rebecca	Wibl	e		
end le me is		19a. Informant's Name/Relationship	p (Type, Print)		19b. Maili	ng Address (S	treet a	and Number or F	ural Route Num	ber, City or Tow	n, State, Zip	Code)
Heelth em 27 i		Lori M. Highsmit	h (Grand	ldaughte	r) 770	) Seawa	11	Road Es	sex, ma	ryland	21221	
ent of Heel ht: If item 2 ry or other		20a. Mathod of Disposition		20b. PI	ace of Dispo	osition (Name matory or othe	of		Date	20c. Location		wn, Stata
nent of I		1 Burlat 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		Stata		•		•	2 1006	D- 14.1		
E 5 5		21. Signature of Funeral Sanda Lie		MOL		Mem. P			2,1996	Baltim	ore Co	ounty, Md.
E - 0 a									1 *****	מכו		
Department Important: It any injury o			) ()	` (	Bi	ruzdzin	SKI	. runera	T HOME	PA		
Depar Impor any in		Jan K	- OF	<u>\</u>	- 14	107 Fas	ter	n Ave F	ssex. M	arvland	21221	
hysician /Medicai		23a. P. n1 Enter the disease, or consider the sease or continued the continued of the conti			Do not ent	107 Eas ter the mode o	ter f dying	n Ave F	SSEX, M	aryland	21221	Approximete Interval Between Onset and Death
hysician was the principle of the princi	edicai Examiner	Immedia Cause (Final		Due to (or	Do not ent	107 Eas fer the mode of the mo	ter f dying	n Ave F	SSEX, M	aryland	21221	Approximete Interval Between
hysician and //Medicai and physician and phy	/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events		Due to (or	Do not end as a consecutive as a consecu	107 Eas fer the mode of the mo	ter f dying	n Ave F	SSEX, M	aryland	21221	Approximete Interval Between
hysician and modern and property of the price is a set the price it.	/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events		Due to (or	Do not end as a consecutive as a consecu	107 Eas fer the mode of the mo	ter f dying	n Ave F	SSEX, M	aryland	21221	Approximete Interval Between
hysician and hysician and policial to the principle of th	/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events	a. E.	Due to (or	Do not entered as a consecutive as a con	107 Eas fer the mode of the mo	ter f dying	n Ave E	SSEX, M. Correspiratory	aryland	4	Approximete Interval Between
hysician and hysician and policial to the principle of th	by Physician/Medicai	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. E.	Due to (or	Do not entered as a consecutive as a con	107 Eas fer the mode of the mo	ter f dying	n Ave E	SSEX, M. Correspiratory  FOLC  23b. Did	aryland	ontributs to	Approximate Interval Between Onset and Death
hyse a signed by the ettending physician and should be datached for use es the buriel-frensit	by Physician/Medicai	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. E.	Due to (or	Do not entered as a consecutive as a con	107 Eas fer the mode of the mo	ter f dying	n Ave E	SSEX, M c or respiratory	aryland arrest,	ontributs to 3 Prob	Approximete Interval Between Onset and Death
was been signed by the ettending physician and page 2 should be datached for use as the buriel-trensit	by Physician/Medicai	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. E.	Due to (or	Do not entered as a consecutive as a con	107 Eas fer the mode of the mo	ter f dying	n Ave E	SSEX, M c or respiratory	d tobacco use colyse an autopsy	ontributs to 3 Prob	Approximete Interval Between Onset and Death  the cause of death ably 4 Unknown re autopsy findings lieble prior to npletion of cause
was been signed by the ettending physician and page 2 should be datached for use as the buriel-trensit	Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical	a. E.	Due to (or	Do not entered as a consecutive as a con	107 Eas fer the mode of the mo	ter dying	n Ave F	SSEX, M c or respiratory	d tobacco use of toba	ontributs to 3 Prob	Approximete Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
hymer has been signed by the ettending physician and signed by the ettending physician and scior, page 2 should be datached for use es the buriel-frensit	o Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	a. E.  b. C.  d.  c. C.  Hospital:	Due to (or  Due to (or  Due to (or  Due to (or  A	Do not entered as a consecutive as a con	107 Eas fer the mode of quence of): quence of): quence of):	ter dying	n Ave F , such as cerdia  Mal  n in Part I.	23b. Did 1 24a. We- peri	d tobacco use of toba	ontribute to 3 Prob  24b. We ava con of d	Approximete Interval Between Onset and Death Death Onset and Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Dea
this certificate has been signed by the ettending physician and signed by the ettending physician and are detached for use as the buriel-trensit	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last  Part II. Other algnificant conditions are under the conditions of the condition	a. E.  b. C.  d.  d.  Hospital: 1   III	Due to (or  Due to (or  Due to (or  Due to (or  Due to (or	as a consect as a	107 Eas ler the mode of quence of): quence of): quence of): quence of):	terr dying	n Ave F , such as cerdia  MO  In in Part I.  26. Piece of De	23b. Did 1 24a. Werperl 1 ath (Check only)	d tobacco use of toba	ontributs to 3 Prob  24b. We ava con of d	Approximete Interval Between Onset and Death Death Onset and Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Dea
this certificate has been signed by the ettending physician and signed by the ettending physician and al director, page 2 should be datached for use es the buriel-frensit	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other algnificant conditions  25. Was cese referred to medical examiner?  1   Yes 2   No  27. Manner of Daath  1   Naturel   5   Pending	a. C.  b. C.  d. Hospital: 1   IIII   IIII   III   III   III   III   III   III   III   III   III   III   IIII   IIII   IIII   III   III   III   III   III   III   III   III   III   III   III   III   III	Due to (or  Due to (or  Due to (or  Due to (or  A  A  Inpatient 2   E	as a consequence of the conseque	107 Eas fer the mode of the mo	terridying	n Ave F , such as cerdia  A A A E  n in Part I.  26. Plece of De  1 4 M Nursing I  et	23b. Did 1 24a. We- perf ath (Check only) loma 5   Res 28d. Describe	d tobacco use of toba	ontribute to 3 Prob  24b. We ava con of d 1 U  ther (Specify)	Approximete Interval Between Onset and Death  the cause of death ably 4 Unknow re autopsy findings ileble prior to inpletion of cause leath?  I Yes 2 No
death.  Stor: After this certificate has been signed by the ettending physician and majority the funeral director, page 2 should be datached for use es the buriel-frensit are to be a signed by the funeral director.	Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last  Part II. Other significant conditions resulting in death) Last  25. Was cese referred to medical examiner? 1 Yes 2 No  27. Manner of Daath 1 Naturel 5 Pending investigat 3 Suicide 6 Could not determine 3 Suicide 6 Could not determine	a. C.  b. C.  d. Hospital: 1   IIII   IIII   III   III   III   III   III   III   III   III   III   III   IIII   IIII   IIII   III   III   III   III   III   III   III   III   III   III   III   III   III	Due to (or  Due to (or  Due to (or  Dua to (or  Dua to (or  Dua to (or  Path but not result of Injury (h, Day Year)  of Injury - At hong, etc. (Spacify)  best of examination	as a consequence of the conseque	107 Eas fer the mode of fuence of): fuence	Lerri dying  Other  Injury of Work?  Other  A time a time	n Ave F , such as cerdia  A A A E  26. Plece of De  17. 423 Nursing I  28. Plece of De  29. date and place	23b. Did  1 24a. Wespering ath (Check only of the City or To	d tobacco use of toba	ontribute to 3 Prob  24b. We ava con of d 1 U  ther (Specify arred	Approximete Interval Between Onset and Death  the cause of death ably 4 Unknow re autopsy findings lieble prior to apletion of cause leath?  Yes 2 No  Route Number,
death.  Stor: After this certificate has been signed by the ettending physician and majority the funeral director, page 2 should be datached for use es the buriel-frensit are to be a signed by the funeral director.	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last  Part II. Other significant conditions examiner?  1 Yes 2 No  27. Manner of Daath 1 Naturel 5 Pending investigat 3 Suicida 6 Could not determine (Check only 2 Medical Ex	a. C.  b. C.  d. Hospital: 1 let let let let let let let let let let	Due to (or  Due to (or  Due to (or  Dua to (or  Dua to (or  Dua to (or  Path but not result of Injury (h, Day Year)  of Injury - At hong, etc. (Spacify)  best of examination	as a consequence of the conseque	10.7 Eas fer the mode of the m	Lerr f dying  Other  Injury Work?  To Ye  The time my opling the my opling the m	n Ave F , such as cerdia  A A A E  26. Plece of De  17. 423 Nursing I  28. Plece of De  29. date and place	23b. Did  1 24a. Wespering ath (Check only of the City or To	d tobacco use of toba	ontributs to 3 Prob  24b. We ava con of d 1 U  ther (Specify, urred	Approximete Interval Between Onset and Death  the cause of death  abiy 4 Unknow  re autopsy findings lieble prior to pletion of cause leath?  Yes 2 No  Route Number,  ated. the cause(s)
death.  Stor: After this certificate has been signed by the ettending physician and majority the funeral director, page 2 should be datached for use es the buriel-frensit are to be a signed by the funeral director.	edical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other algnificant conditions are summiner?  1   Yes 2   Xes   Xe	a. C.  b. C.  d. Hospital: 1 let let let let let let let let let let	Due to (or  Due to (or  Due to (or  Dua to (or  Dua to (or  Dua to (or  Path but not result of Injury (h, Day Year)  of Injury - At hong, etc. (Spacify)  best of examination	as a consequence of the conseque	10.7 Eas fer the mode of the m	Lerr f dying  Other  Injury Work?  To Ye  The time my opling the my opling the m	n Ave F , such as cerdia  A A A A  n in Part I.  26. Plece of De  1.  26. Plece of De  1.  27.  28. Plece of De  1.  29.  20. Plece of De  20.  20.  20.  20.  20.  20.  20.  20	23b. Did  1 24a. Wespering ath (Check only of the City or To	d tobacco use of toba	ontributs to 3 Prob  24b. We ava con of d 1 U  ther (Specify, urred	Approximete Interval Between Onset and Death  the cause of death  abiy 4 Unknow  re autopsy findings lieble prior to pletion of cause leath?  Yes 2 No  Route Number,  ated. the cause(s)

State

Registrar

JUL 0 2 1996



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					Ce	ertificate of	Death		Reg. No.	
ı	Physic	an	Decedent'a Name (First, Middle, Last	Sidnoul	st	noto	(n)	Month )	Day/ CY	3. Time of Death
	/Medi Examir	cal	4a. Facility Name (If not Institution, give	street and number)	TI	COLL	4b. City, Town, or Lo	ocation of Deatl	4c. County of	90 3/3 Death
	Examin	ier	LEVINDALE NURSIN	/	,		BALTIMORE		N/A	
	Funeral Director			7. Aga (In yrs. 92	last birthday Yrs.	If Under 1 Yaa Months Days		8. Data of Bir (Month, Da	th y, Year) 12, 1903	Birthplace (Stata or Foreign Country) RUSSIA
	and		Usual Rasidence of Decedent  10a. Stata  10b. County	10c. Cit	, Town or L	ocation				10d. Insida City Limits
	Ba-f sho	Director	MD N/A			BALTIMOR	E			YOXYes 2 No
	eth with ti		7121 PARK HEIGHTS	100		10f. Zlp Code	21215		U.S.A	
21215-0020	72 hours after deeth with the Maryland naturel', or flerms 23s or 28s-f show dical Examiner must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 ▼ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in U, Armed Forces? 1 ☐ Yes 2½ No If Yes, Giva Yaar or Dates:	S. 13.	. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☐ No.	Hispanic Origin? (Spi ban, Maxican, Puerto o Specify:	ecify Yas or No Rican, etc.)		American Indian, White, etc. WHITE
15-(		etec	15. Dacedent's Edu (Specify only highast grad		16a. Deci (Giv	edent's Usual Occu e kind of work don	upation e during most of work ed)	ing	16b. Kind of Buair	ness/Industry
212	withir sne.	Completed	Elementary/Secondary (0-12)	Coilege (1-4or 5+)			HE BOARD		FDSTFTNS	DEPT. STORE
	tal Hygid d other event, b	Be C	17. Fathar's Nama (First, Middia, Last)		CHAIL	WIAIV OF I		e (First, Middle,	Maiden Sumame)	DBI 1: DIONE
Maryland	Mental Mental Merked o	To E	LOUIS	EPSTEI	NN		FANNIE		UNKI	JOWN
Ma	la mar		19a. Informant's Name/Relationship (T)	rpe, Print)	19b. Mai	ling Address (Stree	et and Number or Run			
-	Haald Haald em 2		REBA EPSTEIN - W  20a. Method of Disposition			L PARK HE	CIGHTS AVE	. #902	BALTIMO 20c. Location - Ci	
altimore	Pages nant of ant: If it ury or o		Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	removal from Stata	AAREI	amatory or other pl		6/28/96	ROSEDAL	
Balt	Depart Import any inj		21. Signature of Funeral Service Licens	9 .		22. Name and Add	, 20			OS., INC.
¢	100		23a. Part1. Enter the disease, or compositions or heart/failure. List only of	cations hat caused the death			TERSTOWN I			
4	Physician		shock or hearytailure. List only d	ne muse on each line.	,	. /	. /	1 - 1		Approximata Interval Between Onset and Death
A	/Medical Examiner		Immediate Cause (Final diseasa or condition	cenjo	stil	ie He	agt of	adey	[	=6month
Š	Examine	-	rasulting In death)	Dule to (o	r as a conse	equence of):	w.t.t	1: 0	0.1-	~ /4
3-	uted d ansit	Examiner		a Cor	ne	squence of:	rung	ausk	ase	- Jerg
ó	an end	Еха	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due to (o	aa a conse	stoenee dr):	0			0
68760,	death certificate be executed estending physician end od for use es the burial-transit	edicai	Cause (Disease or injury that initiated events resulting In death) Last	C. Due to (or	as a conse	quenca of):				
	ding p	<b>S</b>		d						
Вох	eath cer ettendir I for use	clan						1		
P.0.	thet the de led by the a detached i	Physician/	Part II. Other significant conditions cor	ntributing to death but not rasu	ilting In the	underlying cause g	iven in Part I.	23b. Did	~ /	ibute to the cause of death?
	igned l	by P	pred mores						25,10	- Toolby 4 Onatom
of Vital Records,	been s	Completed	Anemia						an autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?
R	0 - 0	mo:						10	Yas 2 No	1 Yas 2 No
/ita		Be	25. Was case referred to medical examiner?				28. Place of Deat	th (Check only o	ona)	
of	this at di	. To	1 Yas 2 No		ER/Outpatie	AU DOW			dance 6 Other	
	ding th. After fune	tion	Natural 5 Pending 2 Accidant investigation	28a. Data of Injury (Month, Day Year)	Injury	W	ork? □ Yas 2 □ No	200. Dascribe	now injury occurred	
Division	To the Houpital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At he building, etc. (Specify	me, farm, s	treat, factory, office	9	28f. Location (	Street and Number vn, State)	or Rurel Route Number,
۵	noun at noral Di y filled is		200 Cartillar (ITICa att da mu			4				
	Hospita 24 hours 6 Funeral letely filler	edicai	29a. Certifier 1 ☐ Certifying Physical (Check only one) 2 ☐ Medical Examination	sician: To the best of my knowner: On the basis of examinat and manner stated.	viedge, daa ion and/or l	th occurred at that nvestigation, in my	ima, date and placa, opinion, daath occurr	and due to the red at tha tima,	cause(s) and mann data and piace, and	er as stated. d dua to the cause(s)
1	To the comple	Me	29b. Signature and title of certifier			29c. Licer	nse number		29d. Date signed (	
	) /		Megaei	L'		D 4	4817	-	fune.	26 1996-
	25		30. Name and address of person who co	emplated causa of daath (Item	23a) (Type	3 4 3 (	1 W B	luede	re are	26 1996- Balting
	Sta	ite	31. Date filed (Month, Day, Year)	32 Registrar's Signa	ture of					
	Registr	ar	JUL 0 2 1996	y and and door - you	Indiana.					

DHMH 16 Rev 6/95

ITEMS: 23 PART I, 27, 28a-f,

State of Maryland / Department of Health and Mental Hygiene

111 Penn Street, Baltimore, Maryland 21201

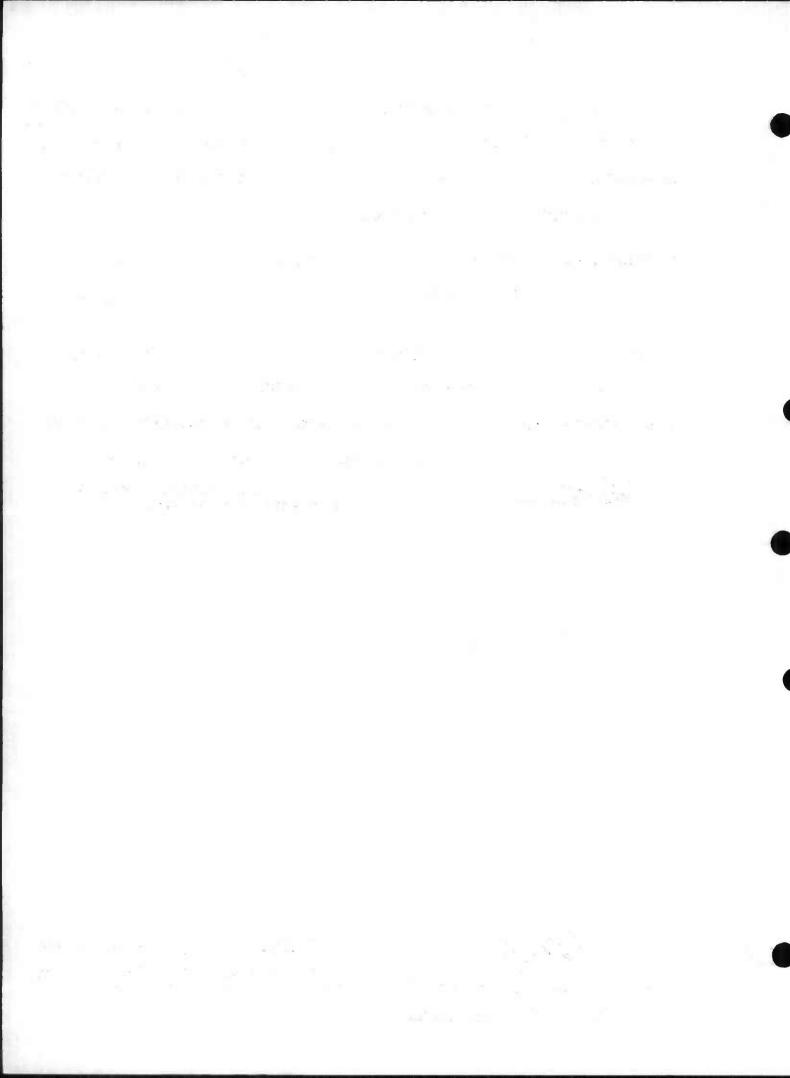
		1 Doordontin Name (First Middle	( act)		Cen	tificate o	of D	eath	0.000	Reg. No.		0 Th. 10
Physici	ian	Decedent's Neme (First, Middla,	,						Month	Dey	Yeer	
/Medi	cal	PAULA	G2					LLON	JUNE			2:45P.M
Examir	ner	4a. Facility Name (If not institution,	The state of the second	imber)			4D.				-	ODCEC
		535 MAIN STRE  5. Social Security Number	E I	7: Aga ('= vrs.	lant histheless)	If Under 1 Y	nar I	LAURE If Under 24 Hrs				
Funeral Director		216-62-4694	1□M 254F	7. Aga ( 1975.	Yrs.	Months De		Hours Min.	(Month, D			
Director		Usuat Rasidence of Decedent		7.5			-	_	UCE.30	0,1952	Wash	ington, D.
a or 28a-f show		10e. Stete 10b. County		10c. Cit	y, Town or Loc	ation		-			10	Od. Inside City Limits
100	tor	Maryland Prince	Georges		Laurel							1K Yas 2□No
Nerns 23s or 28s-f show	Director	10e. Street end Number				10f. Zip Coo	da			10g. Citize	n of What Count	lry?
38		535 Main St.								Unite	d State	c
1 1 1	Der	11. Marital Status 12. Was Dacedant Evar in Armed Forcaa?			S. 13. W	I. Waa Decedant of Hispanic Origin? (Specify Yes or No-					en Indian,	
hursi', or its al Examine	2	1 Never Merried 2 Marrie							to Rican, atc.)		Black, White, e	etc.
E E	b	3 ☐ Widowed 4 ☐ Divorced	If Yes, Gi Yaar or D	ve atas:	1	□Yes 2 <b>X</b>	No	Specify:		S	White	e
natural'. Goal Exa	Completed	(Specify only highast grade completed)			18e. Decede	ent's Usuel Oc	ccupati	on and of war	dela a	16b. Kind		
e Ha	ple	Elementary/Secondery (0-12)	College (		lifa. D	O NOT usa re	etired)	ring most of wo	rking			
8 4 A	Con		3	,	Compu	iter te	echr	nician				
T de la	Be (	17. Fathar'a Nama (First, Middla, Le	st)				1	8. Mother's Ne	me (First, Middle	e, Maiden Su	imame)	
Mental arked o	2	Luc	ian	Не	ichler			Murie	1 Ruth 1	Nordsi	ek	
ment of Health and ant: If Rem 27 is me ury or other traum		19e. Informant's Neme/Relationshi	(Type, Print)		19b. Mailing	Address (Str	reet an	d Number or R	ural Route Numi	ber, City or T	own, State, Zip	Code)
		Muriel R. Heichl				Lane/	Frederi	ck, Md	. 21702			
		20a. Method of Disposition 20b. Place of Di				ition (Name o atory or other	f place)		Data	20c. Loca	tion - City or To	wn, Stete
		4 Donetion 5 Other (Spe	cify)		erstown	cramatory or other place)					Maryland	
partition of the partit		21. Signature of Funaral Service Li		22. Nama and Addrass of Facility Stauffer Funeral Home								
BERSE		Barbara 1	13.10		1.4	621 Om						21702
		23a. Parti. Enter the diaeese, or co	emplications thet	ceused tha deat	1621 Opossumtown Pike/ Frederick, Mo h. Do not enter the mode of dying, such es cardiac or respiratory arrest,					CK, rid.		
hysician		Thousand Thousands. East of	ily one cause on	SOUT MIS.								Onset and Deeth
Medical		Immediate Cause (Finel disease or condition	DES	IPRAMINE I	INTOXICAT	ION						
xaminer		resulting in deeth)	8	Due to (o	r as a consequ	ence of):						
*	ner											
physician and the burial-transit	Examiner	Sequentially list conditions,	D	Due to (o	r es a consequ	quence of):						
lan a		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted eventa									İ	
g physician and as the burial-transit	Aedical	that initiated eventa rasulting in deeth) Last	C	Dua to (o	r as a consequ	ance of):					+	
D 4	Mec										1	
e attendin	an		d								1	
he at	Physician/N	Pert II. Other significant conditions	contributing to d	eath but not rasi	ulting In the und	derlying cause	e given	in Pert I.	23b. Dic	d tobacco us	e contributa to	the cause of death
ed by the a	Phy								10	Yes 2	No 3 □ Prob	ably 4 Unknow
5.2	þ											-7
should	P								24a. We	a an autopay formed?		
2 8	ple									Date of Deeth Month Month Dey JNE 5 1996 2:45P.  2:45P	npletion of causa leath?	
- F 8	Completed								1/2	Yes 20	No X	Yes 2□ No
	Bec	25. Wes case referred to medical					2	26. Placa of De	ath (Check only	one)		
this certific ral director,	2	examiner? NOXYes 2□ No	Hospitel: 1 🗆	Inpatient 2	ER/Outpatient	3□ DOA	Other:	4 Nursing I	lome \$ORes	sidanca 6	Other (Specify	,)
E [8		27. Menner of Deeth	28a. Deta		28b. Time of	28c. 1	tnjury a Work?	at	1			
5.5	27. Menner of Deeth  1 Neturei  2 Accident  303 Suicide  4 Homlcide  28a. Deta of Injury (Month, Day Year)  FOUND 6-5-96  28b. Time of FOUND 6-5-96  12:00  PM  28b. Time of FOUND 6-5-96  28c. Place of Injury (Month, Day Year)  FOUND 6-5-96  28c. Place of Injury (Month, Day Year)  FOUND: HOME							s 2 XXNo	SUBJECT	INGESTE	D DRUG	
a dig	tific	3(X) Suicide 6 ☐ Could no 4 ☐ Homicide determin	200. Place	of Injury - At he	ome, ferm, stre	at, fectory, off	fice		28f. Location	(Street and I	Number of Rura	Boute Number
101	building, etc. (Specify)  FOUND: HOME											
100												
in 24	edical	one)	and man	asis of exeminer ner steted.	uon end/or inva	istigetion, in n	ny opir	HON, GESTA OCC	irred at the time	, date and pl	ace, and due to	tne ceuse(s)
within 2. To the F complet	2	29b. Signature and title of certifier	)			29c. Lic	cense r	number		29d. Data	signed (Month, L	Day, Year)
	- 1		100						1	TIME		

at all son who completed cause of deeth (Item 23e) (Type, Print)

State Registrar

State of Maryland / Department of Health and Mental Hygiene

					C	ertificate	e of	Death		Reg. No.		
Physician		1. Decedent's Neme (First, Mic	dle, Last)	-	- 1	1			2. Dete of D Month	eath Dey	Year	3. Time of Death
/Medical	ŀ	LE	DN	TRI	EDMA	N			J41	SF 26	1496	1210
Examiner		la. Facility Name (If not instituted NO12 Text We	sy HS	SPITA	L R	5N TE	2	4b. City, Town, o	AUSTOR			MORE
Funeral		5. Sociel Security Number	6. Sex 1 💢 M 2 □		In yrs. lest birthde	Months	1 Year Days	If Under 24 H Hours M	in. (Month, D	ey, Year)	9. Birthp Coun	lece (Stete or Foreign
natural, or flams 23a or 28a-f show call the contract of the call flam of the call flam of the call of	1	215-09-1755 Usual Residence of Decedent	**		79				JAN.17	,1917	MAR.	YLAND
at be nothed at al Director		MD BAL'	Y TIMORE	1	0c. City, Town or PIKES						1	0d. Inside City Limits 1 ☐ Yes 2 1 No
or 28a-f s be nottrad Director		I0e. Street end Number				10f. Zip	Code			10g. Citizen of	What Cour	
_ 4		37 TENTMILL L	ANTE AT	ет. н				21208			S.A.	
r flams 234 dreg munit		11. Marital Status	12. Wes I	Decedent Eve d Forces?	er In U,S. 1	3. Wes Deced	ent of H		(Specify Yes or Nerto Rican, etc.)	o- 14. Rac	e - Americ	
B .		1 Never Married 2 M	arried 1 TY	es 2 □ No s, Give	WWII	1 ☐ Yes 2	_	Specify:	eno rican, etc.)		ck, White,	
d by		3 Widowed 4 Divorce	Year Year	or Dates:						Specify	*****	
rt, the Medical Eus		15. Deced (Specify only high	ent's Education lest grede complet	ted)	18a. De (Gi	ve kind of wor	Occup k done	eation during most of v d)	vorking	16b. Kind of B	usiness/Inc	dustry
Idmo		Elementery/Secondery (0-12	Colleg	ge (1-4or 5+)	MANA		e retired	2)		LIOUOR	MADEI	HOUSE
Be Co		17. Father's Neme (First, Middl	, Last)		LIMINA	OLIK		18. Mother's N	lame (First, Middle	~		
any injury or other traumatic avant, tonce.  To Be Co		HYMAN		FR	EDMAN			ELSIE		TOPAZ		
5		19a. Informent's Neme/Relatio	nship (Type, Print)		19b. Ma	iling Address	(Street	and Number or	Rural Route Numi	per, City or Town,	Stete, Zip	Code)
	L	ADELE FRIEDMAI	1 - WIFE			TENTMII		ANE A	PT. H B	ALTIMORE	, MD	21208
, o	12	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion	3 □Removel fr		20b. Pleca of Dis cemetery, c	position (Nem remetory or ot		ce)	Date	20c. Location -	City or To	wn, State
		4 □ Donation 5 □ Other	(Specify)		BALTIMO				6/27/96	REISTE	RSTO	WN, MD
DUCE		21. Signeture comparal Service	e Licensee			22. Name end	Addre		SOL LEVI	NSON & E	ROS.	, INC.
		10219-1		_		8900 RE	EIST	ERSTOWN	ROAD PI	KESVILLE		21208
		23a. Page. Enter the diseese, or heart feilure. Li	or complications that only one cause	hat caused th on each line.	e deeth. Do not o	enter the mode	of dyln	ng, such as card	iec or respiretory of	errest,		Approximate Interval Between Onset end Deeth
an cal		immediate Cause (Final		_1	100		10				-	
er		disease or condition resulting in death)	θ	/1.	MARIE	EN	CE	TOALO	MATHY	-		/ deg.
Je J			V	SUTA C	Collan	TAO 4	.04	026	PATHY -FIBRU	1/ATIAN		7 Adres
dicai Examiner		Sequentially list conditions,	6. 7 c		e to (or es a cons		run	1207	7710701	11(20010		1 75
ũ	1	Sequentially list conditions, f any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events	<b>)</b>									
edicai		het initieted events resulting in death) Last	1	Du	e to (or es e cons	equence of):						
1			d								į	
by Physician	6	Pert II. Other significant condi	lone contribution t	to death but s	not reculting in the	undorhina ca	una ahi	ton in Part I	22h Did	tobesso use on	maniferato ao	the cause of death?
hys		Dring Char				or deriving co	. 4 Å	C 1.4=7		Yes 20 No	3 □ Prot	
by F		PRIOR CORE		4RTEN		435 M	UD	G/-41/	<i>t</i>			
Completed		CHROWE ATL	200450	ulter	ABELD	=UT,	DIA	Both 1	LElli Tur perf	an autopsy ormed?	cor	ere autopsy tindings allable prior to appletion of cause
omo		CHROWE ATM	AL FIBI	25/140	ton "	DNEZ	ine	anda		Yes 2 110	+	death?
To Be Com	2	25. Was case referred to medic examiner?	al			//		26. Place of D	eeth (Check only	one)	1	
		1 ☐ Yes 2 ☐ No	Hospital:	Impatient	2 ER/Outpat			4 LI Nursing	Home 5 ☐ Res	Idence 8 🗆 Oth	er (Specify	()
lon:	2	7. Menner of Deeth 1 Naturei 5 ☐ Pend	ing (A	ate of Injury Month, Day Y	ear) 28b. Time Injury		lc. Injun		28d. Describe	how injury occur	red	
cation:		3 Suicide 6 Coul	tigation	less of Injury	At home, form	M		Yes 2□No	29f Location	Street and Numb	or or Pura	I Poute Number
Certification:		4 ☐ Homicide deter	mined 288. P	uilding, etc. (	- At home, ferm, Specify)	street, tactory,	Onice		City or To	wn, Stete)	er or nura	rriodie riditiber,
completely filled in by the Medical Certifical		29a. Certifier 1 Certify (Check only 2 Medics	ing Phyelcian: To I Examiner: On th	the best of n	ny knowledge, de	eth occurred a	t the tim	ne, date end ple	ce, and due to the	ceuse(s) and ma	inner as st	eted.
Medi		one)	and n	nanner stated	i.							
Comple	2	9b. Signeture and title of certif	16	2				e number		29d. Date signe		
	-	O Name and the	Herry !	-		4	//	1/2		June	24	11176
2	3	0. Name and address of perso	1	cause of deat	- 1	e, Print)	Ri	MORTH	WET TOWN	21 chos	46	Contin
State	3	DRIANDO  1. Date filed (Month, Dey, Yea		Z. Begistrer's			77	PHELL	WWN	rue 1	713	3
State Registrar		JUL 0 2 1996	a.	Davidson	-Mandelle							
			(/		-							



9440 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Centh Month **Physician** Yaar 3Õ Imogene FLOYD June 1996 4:27 mm. /Medical 4e. Fecility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Rossville Baltimore County 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 8. Sex 9. Birthplaca (State or Foreign Country) West Virginia 7. Aga (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Year) **Funeral** 1□ M 2CXF Months Days Hours 220-14-6491 Yrs. Aug. 14,1921 Director 74 Usual Residence of Deceden the Maryland 10e. Stete 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f show the Medical Examinar must be notified at Baltimore Dundalk 1 Yes 2 No Director Maruland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? deeth with United States 21222 1912 Stanhope Road 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 22☐ No If Yas, Give or items Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Bleck, Whita, atc. hours after 1 Navar Merried 20 Married Baltimore, Maryland 21215-0020 1 Yas 2XXNo Specify: à White. 3 ☐ Widowed 4 ☐ Divorced Year or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) filed within 72 h Hygiene. 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed with Department of Health and Mental Hygient important: If flem 27 is marked other that any injury or other trauments. 12 Years Secretary Manufacturing 17. Fether's Neme (First, Middle, Last) 18. Mothar's Neme (First, Middle, Meiden Sumeme) Be Mary Ellen (Not Known) Alvin Bonnett 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Vandel Floyd (Husband) 1912 Stanhope Road Dundalk, Maryland 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetery or other place) Dete 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 Donetion 5) Cother (Specify) Entombment Oak Lawn Mausoleum 7/3/1996 Baltimore, Maryland 22. Nama and Address of Fecility
Duda-Ruck Funeral Home of Dundalk, Inc. 21. Signatura # F eral Service Licensee Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart taligns. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** immediate Cause (Final disease or condition resulting in death) Adult Respiratory Distress Syndrome 12 Days Examiner Due to (or es a consequence of): Examiner Right Lobe Pneumonia buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Ceuse (Disease or Injury that initiated events resulting in death) Last pue Due to (or es e consequence of): Box 68760. ettending physician for use es the burie The law requires that the death certificate be Physician/Medical Dua to (or as a consequence of): P.O. I signed by the e Part II. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2CXNo 3 Probably 4 Unknown Multiorgan Failure Records, þ Completed 24b. Were eutopsy findings available prior to 24a. Wes an autopsy performed? peen Acute Mycocardial Injury completion of causa of death? has pege 2 1 ☐ Yas 2 ☐ No certificate 1 ☐ Yas 2 ☐ No Division of Vital 25. Wes case referred to medical examiner? Be 28. Piece of Deeth (Check only one) 1 Yas 2 No Hospitel: Other: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) 2 1₺ Inpatient 2 ER/Outpetient 3 DOA 100 28c. Injury at Work? 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Albar Certification: Attending 1 € Netural 2 Accident 5 Pending investigation or A.

Upinector: A.

or by the 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28a. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the ceuse(s) and menner es stated.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only 29b. Signature and titla of certifier 29c. License number 29d. Data signed (Month, Day, Year)

D47576

June 30, 1996

State Registrar

Mohamed Atta MD. 9000 Franklin Square Drive, Baltimore, Maryland 21237 32. Registrar's Signature-31. Date filed (Month, Dey, Year) JUL 02 1996

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

teng teng ang panggan ganggan tenggapan tenggapan tenggapan ganggan ganggan tenggapan tenggapan tenggapan teng 

permit, Pages 1, 2, 3 should

38

use

10

pe F

once.

notified page 5 should

pe

must

examiner

medicai

in by the f

	8	-=	8	E e
_	5	JII BC	9.	8
	C.	×	atio	£
	益	ete	Ea	H,
9	3	IQ.	S	8
~	pet	8	100	63
9	200	Б	ng	Ħ
×	8	n a	2	Ē
0	8	Cia	10	2
0	ate	SE	d	-
	tiffic	0	епе	the
Ö	90	din	2	0
<u>α</u>	£	len I	T.	0
(O	de	95	enti	5
Ö	he	100	Z	를
~	at	3	and	*
0	5	8	£	E
O	E.G.	Sign	lea	\$
Щ	ade	E	10	90
or .	×	pe	7	69
7	100	398	Se d	2
7	E	e	e	E
=	ż	Fica	St	=
1.	CA	erti	the	6
F	S	S	5	ď,
_	E	Ē	*	른
Z	9	ter	att	E
0	ō	A	op.	6/9
S	E	OR	fter	00
>	A	E	52	2
DIVISION OF VITAL RECORDS, P.O. BOX 6876	OR	뚬	100	ten
	y	_	2	1900
	PIT	53	7	-
	SO	S	III.	AN
	H	H	\$ 0	H
	F	王	file	2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TA from	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or a	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the me

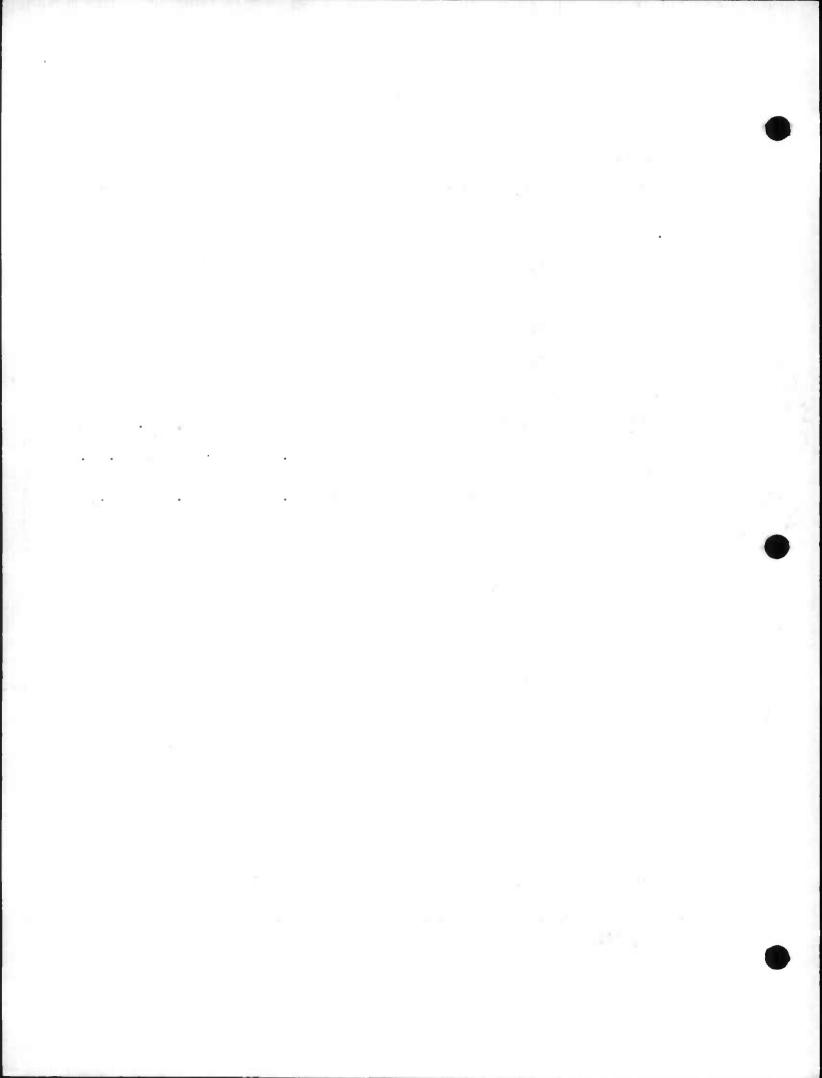
FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FOSTER 1996 JUNE 28. 5:15 A. JOHN A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) DAYS HOURS 248-38-8684 1 M 2 F 67 07 05 1928 SOUTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR STELLA MARIS (DULANEY VALLEY) TOWSON BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. N/A BALTIMORE XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5431 GIST AVENUE 21215 US 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 If yea, specify Cuban, Mexican, 1 YES X X NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced BLACK 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life, Do NOT use retired.) E Elementary/Secondary (0-12) College (1-4 or 5+) STEEL COMPL -0-PAINTER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN EMMALINE FOSTER 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 ROSALEE FOSTER (WIFE) GIST AVENUE BALTIMORE, MD. 21215 20s. METHOD OF DISPOSITION
1 Variati 2 Cremation 3 Ramoval from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE GARRISON FOREST VET 1/2 Baltio MD. Donation 5 - Other (Specify) \_ CEMT 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY PHILLIPS FUNERAL HOME buth Elect 2 CFSP #281 1721-27 N. MONROE ST. BALTIO. .MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heart fellura. List only one cause on sech line. Approximete Intervel Batween IMMEDIATE CAUSE (Finel Onset and Death diseasa pr condition LUNG CANCER unknow resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseeea or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE t/o Chronic Lundiscose 1 TES 2 NO OF DEATH? cardiae Disease 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8X Other (Specify) Hospice 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicida 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 28 COMPLET 29a. CERTIFIER
(Check only one)

APPLICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occured at the time, date and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER 39c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE . Charliner 125643 ►6/28/9L 9 KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD 21204 JUL 02 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10+1

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene 19462 Certificate of Death 1. Decedent's Nemg (First, Middle, Lest) 2. Dete of Deeth Y0096 **Physician** Month 6 reman /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** ANNE ARUNDEL MEDICAL CENTER ARUNDEL ANNE ANNAPOLIS If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Days Hours Min. JUNE 0 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign NEW PARK) **Funeral** 1 M 200 Months Y99 18 78 113=40=4016 Yrs. Director Usual Residence of Decedent with the Maryland 10b. County Show 10c. City, Town or Location 10d. Inside City Limits permit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Maryla Department of Haaith and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28af show any injury or other traumetic event, Ira Medical Examinal must be northed. Director 1 ☐ Yes 2 No MD. ANNE ARUNDEL ODENTON 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 544 STONEY HILL COURT 21113 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Black, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2 No Specify P Specify: WHITE ₩idowed 4 Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 HOUSEWIFE OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Be WATSON ELIZABETH FREDERICK HOUSE 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 6959 PINDELL SCHOOL RD. FULTON, MD 20759 CAROL EKWALL DAUGHTER 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, remetory or other plece)
METRO CREMATORY 20c. Location - City or Town, State 1 Buriai 2 Cremetion 3 Removel from State BALTIMORE MD. 7-1-96 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Superel Service License 22. Name end Address of Fecility HARDESTY FUNERAL HOME P.A. 210 851 ANNAPOLIS RD. GAMBRILLS MD 23e. Pert1. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one causa on each line. Approximete Interval Batwean Onset end Deeth **Physician** /Medical Immediata Cause (Finel diseese or condition resulting in daeth) **Examiner** Examiner Heer bunial-transit Sequentially list conditions, if eny, laeding to immediate cause. Enter Underlying Ceuse (Disaase or injury that initiated events resulting in deeth) Lest Due to (or es e consequance of) be exec P.O. Box 68760, attanding physician Physician/Medical tha Due to (or es e consequence of): Pert il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco usa contributa to the causa of death? signed by tha 12 Yes 2 No 3 Probably 4 Unknown Records, Completed by 2 24b. Were autopsy findings evellable prior to completion of cause of deeth? 24a. Wes en autopsy performed? has Certacy desea 25 No cartificata 1 ☐ Yas 2 ☐ No Division of Vital Be 25. Wes casa referred to medical axaminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes DONO Medical Certification: To 1 Hypatient 2 ER/Outpatient 3 DOA this 27. Mannar of Death 28c. Injury et Work? 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Aftar pital or Attending 1 Matural 5 Pending investigation death. 1 Yes 2 No Director: / 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) after 4 - Homicide 29e. Cartifiar The Certifying Physician: To the best of my knowledge, deeth occurred at the time, data end plece, end due to the ceusa(s) and menner es steted.

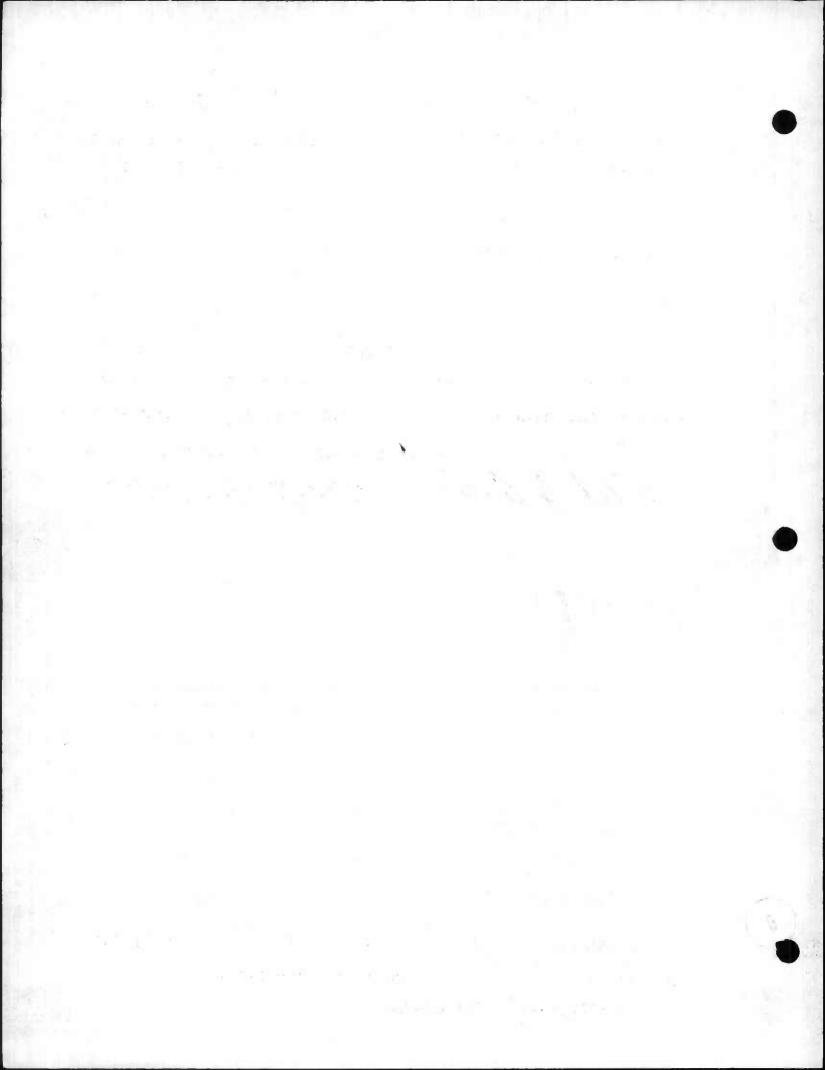
| Medical Exeminar: On the best of exemination and/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner steted. 29b. Signature and title of pertific 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme end address of person who complated causa of death (Itam 23e) (Type, Print)

State Registrar DR. BEHRNES
31. Dete filed (Month, Day, Year)

JUL 02 1996



ANNAPOLIS, MARYLAND 21401



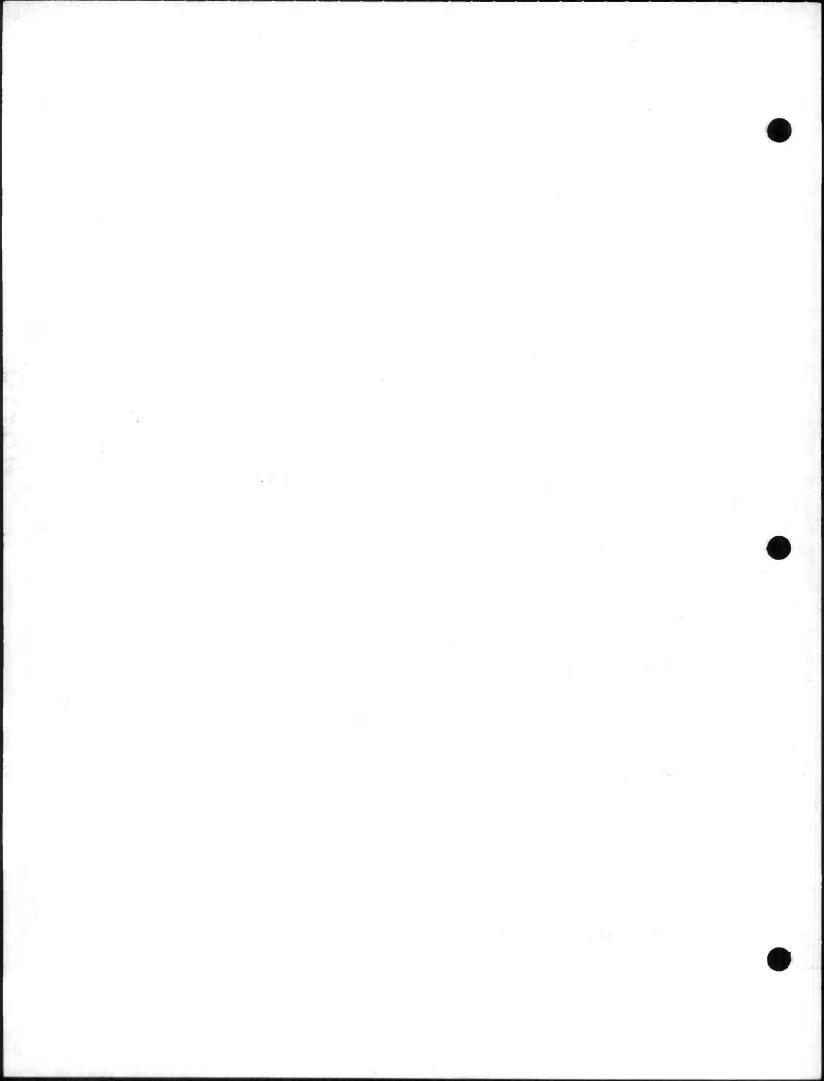
M BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Oept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

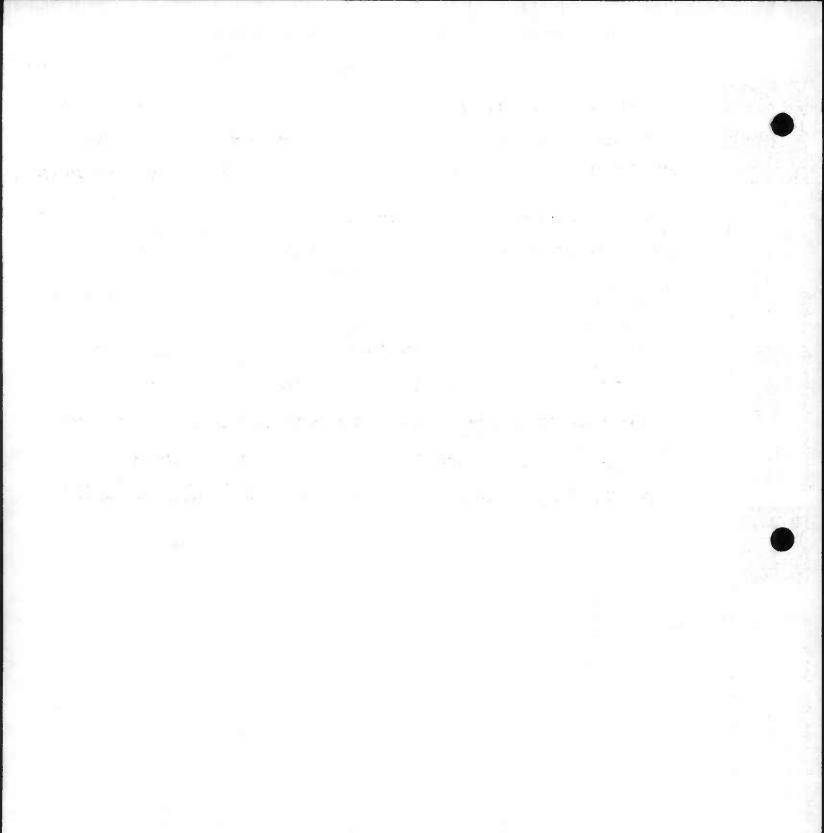
FOR 1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPARTMENT		MENTAL HYGIE		
1. DECEDENT'S NAME (First, Mid				2. DATE OF DEATH	PAY X	3. TIME OF DEATH
FRANCIS OL	IVER GRIM			JUNE &	9 9	6 x 7 "
214-03-0		(In yrs. last birthday)  YRS.  IF UNDER	TYEAR IF UNDER 24 HRS. DAYS HOURS MIN,	7. DATE OF BIRTH (Mornth, Day, Year) March 11,		BIRTHPLACE (State or Foreign Country) Ennsylvania
9a. FACILITY NAME (If not institut		. 9b. CITY	TOWSON	EATH	9c. COUNTY	of DEATH
Stella Maris RESIDENCE OF DECED 10a. STATE 10b	DENT COUNTY	10c, CITY, TOWN			] Dar	
PA	York	Delta				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		- Lu-	101. ZIP CODE		10g. CITIZEI	N OF WNAT COUNTRY?
173 Clubhous			17314		USA	
1 Never Married 2 Mer  3 Wildowed 4 Divorced	I IF YES GIVE WAR OR I	2 X NO	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico t YES 2 NO Specific	an, Puerto Ricen, etc.)	es or No— 14	. RACE — American Indian, Black, White, etc. Specify: White
(Specify only hig	NT'S EDUCATION thest grade completed)	16a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b, KIND OF B	USINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+) n/a	Heavy Equip	. Operator	Bldg.	Materi	als Industry
17. FATHER'S NAME (First, Middle	,		The second secon	AME (First, Middle, Maide	n Sumame)	
Charles Otis		406 11411 1142 4 1142	Amelia  S (Street and Number or Rural	a Dorsey	Service St. 5	
Francis 0. 0	327		inker Hill R			
20a. METHOD OF DISPOSITION  1  Burlel	3 Removal from State C6	metery, cremetory or other piece, etro Cremato1	- 1		ocation - ch	y or Town, State
21. SIGNATURE OF FUNERAL SE	TRYCE LICENSER	22.	NAME AND ADDRESS OF FA	ACIL ITY	.0110 1 1 1	20, 120
Lowell 1	Lemmon Lemmon		Lemmon runer 10 W. Padoni		nonium,	MD 21093
				ch as cardiec or res	piretory srres	t, Approximats interval Batween Onset and Death
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF):				
PART II. Other significant	conditions contributing to death	but not resulting in the u	nderlying cause given in	Pert I. 24a, WAS / PERF	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO USE	CONTRIBUTE TO CAUSE	OF DEATH YES	NO UNCERTA	IN 🗆		
25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (Check	R:			
1 YES 2 NO 27. MANNER OF DEATH	1   Inpetient 2   ER/Ou	28b. TIME OF	zsing Home 5 - Residence 28c, INJURY AT	8 X Other (Specify)  28d. DESCRIBE HOV		
1 Netural 5 Pen 2 Accident Inve	(Month, Day, Year)	YRULINI M	WORK?			
3 Suicide 8 Cou 4 Homicide dete	ald not be building, etc. (Sp	TY — At home, farm, street, fac ecify)	ctory, office	28f. LOCATION (Stree City or Town, Sta	t and Number or (e)	Rurel Route Number,
anal and	ING PHYSICIAN: To the best of my kno EXAMINER: On the besis of examinat					
29b. SIGNATURE AND TITLE OF	CERTIFIER Paul	enero	D D	MBER 5643	29d. DATE 5	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PE	11 R. FAUL	NEATH (ITEM 27) (Type, Print)	2300	Dulx	INEU	VAller RA
JUL 02 1996	July Davidson-	734.62			/	



State of Maryland / Department of Health and Mental Hygiene

96 19441

				,		Certifica	ite of l	Death	Re	g. No.	0	19444
	Dhusis		1. Decedant's Nama (First, Middla, Last)						2. Data of Death		Yaar	3. Tima of Death
	Physic /Medi		MARCUS	GOLDSTE	1~				JUNE	26 19	96	9:50 PM
	Exami		4a. Facility Nama (If not Institution, giva	street and number)			4	b. City, Town, or L	ocation of Death	4c. County	of Death	
			LEVINDALE NURSIN					BALTI			N,	/A
	Funeral Director		213-03-0701	IM SOF	yrs. last bin	Yrs.	er 1 Year s Days	If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, NOV . ]	Year) , 191	Countr	ca (Stata or Foreign y) LTIMORE, N
	and *		Usual Rasidance of Dacedant  10a. Stata 10b. County	100	c. City, Town	n or Location					100	d. Inside City Limita
	Mary!	ŏ	MD BALTIM	ORE	В	ALTIMOF	ΣE:					1 ☐ Yas 2 ☐ No
	r 28a	Director	10a. Street and Number				Ip Coda		10	g. Citizan of \	What Countr	y?
	th with	alD	7202 ROCKLAND HILL	S DRIVE AF	T. 31	1	2	21209		U.S	.A.	
21215-0020	be filed within 72 hours after death with the Maryland nat Hyglene. d other than "naturel", or flems 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 ☑ Navar Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Evar Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas:	in U,S.		edant of Hi ecify Cuba 217 No	ispanic Origin? (Sp in, Maxican, Puarto Specity:	pecify Yas or No- Rican, atc.)		ce - Amarica ck, Whita, at y: WHIT	lc.
2-0	72 ho	Completed	15. Decedant's Educ (Specify only highast grade		16a.	Decedant's Us	ual Occupa	ation during most of work	cina	6b. Kind of B	usinass/Indu	istry
2	ithin	dr	Elemantary/Secondary (0-12)	Collega (1-4or 5+)		lifa. DO NOT	use retired	()				
	filed within Hygiene. Ither than	ပ္ပ	12 17. Fathar's Nama (First, Middle, Lest)		PR	OPRIETO	)R	40 Markada Nasa		ENTERT		1T
Maryland	Mental Harked of	Be	ZISKIND	COL	DOMEST	NT.			a (First, Middla, N			
7	should be and Mental ie marked o	<sup>2</sup>	19a. Informant's Name/Ralationship (Ty)		DSTEI		es (Stroot	MOLLY and Number or Rus	ral Pouta Number		VIN	Code)
	D 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		BERNARD GOLDSTEI			_		HILLS DR		ALTO.		
re,	ges 1 and 2 should t of Health and Mer if item 27 is marks or other traumatic		20a. Mathod of Disposition	2	Ob. Placa of	Disposition (Ny, cramatory or	ama of			20c. Location -		21209 m, Stata
E	Page ent o nt: If i		15 Bunal 2 □ Cramation 3 □ R. 4 □ Donation 5 □ Other (Specify)	amoval from Stata	NAI I		oinar piac		/28/96	BALTI	MODE	
Baltimore,	permit. Pages 1 and Department of Heal important: If item 2 any injury or other soice.		21. Signature Funeral Service License	1 //	WI I	1	and Addras	sa of Facility				
m	Depa impo any ir		VMANNAX 7	8 runs.		9000	DETCO		L LEVINS			
	_		23a Part1. Enter the disease, or complication, or heart failure. List only on	cations that caused tha	daath. Do r	not antar tha m	oda of dyln	PERSTOWN g, such as cardiac	or raspiratory arra	<u>たらVILL</u> ist,		Approximata
	Physician		SHOOK, OF HEART TENDER. LIST ONLY OF	la Capati Ori aacri mia.								ntarval Between Onsat and Death
и	/Medical Examiner		Immediata Causa (Final disaasa or condition	CONGEST	IVE	HEAR	25	FAILURI	5			8 MEELL
	LAditities	_	rasulting in daath)	Dua	to (or as a c	consequance o	n:				1	
	ed isit	Examiner	_ b	CORONAL	24 1	ARTER	-4	2F321	E		44	
	al-trar	xar	Sequentially list conditions, if any, laading to immadiate causa. Entar Undarlying Cause (Disaasa or injury c	Dua	to (or as a c	consequanca o	f):				ì	
68760,	icate be executed physician and s the burial-transit		Causa. Entar Undarlying Cause (Disaasa or injury that initiated evants	D. C.							<u> </u>	
89	ng phy as the	edical	rasulting in daath) Last	Dua	to (or as a c	onsequence of	):				-	
ŏ	andin use	M	d									
ω.	death e atte	sicia	Part II. Other significant conditions con	tributing to death but no	t rasulting in	tha undariving	causa give	en in Part I.	23b. Dtd to	bacco una co	ntribute to t	the cause of death?
P.O. Box	by the	Physician/		RONARY					1 🗆 Yu	2 2000	3 Probe	ibly 4 Unknown
s,	es that the death cer igned by the attendir be detached for use	þ					BYPI					
Division of Vital Records,	The law requires that the death certificate be executed ta has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Completed	HYPERSENSI	87 CH	Romi	c RE	NAL	FAIWR	24a. Was ar perform		avail	a autopsy findings lable prior to plation of cause aath?
e e	cata i								1 □ Ya	a 2000	10	Yas 2□ No
	Physician: this certificatal director,	Be	25. Was casa rafarred to medical examinar?	ospital:			Othe		th (Check only one			
ō	Phys rai di	- T	1 ☐ Yas 2 DANo	1 LJ Inpatient	2 ER/Ou	tpatient 3□ [ ima of	JUA	4 Danursing H	oma 5 Rasida			
on	ding h. After fune	tion	1 Natural 5 Panding 2 Accidant invastigation	28a. Data of Injury (Month, Day Yea	ar) [1	njury M	28c. tnjury Work	(? Yas 2 □ No	ZOG. DESCRIBE NO	w mjary occur	160	
Divisi	i or Attending Physician: The law after death. Director: After this certificata has it in by the funeral director, page 2	Certification:	3 Suicida 6 Could not be datarmined	28a. Place of Injury - bullding, atc. (S)	At homa, fa				28f. Location (Str City or Town		per or Rural	Routa Number,
	Hospital	edical C	29a. Cartifiar 1 Cartifying Phya (Check only one) 1 Medical Examin	iclan: To the best of my lar: On the basis of examinand manner stated.	knowladga mination and	, daath occurre d/or invastigation	d at tha tim on, in my op	na, data and placa, plnion, daath occur	and dua to tha ca red at tha tima, da	usa(s) and ma ita and place,	annar as sta and dua to t	ted. ha causa(s)
-	To the To the comple	Me	29b. Signatura and titla of certifiar	ATTEN	DINIG	G 2	9c. License	number	29	d. Data signe	d (Month, D	ay, Year)
3			Section	PHTS	-		D	25610		JUNE	27	1966
	15		30. Nama and addrass of person who con					HTWA	R			
_	1		LEVINDALE 2431	4 W-BELVA	PRDE	RE AL	ENU	E BAL	TIMORE	MD	2121	5
	Sta	te	31. Data filed (Month, Day, Year)	32. Registrar's S	Signatura							



•

State of Maryland / Department of Health and Mental Hygiene 96

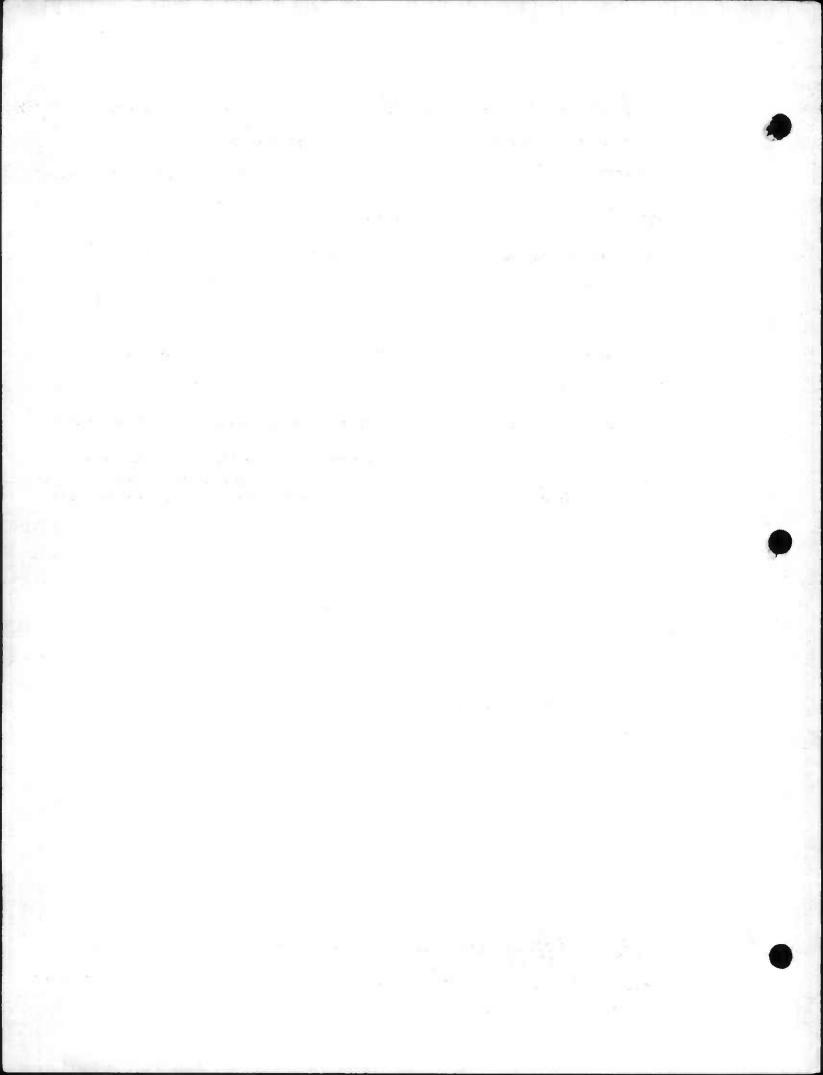
19445	5	4	4	9		
-------	---	---	---	---	--	--

					C	ertificate of	f Death	F	Reg. No.			
			1. Decedant's Nama (First, Middla, I	ast)	<del></del>			2. Data of Dea	ith		3. Tima of Death	
	Physic /Medi		ROSE		G	OLD		JUNE	26°,	1996	7:55 PM	
	Exami		4a. Facility Nama (If not institution, g	iva straat and number)			4b. City, Town, or L	ocation of Death	4c. County	of Death		
			LEVINDALE NURS	ING HOME			BALTIM	DRE		N/A		
	Funeral			Sax 7. Age	a (In yrs. last birthde		If Under 24 Hrs.	8. Data of Birth (Month, Da)	h Vaari		olaca (Stata or Foraign	
٠	Director		322-01-7469	1 M 200 F	34 Yrs.	Months Day	s Hours Min.	JULY 23	1911	CHIC	CAGO, IL	
	D.		Usual Rasidance of Decedant									
	how		10a. Stata 10b. County		10c. City, Town or	Location				1	0d. Inside City Limits	
	Ma Fire	cto	MD BALT	IMORE		BAL	TIMORE				1 ☐ Yas 2 X No	
	th th	Director	10e. Street and Number			10f. Zip Coda			10g. Citizen of	What Coun	itry?	
	23a	al	2818 MARNAT ROA	D			21209		Ţ	J.S.A.	•	
	within 72 hours after death with the Maryland ilena. 'then "natural', or items 23e or 28e-f show the Medical Examinet must be notified at	Funeral	11. Marital Status	12. Was Decedant E Armed Forcas?	evar in U,S. 1	3. Was Decedent of	Hispanic Origin? (Sp ban, Maxican, Puarto	ecify Yas or No-	14. Rac	e - Amaric		
0	or th	F	1 ☐ Navar Married 2 ☐ Married	1 ☐ Yas 🏖 🟋 N If Yas, Giva	lo	1 □ Yas >XXN		r moarr, arc.,	Specify: WHITE  18b. Kind of Businass/Industry			
21215-0020	ours rail:	i by	3 √ Widowed 4 □ Divorced	Yaar or Datas:		ID is MA	о зресну.		Specif	WH:	ITE	
5-0	72 h netu	Completed	15. Decedant's (Specify only highast of		16a, De	cedant's Usual Occi	upation a during most of work	cina	18b. Kind of B	usinass/inc	Justry	
21	within ena. then	ğ	Elemantery/Secondary (0-12)	College (1-4or 5	+)	a. DO NOT use retir	a during most of work red)					
		S		4	HOM	EMAKER			OWN HOM	1E		
pu		Be	17. Fathar's Nama (First, Middla, La	st)			Maiden Surnar	na)				
yla	should be ind Mental I	9	RUFES		SIMON		HANNAH	F	ROTH			
Maryland	d 2 should be th and Mental 7 is marked traumatic ev		19a. Informant's Name/Ralationship	(Type, Print)	19b. Ma	ailing Addrass (Stree	et and Number or Ru	ral Routa Numbe	r, City or Town	Stata, Zip	Code)	
	B = 2 =		ELLIOTT GOLD -	SON	111	21 HIDDEN	TRAIL DR	IVE OWI	NGS MII	LLS, N	MD 21117	
ore			20a. Mathod of Disposition		20b. Place of Dis	sposition (Nama of ramatory or other pi	lace)	Data	20c. Location	- City or To	wn, Stata	
Ĕ	Pages nant of int: If its iny or o		Burial 2 ☐ Cramation 3 Donation 5 ☐ Othar (Spec	Hamovai from Stata	HAR SIN		,	5/28/96	REISTE	ERSTO	WN, MD	
altimore,	permit. Pages Department of Important: If it any Injury or once.		21. Signature of Fundral Service Lip	Inses		22. Nama and Add	rass of Facility					
m	Departiment Important Irraport		MINNIK	1111111	-	0000 555		OL LEVIN				
			23a, Part1, Enter the disaste, by co	molications that caused	the death. Do not a	8900 REIS	TERSTOWN I	or respiratory an	ESVILLE	s, MD	Approximata	
	Dhualalan		23a. Part1. Enter the disease, of co shock, or heart failure. List on	y and cause on each lin	a.	arital trial mode of o	ring, occir ao carciao	or raspiratory an	1001,	1	Intarval Between Onsat and Death	
И	Physician /Medical		Immediata Causa (Final		~						1 222	
1	Examiner		diseasa or condition rasulting in daath)	a. CARCINO	mA LEI	-1 BREAS	डी ध्यांभ	MANA L	HES ATSI	212	IAEUS	
		<u>a</u>		'	Dua to (or as a cons	sequance of):						
2	pet hst	Examiner		b						i		
, n	al-tra	Xa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Dua to (or as a cons	sequance ot):				į		
68760,	law requires that the death certificate be associfed as been signed by the attending physician and 2 should be detached for use as the burial-transit		Cause (Disease or Injury that initiated evants	c						1		
587	phy:	Medical	rasulting in daeth) Last		Dua to (or as a cons	equance of):				1		
×	n certific anding p			d								
Box	eath ce attendi	Physician/										
0	that tha de ed by tha a detached t	ysi	Part II. Other significant conditions	contributing to death bu	t not rasulting in the	underlying cause (	given in Part I.		4.0		the cause of death?	
0	that t							101	res 2 No	3 Prot	bably 4 Unknow	
ds,	signed be de	d by						040 14400		24h W/	era eutopsy tindings	
0	been s	Completed						24a. Was a		ava	allable prior to mplation of causa	
ec	law las b	npi								of	death?	
=	The la	S						1 🗆 Y	as 2 No	10	☐Yas 2☐ No	
113	artifical	Be	25. Was casa referred to medical examinar?				26. Place of Dea	th (Check only o	na)			
of VItal Records,	dire dire	ည	1 Yas 2 No	Hospital: 1 Inpatier	nt 2 ER/Outpat	ient 3□ DOA O	ther: 4 Nursing Ho	oma 5 🗆 Rasid	ance 8 Ott	nar (Specif)	v)	
		ü	27. Mannar of Death 1 □Natural 5 □ Panding	28a. Dete of Injury (Month, Day	Year) 28b. Tima		ury at ork?	28d. Describe h	ow Injury occur	rred		
000	Attending ir death. Sector: After by the fune	ati	2 Accidant Invastigati	1		M 1[	Yas 2□No					
Division		Certification:	3 ☐ Suicida 8 ☐ Could not datarmine		ry - At homa, farm, (Specify)	straat, factory, office	Ð	28f. Location (S City or Tow	itreet and Numi n, Stata)	ber or Rura	I Routa Number,	
۵	tal or all bed in	Ö										
	Hospital 24 hours Funeral Hetely filled	edicai	29a. Cartifiar 1 Certifying F (Check only one) 2 Medical Exa	thysician: To the best of iminar: On the basis of and mannar stat	axamination and/or	ath occurrad at tha Invastigation, in my	time, deta and place, opinion, daath occur	lace, and dua to tha causa(s) and mannar as stated occurred at tha tima, data and place, and dua to tha			ated. tha cause(s)	
-	o de la comp	29b. Signatura and titla of certifiar ATTENDINE 29c. Licensa number						- 2	29d. Data signe	d (Month,	Day, Year)	
١.	-1		SE. F. The		CIAN	0	25610		JUNE	27	1996	
,	-),		30. Nama and addrass of person who		<u> </u>				10145	~ 1	1 1 7	
-	-6					AVENUE ZE			00010-13	0		
	01		31. Data filed (Month, Day, Year)		r's Signatura	TTVENUE	17th Filling	V/E (1)	ary LAM	) &	1312	
	Sta Registi		JUL 0 2 1996	Julia Talidson	-Randell							



				State of Mar		partmen ertificat			and N		giene Reg. No.	96	19446	
	Physic		1. Decedent's Neme (First, Middle, Last)  2. Dete of Deeth  Month  Day  Ye							Year 1996	3. Time of Death 943 pn			
	/Medi Examii		4a. Fecility Name (If not Institution, give a		111001		4	b. City, To	wn, or L	position of Deeth	4c. Cou	nty of Deeth	1	
4			Joseph Ritchey H	Mospice				Ba1	timo	ore		N/A		
	Funeral		5. Social Security Number 6. Sec		n yrs. lest birthda	Months	1 Year Days	If Under:			h Veerl	9. Birth	place (State or Foreign intry)	
	Director		230224059	M 2□F 6	7 Yrs.	MOINT	Days	Hours	WIII I.	Oct 11,			rginia	
	DG *		Usuel Residence of Decedent  10e, Stete 10b, County	4	Dc. City, Town or	Lacotton								
	sho	2	Maryland N/A	"	Balti:								10d. Inside City Limits  Y Yes 2 □ No	
	Ne M	Director			Dalti									
	within 72 hours aftar death with the Maryland ane. than "natural", or items 23s or 28s-f show he Med cal Exemine must be modified at	ō	10e, Street and Number			10f. Zip					10g. Citizen			
	234	Funeral	1153 Washington Bo						J.S.A.					
	ar de	nu	THE SECULIARIES	12. Wes Decedent Eve Armed Forces?	or In U,S. 1	If Yes, spe	dent of H	ispanic Orig in, Mexican	gin? (Sp , Puerto	ecity Yes or No- Rican, etc.)	14. F	lece - Amer Bleck, White		
20	rs aft	by F	1 Never Married 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 ☐No If Yes, Give Year or Detes:		1□ Yes	XXNo	Specify:			Spe	cify: Whi	+0	
21215-0020	natural',	8	15. Decedent's Educ		16e De	cedent's Usua	el Occup	etion			16b. Kind of			
115	n "natur	Completed	(Specify only highest grade	completed)	(G)	ive kind of wo	rk done	durina most	of work	ing	TOO. TAILED OF	Dusinosari	noustry	
213	filed within Hygiane. other than	E	Elementery/Secondery (0-12) 5th Grade	College (1-4or 5+)	Sec	urity	Guar	d			Unkı	nown		
	be filed that Hygis d other event, to	Bec	17. Father's Neme (First, Middle, Last)						r's Nem	e (First, Middle,	Meiden Sum	Sumeme)		
10	0 0 0 0 0	To B	Elbert Garrett					Sa	rah	Coffer	nan			
Maryland	to DE E		19e. Informent's Name/Reletionship (Ty)	pe, Print)	19b. Me	eiling Address	(Street	en <i>d</i> Numbe	er or Rui	al Route Numbe	r, City or Tox	vn, Stete, Zi	ip Code)	
	Haalth are 27 la other trau		Ruby Darlene Garı	cett	1	153 Wa	shin	gton	Bou!	levard,	Baltin	more N	1d 21230	
re,			20e. Method of Disposition		20b. Plece of Dis		ne of			Dete	20c. Locatio			
E	Pagas 1 and ment of Haalti ant: If item 27 jury or other 1		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovel from State	Vosche		,	-	1	5/28/96	Balti	more N	Maryland	
Baltimore,	2 E E F		21. Signeture of Funerel Service Licensee  22. Name and Address of Facility  George J. Gonce Fun											
Ö	Depa Impo any Ir		M- DO		6:				Ger	_			and 21225	
	_		23a Part Enter the disease, or complished, or heert feilure. List only on	cetions thet ceused the								Maryre		
	Physician /Medical		shock, or heart feilure.	e cause on each line.									Approximete Intervel Between Onset end Deeth	
4			Immediate Cause (Finel	Ro	5 hru A	ONC 1	Au	nac	4			į	minutes	
	Examiner	Ш	disease or condition resulting in death)	Du Du	o (or es e con	1	Yr	703					11110000	
	P 2	ner			V- (							1		
	rata be axecuted hysician and the burial-transit	Examiner	Sequentially list conditions,	Du	e to (or es a cons	sequence of);	32					1		
ó	e axe ian a unal-		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury	Me	pral	6-XX	US	1010				1	122408	
8760,	ata b hysic the b	dicai	thet Initiated events resulting in death) Last	Due	to (or es e cons	equence	7					1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	ing p	Me		Cay	CINOM	a	Lu	NC				ļ	19mos	
Box	death certific attanding p ad for usa as	Jan						7				1		
0	the de	Physician/Me	Pert II. Other significant conditions con	1 1		underlying c	ause giv	en in Pert I.		23b. Dld t	obacco use	contribute	to the causs of death?	
٥.			Chronic Of	structive	Valon	snary	Do	COGS	e.	102	2 N	o 3□Pre	obably 4 Unknown	
ds,	2 50	l by		1./	1	(				040 19400		24b W	Vara autonou findings	
Ö	v requires been sign should be	etec	Coronarg	ANGEN	'h De	50051	0-				en eutopsy med?	a	Vera autopsy findings vallable prior to ompletion of ceuse	
360	has ya 2	Completed						·,-				0	f deeth?	
<u>a</u>	E ag									_	es 2 1 No	1	Yes 21110	
of Vital Records,	Physician; this cartific rai director,	Be C	25. Wes cese referred to medicel examiner?	ospitel:	- 57		Oth	or-		h (Check only o			Waster	
		T. To	1 Yes 2 No	1 ☐ Inpatient  28a. Dete of Injury	2 ER/Outpet		8c. Injun Worl	4 LI NU	rsing Ho	oma 5 Resid			IN) HOSPICE	
o	tending Ph leath. tor: Aftar th the funeral	tion	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Dey Yo	ear) Injur	y M		k? Yes 2∐l	No					
Division	Attending at death. ector: Aftal by the fune	fice	3 ☐ Sulcide 6 ☐ Could not be	28e. Place of Injury	- At home, farm,	street, fectory	, office					m <i>ber or Ru</i> i	ral Route Number,	
á	plai or Att	Certification:	4 Homicide	building, etc. (	Specify)					City or Tow	n, Stete)			
	hour hour ly fills		29e. Certifier 1 Cartifying Phys	ician: To the best of m	y knowledge, de	eth occurred	et the tim	ne, dete en	d plece,	end due to the	euse(s) end	menner as	stated.	
	\$72 4 5 x 2 4 5	edical	(Check only 2 Medicel Examin	er: On the basis of ex and menner steted	amination end/or I.	investigetion	, in my o	oinion, deel	in occur	red et the time,	ete end pled	e, end due	to the cause(s)	
4	5 500	Σ	29b. Signature and Hite of certifier	2 /) .	- (	290	. License	number	- 7		29d. Date sig	ned (Month	, Dey, Year)	
-	_		realste	Som	n m	<i>u</i> .	20	X90	0		6.9	1-9		
	2		30. Name end eddress of person who con	mpleted ceuse of deet	(Item 23e) (Typ	e, Print)	,,-	-V	a	Y D	Na	11/	2222	
			Kobart G. 1	win u	8	28 10	.00	nau	9 > 6	* Bar	110	ina	21201	

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

19447

					Cei	unicate of	Death		Reg. No.		
Physiciar /Medica		1. Decedent's Name (First, Middle MICHELLE	e, Last) EVON		GARRETI			2. Date of De Month JUNE	26,	Year 1996	3. Time of Death 7:00 P.M
Examine	er	4e. Facility Name (If not institution, give street end number)  JOHNS HOPKINS HOSPITAL			rs. last birthday)	If Under 1 Yee	BALTIMOR	BALTIMORE CITY		of Death N/a	à
Funeral Director		5. Social Security Number 212-86-5709  Usual Residence of Decedent	6. Sex 1□ M 2□ F	30		Months Days			, 1966	BAL	Place (State or Foreig TYMORE, MD
art show Uract at	ctor	10a. State 10b. County	n/a	10c.	City, Town or Lo BAI	TIMORE				1	0d. Inside City Limit
or items 23a or 28a-f show imper must be notified at	al Director	10e. Street and Number 1406 N. MII	TON AV	ENUE		10f. Zip Code			10g. Citizen of V UNITED	What Coun STA	TES
3 3	by Funeral	11. Meritei Stetus  1 Weever Married 2 Man 3 Widowed 4 Divorced	Armed Fried 1 ☐ Yes	2∰No ive		Wes Decedent of f Yes, specify Cu 1 ☐ Yes 2 ☐XX	Hispanic Origin? (S ban, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	5 Specify	ce - Americ ck, White, y: BL	
the Medical Ex	00	15. Deceden (Specify only higher Elementary/Secondary (0-12) 12 th	1	1-4or 5+)	(Give	dent's Usual Occu kind of work don- DO NOT usa retir BORER	pation e during most of wo ed)	orking	16b. Kind of B		dustry VICES
000		17. Father's Name (First, Middle, WILBERT B	Last) RAXTON				18. Mother's Na VIOAA	me (First, Middle HAWK I	, Maiden Suman	ne)	
5		19a, informant's Neme/Relations VIOLA JEN	hlp <i>(Type, Print)</i> IFER		19b. Mallir 14	ng Address (Stree	et and Number or R	AVENUE,	per, City or Town, BALT IMOR	State, Zip RE, M	Code) D#
important: it item 27 is any injury or other tra		20a. Method ot Disposition 1 ☑ Surial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (S	pecify)	State	WESTERN	STAR	CEMETERY	7 – 3	CATON:		
any injury once.		21. Signature of Funeral Service	MNV	Mr.	0		MARCH FH.		E. NORTH	AVE	ENUE
ician dical		23a. Part1. Enter the disaasa, or shock, or heart feilure. List Immediate Cause (Final disease or condition resulting in death)	only one ceuse on	eech line.	4.6	er the mode of dy	C	rome	errest,		Approximate Interval Between Onset and Death
nsit Pingr	Examiner		Su Su	bara	chnoid	hemo	rrhage				16 hour 24 hours
		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause.									24 hours
r use as the bu	anymed	rasulting in death) Last	d	33010	(6. 85 8 56.1554	00.100 017.					
X 70   _	2	Part II. Other significant condition	ons contributing to d	leath but not r	resulting in the u	nderlying cause g	iven in Part I.		23b. Did tobacco usa contribute to the cause of de		
2 should b	pieted by								s an autopsy ormed?	COL	era autopsy tindings allable prior to mpletion of cause death?
actor.	9	25. Was case reterred to medical		/				1 Path (Check only	Yes 2□No one)	10	Yes 20 No
P	-  -	1 Versital 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing H  27. Manpor of Death 1 Natural 5 Pending Investigation 3 Sulcide 6 Could not be detarmined Sulcider 4 Homicide Other Sulcider Su						T	ome 5 Residence 8 Other (Specify)  28d. Describe how Injury occurred		
lad in by the funan	Cermin								28f. Location (Street and Number or Rural Route Number, City or Town, State)		
npletaly fill		(Check only 2 Medical one)		best of my k easis of exami ener stated.	nowledge, death	restigation, in my	opinion, death occ	e, and due to the urred at the time,	, date end plece,	and due to	the cause(s)
woo N	N	29b. Signature end title of certifia	Colowhil	60 Cri	Head Co.		36 133	a	June 2		
		30. Name and address of person	ce St, A	leyer	8-140	Balfin	36 133 wre Mar	yland S	11287		
State Registrar		31. Dete filed (Month, Day, Year)  JUL 02 1996	Sulia Lay	egistrar's Sig	noste						

of Maryland / Department of Health and Mental Hy	giene
--	-------

0	p.		-			_
9	13		9	1.	1.	Q
negt"		- 1	1	Ly.	-	U

-	F	-uneral
-0020	hours efter death with the Marylend	ural; or flems 23a or 28a-f show policy and the notified at the policy of the policy o



Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Death **Physician** Month Voor ALEXANDER TRENT GREEN 26, 1996 JUNE 0050AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death LEITHWALK APT. BALTIMORE CITY If Undar 1 Yaar If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (Steta or Foreign Country) 1 → M 2 □ F Months Yrs. 20 216-17-7235 SEPT 18 1975 MARYLAND Usuel Residenca of Dacadent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits MARYLAND **Funeral Director** 1☐Yes 2☐No BALTIMORE 10a. Straet end Number 10f. Zip Code 10g. Citizen of What Country? 3407 CEDARDALE ROAD 21215 USA 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ No If Yes, Give X Yaer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Reca - American Indlen, Black White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Completed by Specify. 3 ☐ Widowed 4 ☐ Divorced BLACK 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Bustness/Industry permit. Peges 1 and 2 should be filed within 72 l Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "nati any Injury or other traumatic evant, its Medica 21215-(Specify only highest grade completed) Elemantery/Secondery (0-12) Coltega (1-4or 5+) CLERK YORKRIDGE CLEANERS Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) Be NATHANIEL JAMES GREEN BEVERLY CYNTHIA BROWN 2 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) NATHANIEL J GREEN/ FATHER 3407 CEDARDALE RD BALTIMORE, MD 21215 20b. Plece of Disposition (Name of cometery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 Donetion 5 DOther (Specify) ENTOMBMENTKING MEMORIAL PARK 7/1/96BALTO CO., MD 22. Name and Address of Facility NUTTER FUNERAL HOMES, INC 23a. Patri. Enter the disease, or complications that aused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feilure. List only one ceuse on each line. FALLS PKWY BALTO, MD 21216 Approximete Physician Immediete Cause (Finel Mulliple Stab and cutings wounds diseese or condition resulting in deeth) Examiner Due to (or as a consequenca of): Examiner Sequentially list conditions, if eny, leeding to tramediete cause. Enter Undarlying Ceuse (Diseese or Injury that Initieted events rasulting in deeth) Lest Due to (or es e consequenca of): Physician/Medical Due to (or as a consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24a. Wes en eutopsy parformed? 24b. Were eutopsy findings eveiteble prior to completion of causa of deeth? 2 No 1 Yes 2 No 1 Yes Be 25. Wes case refarred to medical 26. Place of Deeth (Check only ona) Other: 4 Nursing Home 5 ARestdenca 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 10 1 ¥Yes 2 No 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Naturet 1 Yas 2 No Subject Stabled

281. Location (Street and Number or Rural Route Number, City or Town, Stete)

57c1 Le. th wall, Apt. C

8 altimore, MO 2 Accident unk unk 6 Could not be determined 3 ☐ Suicida 28e. Ptace of tnjury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide within 24 hours of To the Funeral DI completely filled It the Hospital Home Medical 29a, Certifie 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to tha cause(s) end manner as steted.

2 Medical Examiner: On the basis of exeminetion and/or investigetion, in my opinion, deeth occurred et tha time, dete end plece, end due to the ceuse(s) end mennar steted. (Check only one) 29b. Signature and little of certifier 29c. License number 29d. Date signed (Month, Day, Year) JUNE 26, 1996 O.C.M.E. 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) 31. Dete fited (Month, Dey, Year) 111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature State

Registrar

JUL 02 1996

dest.

The second of th

The second was a first of a second of the second by

ITEMS: 1. & 31. PER F.H. FILM State of Maryland / Department of Health and Mental Hygiene 9449 G-737 7/2/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **NELL HARRIET HOPKINS Physician** -N. 30 90 Hookins /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** St. Agnes Hospital Baltimore N/AIf Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) **Funeral** 1 M 2 1 Months Deys Hours Vrs Director 231-66-3380 85 July 30, 1910 Maryland Usuel Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. fnside Cltv Limits ral", or Itame 23a or 28a-f ahow Examiner must be notified at Maryland Baltimore Director Catonsville 1 ☐ Yes 2 No 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 715 Maiden Choice Lane CC123 21228 USA Funeral 14. Raca - American Indian, Bleck, White, etc. 12. Was Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours effer of pepartment of Health and Mental Hygiene. Important: if item 27 ie marked other than "natural; or item any injury or other traumatic avent, the Hedical Evantice once. 1 ☐ Yes 2 ☐ No If Yes, Give 1 ☐ Never Merried 2 X Merried Baltimore, Maryland 21215-0020 1□ Yes 2□XNo p Specify. 3 ☐ Widowed 4 ☐ Divorced Year or Detes: White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be Harry Long Aldridge Gertrude Wilhemenia Becker 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Clarence Gibson Hopkins/husband 715 Maiden Choice Ln. CC 123 Catonsville, Md 21228 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from State Metro Crematory, Inc. 07/01/96 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, MD 21. Signature of Funeral Service Licensee Dawn F. McDonald 22. Neme and Address of Fecility Cremation Society of Maryland, Inc. 299 Frederick Road Baltimore, MD 21228 Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart feilure. List only one cause on each line. Physician fmmediete Cause (Finel disease or condition resulting In deeth) /Medical NEUMONIA Examiner Due to (or es e consequença of) Physician/Medical Examiner SEPSIS physician end the burial-transit The lew requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): Box 68760. Due to (or es a consequença of): 88 980 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco uss contribute to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown Á 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? page 2 s certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attanding Physician: 25. Wes case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospitel: 1 Umpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No After this funeral 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Watural after death. 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Sulcide Plece of injury - At home, ferm, street, fectory, offica building, etc. (Specify) filled in by 4 ☐ Homicide 24 hours a Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and piece, and due to the cause(s) end menner stated. 29e. Certifier Medical Is the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signeture end title of pertifier 29c. License number 29d. Date signed (Month, Dev. Year) ay, KESIDEI na 996 30. Name and address of person who completed cause of death (item 23e) (Type, Print)

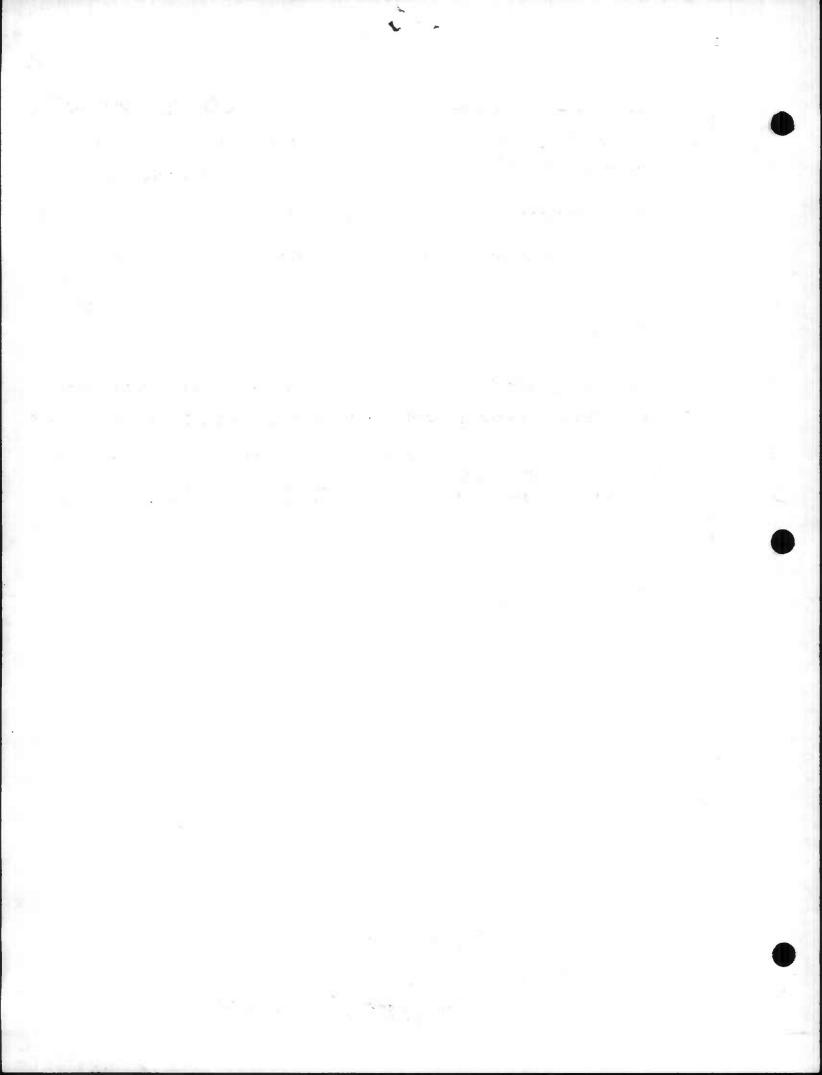
MAMATHA. J. HWANTH GOO CATON AVE BALTIMORE MD 21228

Jahn Stwiden Rardall

DHMH 16 Ray 6/95

State Registrar 31. Date filed (Month, Day, Year)

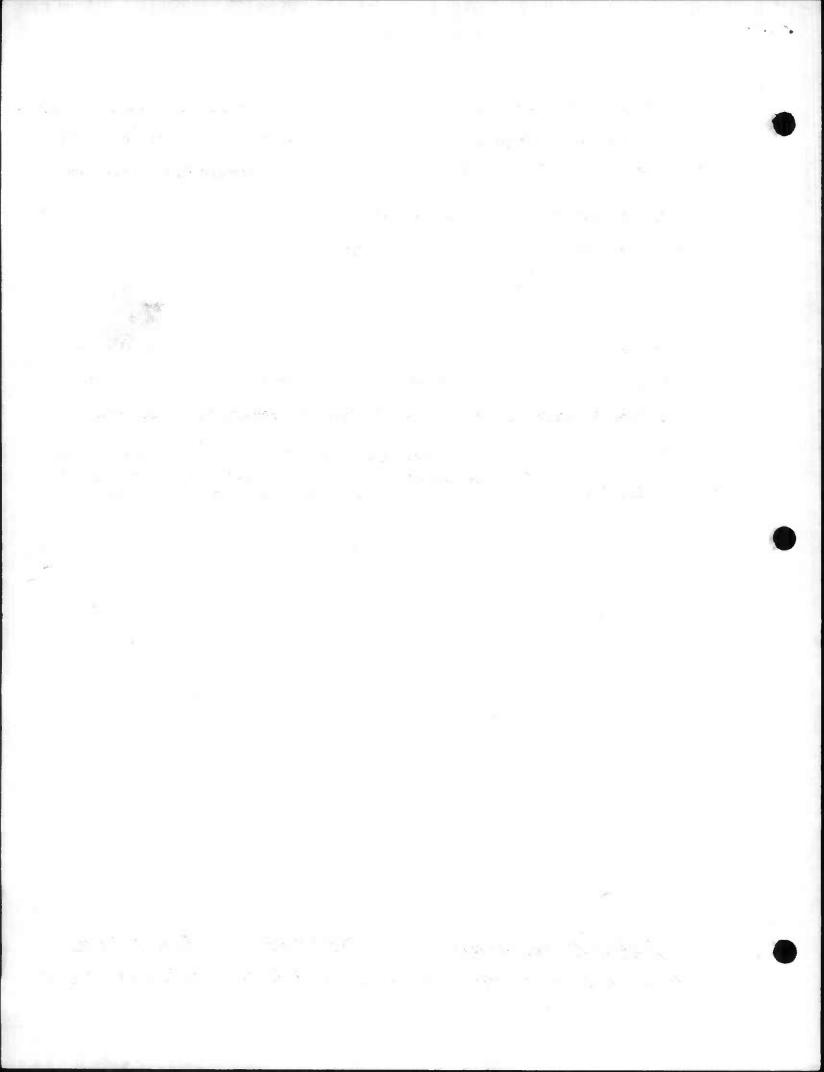
32. Registrer's Signeture



19450

					C	ertificate of	Death		Reg. No.			
			1. Decedent's Nama (First, Middla, Last,	)				2. Data of	Death	1280	3. Time of Death	
Physic /Medi			MILLARD	LOUIS	Humi	PHREYS		Month	29	1996	9:120	
	Exami		4e. Facility Nema (If not institution, give		17 007771	1110	4b. City, Tow	m, or Location of De	eth 4c. Count	y of Death		
			Fallston General	Hospital			Falls	ton	Har	ford		
	Funeral		5. Social Sacurity Number 6. Sa:		(In yrs. last birthd		If Under 2	4 Hrs. 8. Dete of		9. Birthp	piece (Steta or Foreign	
	Director		215-18-5676 15 Usuai Residanca of Dacadant	7 M 2□ F 7	2 Yrs	Months Days	Hours	Min. (Month, Decembe	r 20,1923	Coun	yland	
020	puel **		10a. Stete 10b. County		10c. City, Town or	Location				1	0d. Insida City Limits	
	e Marylen 3a-f show	ctor	Maryland Harford		Forest 1	4111					1 ☐ Yes 2 💆 No	
	vith th	Funeral Director	10e. Straat end Number			10f. Zlp Coda			10g. Citizan of		itry?	
	ath v	ie.	112 L. Gwen Dr.			21050			U.S.			
	tem tem	nu		12. Was Dacadant E Armed Forces?	The state of the s	<ol><li>Was Decedant of If Yas, specify Cub</li></ol>	Hispanic Origi sen, Mexican,	In? (Spacify Yas or Puarto Rican, atc.)		ce - Amario		
	within 72 hours after death with the Marylend ene. than "natural", or items 23s or 28=f show he Medical Examine must be notified at	þ	1 ☐ Nevar Married 2 ፟ Married 3 ☐ Widowed 4 ☐ Divorcad	1 Yas 2 □ N If Yas, Give Year or Datas:	0	1□ Yas 2₺ No	Specify:		Speci	%∵Whit	.e	
21215-0020	72 ho natur	Completed	15. Decedant's Edu (Spacify only highast grad	cation a <i>complatad</i> )	16a. De	cedant's Usual Occu iva kind of work done a. DO NOT use retire	pation during most	of working	16b. Kind of E	Businass/Ind	dustry	
12	han vithir	d E	Elamentary/Secondary (0-12)	Collaga (1-4or 5-	F)				Cana	eral Motors		
12	fygle fygle mt, m	ပိ	12 yrs 17. Fether's Nema (First, Middla, Last)			Superinten	T	de Marine /First Adid			otors	
3DC	d de b	Be		ш	mphreys			's Name <i>(First, Mide</i> I <b>n</b> a	na, Maidan Sumai 1	,	lag	
Ž	2 should be filed with end Mentel Hyglene. Is marked other than aumatic event, the M	10	Edward J.						L •			
, Maryland			19a. Informent's Name/Relationship (Ty Mrs. Anna M. Humph			ailing Addrass <i>(Stre</i> a 12 L. Gwer						
Baltimore,			20a. Mathod of Disposition		20b. Placa of Dicematary, of	sposition (Nama of cramatory or other pla	aca)	Data	20c. Location	- City or To	wn, Stata	
Ĕ	Pages nent of I int: If its ary or o		1 ☑ Burial 2 ☐ Cramation 3 ☐ R 4 ☐ Donation 5 ☐ Othar (Specify)	amoval from Stata	Parkw	ood Cemter	y 7/	3/96	Baltim	nore,M	ld.	
a	permit. Page Department of Important: If any Injury or		21. Signatuse of Funeral Service License	ee Paul I Ha	rtsock Jr.	22. Nama and Addr	ass of Facility	Baltimo	re Marvl	and	21214	
m	Dep dus any		21. Sonature of Funeral Service Licensee Paul L. Hartsock, Jr. 22. Nama and Addrass of Facility Baltimore, Maryland 21214 Leonard J. Ruck, Inc. 5305 Harford Rd.									
	VITS B		23a. Part1. Enter the disease, or compli	ication that caused	tha daath. Do not					u Ku.	Approximeta	
	Physician		shock, or heart failure. List only or	paiuse on aach line	а.					į	Intarval Batween Onsat and Death	
	/Medical		Immediate Causa (Final disease or condition resulting in death)								Eminton	
Л	Examiner		Due to for se a consequence off-									
<u></u>		Examiner			iomyo	1 6					5 minutes 5 years	
	eath certificate be executed attending physician and for usa es the buriel-trensit	ami	Sequentially list conditions		oua to (or as a con						2 years	
ó	an ar	EX	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury c.									
68760,	ite be ysici	cal	Causa (Disaase or Injury that initiated events Dua to (or as a consequence of):									
68	tifica ng ph es th	Medical	resulting in death) Last									
Вох	h cer endir			J			-					
	death e atter ed for u	sicia	Part II. Other significant conditions con	23b. D	23b. Did tobecco use contribute to the cause of							
P.0	ch the	Physician			A 4			1	Xyee 2□ No	3 Prot		
Ś	the Ba	by F	Chronic Obst	IUCTIVE,	rumona	ry Vise	ase					
Record								24a. W	as an autopsy		ara autopsy findings allabla prior to	
CO		piet								COI	mpletion of cause death?	
	0 - 0	Completed						11	Yas 20 No	10	Yas 2 No	
Vital		e Co	25. Was casa rafarred to medical				26 Place	of Death (Check onl				
	Physician: this certific ral director,	0	axaminar? 1 ☐ Yas 2 No	lospital:	t 2 ER/Outpa	tient 3 DOA	har:	sing Homa 5 🗆 Re		har (Snacih	v)	
of		i i	27. Mannar of Deeth	28a. Data of Injury	28b. Time	of 28c. Inju			e how injury occu		0	
Division	th. : After e funer	tio	1 Avatural 5 ☐ Panding Invastigation	(Month, Day	Year) Injur		irk? ]Yas 2.∐N	lo				
VISI	or Attending eftar deeth. Director: After I in by the fune	Certification:	3 Suicida 6 Could not be	28a. Placa of Injur	y - At homa, farm,	straat, factory, office			(Streat end Num	ber or Rura	I Route Number,	
ă		ert	4 Homicida	building, atc.	(Specify)			City or	Town, Stata)			
	Tothe Hospital or Winn 24 hours efte To the Funeral Ole completely filled in		29a. Certifiar Certifying Phys	lcien: To the best of	my knowladga, da	ath occurred at tha ti	ma, data and	place, and dua to the	na ceusa(s) and m	annar as st	ated.	
(	F F F F F F F F F F F F F F F F F F F	edical	(Check only 2 Medical Examination)	er: On the basis of a and mannar state	ixamination and/or ad.	Invastigation, in my	opinion, daath	occurred at the tim	a, data and placa,	, and dua to	the ceuse(s)	
•	E A F	Σ	29b. Signetura end title of certifier			29c. Licens			29d. Data signe			
	1		mechant n. M	DASKEL M.	10	03	228	8	June 2	9 19	196	
	12×		30. Nama and addrass of person who co	mplated causa of da	ath (Itam 23a) (Typ	e, Print)	. 1		- 11			
	1			ner, MD	104 PSU	oe, Print) om tree R	sad, S	suite 110,	BelAir	MD	21015	
	Sta	te	31. Data filad (Month Day, Yaar)	32. Redistrar	Signatura -	2 2 00			1			
	Registr	ar	JUL 0 S 1996	) Stolla	, wavedson-1	ouleran						

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

96

19451

						Ce	rtificate	of L	Death			Reg. No.			
	Dhuala	ion	1. Decedent's Neme (First, Middle, L.	ast)	1						2. Deta of De Month	eath Dey	Yeer	3. Time of Death	
	Physic /Medi		JOSE phine	B. 100	ck						JUNE	28	1996	150 pm	
<b>)</b>	Exami		4e. Facility Nama (If hot Institution, gi	ve street and nu							cation of Deet		y of Deeth		
			Johns Hopkins	Geriatr	ic Cent	er			Balti	more	€	N/	A		
	Funeral Director			Sex X□M 2□F	7. Age (In yrs. 73	last birthday, Yrs.	Months 1	Yaar Deys	If Undar 2 Hours	24 Hrs. Min.	8. Date of Bir (Month, De	th by, Year)	9. Birthp Coun	piece (Stata or Foreign	
			Usuel Residence of Decedent		7.5				1		03 29	23	Mary	land	
	8 m		10a. State 10b. County			y, Town or L							1	0d. Insida City Limits	
1	THE PERSON	ctor	Md. N/A		Ba	ltimor	e							Yes 2□No	
4	Or 28	Director	10a. Street and Number 731 South Ponce	o Chuoo	_		10f. Zip C					10g. Citizan of		ntry?	
1	23		731 South Polic					224				US			
1	E E	Funeral	11. Marital Stetus	Armed Fo		,S. 13.	Was Deceder If Yes, specifi	t of His Cubar	spenic Orig n, Mexican,	in? (Spe Puerto	ecify Yas or No Rican, atc.)	)- 14. Ra Bie	ce - Americ sck, Whita,		
	ors are cean win the maryer el, or items 23e or 28e-f show Evantiner mant be notified at	by	1 ☐ Never Merried 2 🔀 Married 3 ☐ Widowed 4 ☐ Divorced	1 Tes If Yas, Gi Yaar or D	V0		1□ Yes 20	No	Specify:			Speci	<sup>'n</sup> ∵ Whi	te	
5 8		Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)		16a. Dece	dent's Usuel	Occupa done di	tion uring most	of work	ina	16b. Kind of E	Business/Inc	dustry	
		Idm	Eiementery/Secondery (0-12)	College (			kind of work DO NOT use				At Home				
	d other than avent, the M		10 17. Father's Neme (First, Middle, Las	41		Hou	sework		40 Matha						
	a de s	To Be	Henry Schennin								eme (First, Middle, Meidan Surneme) ra Vasold				
doctoride find which we have		1	19e. Informent's Neme/Relationship Henry J. Hock, Hu								Route Numb	er, City or Towr	, Stete, Zip	Code)	
5	nent of Heel ant: If Item 2 ury or other		20e. Method of Disposition	20c. Location	- City or To	own, Stata									
on the poor of			1  Buriei 2  Cremetion 3 ( 4  Donetion 5  Other (Speci		Cem.	7-2-9	6 Dunda	lk, M	d.						
			21. Signatura of Funarel Sarvice Lica	**	0	2	2. Nama and	Addres	s of Facility	/					
8	RAEES		1 Charles	5-1	Lele	-					Son I	-			
Т			23a. Part1. Enter the disaese, or con shock, or heert feliure. List only	nplications that	caused the deat	h. Do not en	ter the mode	of dying	, such es	cardiec o	Balto.,	rrest,	- 1	Approximate Interval Between	
	hysician		Stoom, or floor foliate. Elst off)		sect inte.		$\wedge$							Onset and Death	
	/Medical xaminer		Immediate Cause (Fine) RCSD vertary Arrest										1	minutes	
	Xammer	_	disease or condition resulting in death)  Due to (or es a consequence of):  Due to (or es a consequence of):  Due to (or es a consequence of):  Due to (or es a consequenca of):										MINES	2	
100	nsit	Examiner	a Rubarachnoid Hemorrhay								hage	EL MEDI		2 Mos	
potitional of other stand	physician end s the buriel-transit	Exai	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disasse or injury that initiated events	M	Due to (o	r es e conse	quenca of):		1	· A	DOM NO	T.	i	7 10000	
4	sicial e buri		Cause (Disaase or injury thet initiated events	c	JAOK .	r es a consec	1101e	/	7-60	CEPTIFE	ENT		-	a rnos	
anth contificate he as	ding phy	/Medical	resulting in deeth) Last		500 10 (01	03 2 001360	querica or).			1	R		- 1		
		N/UE		d							1/		-		
doop	the etter	sick	Pert II. Other significant conditions	contributing to d	eath but not resi	ulting in the u	inderlying cau	se give	n In Pert i.		23b. Did	tobacco use co	ontribute to	the cause of death?	
that the death	ed by the ette	Physician	Humatansi	0	SUT						10	Yes ZONo	3 Prol	bably 4 Unknows	
oe that th	5.8	by	Hypertensi	onto	× V I										
Physician: The law requires	been si should	Completed	S/R (R)  -	temo	thor	θx					24a. Wes	en autopsy ormed?	ave	ere autopsy findings eileble prior to mpletion of cause	
30	2 5	np(	5/0 (1)	11-	1		(						of	death?	
E.	D ac		0116	1941	le -	+ lecc	thre	-			10	Yes 2 No	10	Yes 2□ No	
Dhvelolan	s certificate director, par	Be	25. Wes case referred to medical examine?	Hospitei:				Othe	r		(Check only				
9	this raldi	. To	Ves 2 No 27. Menner of Deeth	10		28b Time c			Nur			denca 8 Ot			
l or Attending	Afte fune	tion	1 Neturel 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined externined by the suicide of th									08/601	1340 7	THAT STIWE	
Amen	after death.  Director: A  J in by the fu	fica									28f. Location (	Street end Num	ber or Rura	I Routa Number,	
20	크	Cert	building, etc. (Specify)  Read out of the first transfer of the fi									wn, State) C. Po 2 c4	4 ST.	BALTO	
Hoenite	within 24 hours after of To the Funerel Direct completely filled in by	edical										cause(s) end m dete end pleca	anner as si	leted.	
O. C.	within To the	Me	29b. Signature and title of cartifier	1 .			29c. l	icense.	number		T	29d. Date sign	ed (Month,	Dey, Year)	
			L Drews 11.	atile	in		n	34	1949		-	)una	72	1996	
	10		30. Neme engleddress of person who	completed caus	se of deeth (Item	23e) (Type,	Print)	_ (	0	-	.1	Jone	~0	11996 ult 21224	
	(0		Jeremy W	alsta	C. A	H9C	550	5	HOP	kin	5 100	view C	ir B	alt 21224	
			31 Date filed (Month Com Veed)	11. 200	Adamada AL.	1-00			U	-				The state of the s	

Registrar

State of Maryland / Department of Health and Mental Hygiene

96 19452

					Cer	tificate	of	Death	8	eg. No.			
	_	1. Decedent's Nema (First, Middle, La	st)						2. Dete of Dea	th	2017	3. Tin	ne of Death
Physician		William D.	He	we.					June.	Dey	96	10	:15 pm
/Medical Examiner	-	4a. Facility Neme (If not institution, giv		W.C.				4b. City, Town, or Le		4c. Cour	ity of Deeth	10	115 pm
Examiner					Mal	10-16-							
	-	Johns Hop 5. Social Security Number 6. S		View	st birthday)	If Under 1	Yeer	Baltimore If Under 24 Hrs.	8. Dete of Birth		A Didha	alana /Cr	nto os Fornica
neral ector			M 2□F		Yrs.		Days		(Month, Dey	Year)	Cour	nace (St	ata or Foreigr
ctor	-	218-03-5182 Usuel Residence of Decedant		86	772				1-27-	10	Mar	yla	nd
	- 1-	10a. Stata 10b. County		10c. City,	Town or Lo	cation					1	Od. Insid	de City Limits
rector	5	N/A										37	Yas 2 □ No
Director	3	MD 10e. Street and Number		Bal	timo								
ä	5	10e. Street and Number				10f. Zlp C	ode		1	0g. Citlzen o	f What Cour	itry?	
2	ğ	756 Linnard S	treet				22			USA			
Funeral		11. Mental Stetus	12. Was Decedant E Armed Forcas?	Evar in U,S	5. 13. V	Vas Deceda Yas, specif	nt of h	Hispanic Origin? (Sp an, Mexican, Puarto	ecify Yes or No- Rican, atc.)		ace - Amaric leck, White,		in,
		1 ☐ Never Married 2 ☐ Merried	1√ Yes 2 N If Yes, Give	No	)			Specify:		Spec		Oto.	
À		3 ☐ Widowed 4 ☐ Divorced	Yaer or Dates:1	942-	1945			opony.		эрес		ack	
Completed		15. Decedent's Education (Specify only highest great programme)	ducation		16e. Deced	ent's Usuel	Occup	petion	ina	16b. Kind of	Business/Inc	dustry	
100	2	Elemantary/Secondary (0-12)	College (1-4or 5	i+)	life. E	O NOT use	retire	during most of work d)					
5	5	8th	_	,	Trı	ick D	ri	ver	Labor				
BeC	2	17. Fether's Neme (First, Middle, Last,		30.5				18. Mothar's Nam	e (First, Middle, i				
POE		George E. How	re					Marth	na Howe	(IInk	nown	)	
1	-	19e. Informent's Neme/Reletionship (			19b. Meliin	a Address /	Street	end Number or Rus				,	
		Joan Lucas / S		ter				d St. Ba					
	-	20e. Method of Disposition	reepaaagn		ace of Dispos			d bt. be		20c. Location			le .
		1 ☐ Bunai 2 ☐ Cremetion 3 ☐	Ramovei from State	COL	metary, crem	etory or oth	ar ple	ce) ematory					
	1	4 ☐ Donetion A5 ☐ Other (Specif		CII	esape	ane	CI	emacoryc	730/90	рет	SVII	Ie,	HD
any inju once.		21. Signature of Fuperal Service Licer	701	1	22			ass of Fecility y Ashtor	Euros	- 1 114		T	
		1 Khi	VI	1	2.			y Ashtor low Spri					
	1	23a. Pert1. Enter the disease, or com shock, or heert feilure. List only	plications thet caused	the death.	Do not ente	er the mode	of dyl	ng, such es cardiec	or respiretory err	est,	0.	Approx	21222 timete
an	1	snock, or neer fellure. List only	one ceusa on aach iin	ie.							i	Onset of	i Batween end Deeth
al	1	immediete Cause (Final	0 1				Onset end Deeth						
er		dissess or condition resulting in deeth)  e. Renal Failure  Due to (or es a consequence of):										I my	nth
e I	:					į.	- 10						
듄			b. lype ]	I D	iabet	es,				i i	フり	years	
Examiner		Sequentielly list conditions, if eny, leeding to immediate causa. Entar Underlying Cause (Disease or injury that initiated events	4.	Due to (or	es a conseq	uence of):					į		
		causa. Entar Underlying Cause (Diseese or injury	. Hypert	ensic	Λ.						j	>10	years
edical Examir		resulting in daeth) Last			es a consequ	uance of):					į		
1 000		L	d										
20		-	0.								1		
Physician		Pert li. Other significant conditiona c	ontributing to death bu	t not resuit	ting In the un	derlying cau	ise gh	ven in Pert i.	23b. Did to	bacco use	ontribute to	the car	use of death?
leted by Physician/N									1 🗆 Y	es 2 No	3 Prof	bebly	4 Unknow
8									24a. Wes a	n eutopsy	24b. We	ere autor	psy findings
mplet	1								politon	11001	CO	mpietion death?	of cause
Completed by									10/1	s 2□No			off No
		00 146							102 1		11	Yas	2 No
Be		25. Wes casa refarred to medical examiner?	Hospitai:				Ott	26. Piece of Deet					
2		1 ☐ Yas 2 X No 27. Menner of Deeth	1 inpatiar		R/Outpatient			4 LI Nursing Ho	ma 5 Raside			y)	
Medical Certification:	1	1 Neturei 5 ☐ Pending	28e. Date of Injur (Month, Dey	Year)	28b. Time of injury		. inju		28d. Describe h	ow injury occ	urrea		
Certification:		2 Accident investigation 3 Sulcide 6 Could not be 286 Place of injury. At home farm street feature office.											
E		4 Homicide determined	28e. Plece of inju building, etc	ry - At hom . (Specify)	ne, farm, stre	et, fectory,	offica		28f. Location (S) City or Town	treet and Nui n, Stete)	nber or Rura	il Route	Number,
3													
Cal		29e. Certifier  (Check only 2 Medical Evan	ysician: To the best o	f my know	ledge, deeth	occurred et	the ti	ma, date end plece,	end due to the c	ause(s) and	manner as si	tated.	(-)
edical		one) 2 Medical Exam	niner: On the besis of end manner ste	ted.	on end/or inv	estigation, if	ı my c	opinion, deeth occur	rea et the time, a	ete and piec	a, and due to	) the cau	JS <del>O</del> (S)
Σ		29b. Signeture end title of certifier	1			29c. l	icens	sa number	2	9d. Date sig	ned (Month,	Dey, Ye	ar)
		10-01	11000	40		9	1	120	-	Tune :	7 100	1.	
	-	30. Neme and address of person who	completed color of di	71)	22a) /T-ma *		0	. 20	•	one .	41 IT	10	
	1		Johns	Hopk	ins E	Bayvi	ew	Medical	Cente	r			
			4940 E	aste	rn Av	re. B	al	timore,	MD. 21	224			
State	-	31. Date filed (Month, Dey, Year)	32 Registre	r's Gignety	Ire	3							

Registrar

JUL 02 1996

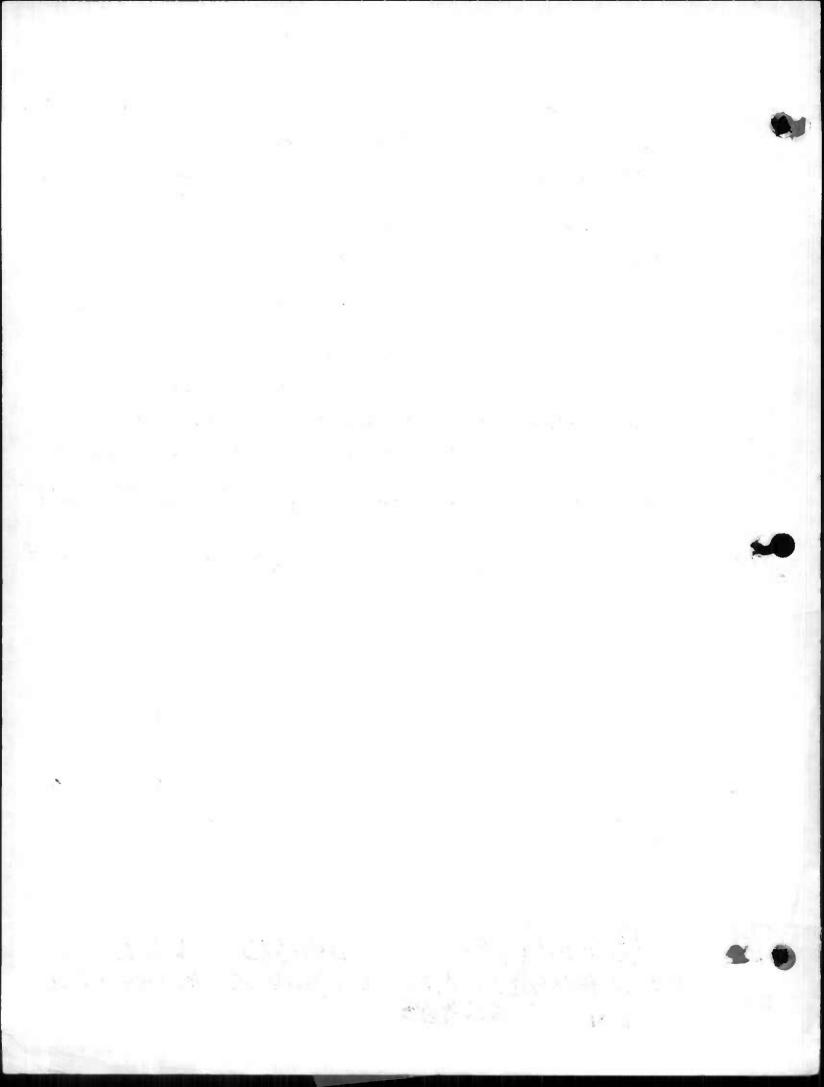
State of Maryland / Department of Health and Mental Hygiene 96

e 96 19453

		Certificate of Death		Reg. No.	0 15400			
Dhyeleis		Decedant's Nema (First, Middle, Last)	2. Deta of Do		3. Time of Death			
Physicia /Medic		David Harris	June	29,	1976 7:45am			
Examin	er	The state of the s	n, or Location of Deal		of Death			
		Tri-State Funeral Services Balting 5. Sociel Sacurity Nombar 6. Sax 7. Age (In yrs. last birthday) If Undar 1 Yeer If Undar 24		N/A	0.014.1.40			
Funeral Director			Min. 8. Data of Bi (Month, D 1 0 - 1	0 - 25	9. Birthplaca (Stata or Foreign Country) South Carolir			
yland		10a. Steta 10b. County 10c. City, Town or Location			10d. inalde City Limita			
e Mar	Director	Md. N/A Baltimore			Yes 2□No			
F 20 F	Dire	10e. Street end Number 10f. Zip Coda		10g. Citizan of V				
23a	ra	617 Cheraton Road 21225			S.A.			
d within 72 hours effer death with the Manyland glene. Than "natural", or Items 23a or 28a-f show the Medical Examinar must be notified at	by Funeral	11. Meritei Stetus  1 □ Nevar Married  1 □ Nevar Married  3 □ Widowed 4 □ Divorced  12. Wes Decedent Ever in U,S. Armed Forces?  1 □ Yes 2 □ No If Yes, Give Yaar or Datas:  13. Was Decedant of Hispanic Origin if Yea, apecify Cuban, Maxican, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cuban, if Yes, apecify Cub	n? (Specify Yes or N Puarto Rican, atc.)	Specify	e - American Indian, ok, White, etc.			
n 72 hours "natural",	eted	15. Decedant's Education 16a. Decedent'a Usuel Occupation (Specify only highest grade complated) (Giva kind of work dona during most of	of working	16b. Kind of B	usinass/industry			
- 100	Completed	Elamantary/Secondary (0-12) Collaga (1-4or 5+)		1/	14			
d 2 should be filed w th end Mental Hygier 7 Is marked other th traumatic event, th		8th Truck Driver  17. Father's Neme (First, Middle, Last) 18. Mother's	hlama (Final Aficial)	Maidan Cuman				
t be the	Be		Name <i>(First, Middle</i> nise Hari		16)			
2 should be filed within end Mental Hygiene. Is marked other than raumatic event, the Mental Hygiene.	70	19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number			State Zin Code)			
od 2 s		Frances Harris - Wife 617 Cheraton Rd.						
pemit. Peges 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: If Item 27 Is marked other than any Injury or other traumatic event, the MDGB.		20a. Method of Disposition  1	7-3-96	20c. Location - Owings	City or Town, Steta Mills, Md			
permit. Peges 1 a Department of Hea Important: If Item: any Injury or othe	any Injury	21. Signature of Funeral Service Licensee 22. Name and Address of Facility		ri-State Funeral Service -N.WWash.,D.C. 20011				
Medical Examiner	Examiner	Dua to (or as a consequence of):	offo Mt	-	8 MONTHS			
artificate be ing physicia e as the bur	Medical	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury that inflitted evants resulting in deeth) Lest  Due to (or as a consequence of):  C						
het the de od by the detached	by Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.		tobacco use co	ntribute to the cause of death?  3 Probably 4 Unknown			
law requires as been sign s 2 should be	Completed b		24a. Wa peri	s an autopsy ormed?	24b. Ware autopsy findings evailable prior to completion of cause of death?			
Physician: The law requires this certificate has been signeral director, page 2 should be	E OC		10	Yas 2 No	1 □ Yaa 2 No			
ilcian: The certificate rector, pag	Be	ayaminar/	of Death (Check only	ona)				
Physician: this certific	ို	1 Yas 2 No Hospital: 1 inpatient 2 ER/Outpatient 3 DOA Other: 4 Nurs		idence 8 DOth				
ous Hospital or Attending Physician: Illy 24 hours after death. ous Euneral Director: After this certific ompletaly filled in by the funeral director,	Certification:	27. Mannar of Death  1 Natural 5 Panding 2 Accidant invastigation 3 Suicida 6 Could not be	o .	how injury occur				
ital or Attending irs efter death. al Director: After led in by the fune	Certifi	4 Homicida datamined building, atc. (Specify)	City or To	wn, Stata)	per or Rural Route Number,			
Hospital nn 24 hours in Funeral npietaly filled	edical	29a. Cartifiar  (Check only one)  Certifying Phyeician: To the best of my knowledge, death occurred at the time, data and 2 □ Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death end mennar stated.	placa, and dua to the occurred at tha tima	causa(s) and me , data and place,	annar as stated. and dua to tha causa(s)			
PA DE	Σ	29b. Signeture and title of certifier MD 29c. Licansa number D466	83	29d. Data signe	d (Month, Day, Year)  1, 1996			
Co		30. Nama and address of ferson who completed bause of death (stam 23a) (Type, Print) VINICIO HERNAMDEZ, M.D. 22 S. GREENZ	ST. B	ALTIMOR	E, MD 21201			
Chat		31. Deta tiled (Month, Day, Year) 32. Registrar's Cignature						

Registrar

JUL 02 1996



State of Maryland / Department of Health and Mental Hygiene

96

19454

					Ce	llilloale	of Death		P. P.	eg. No.				
		1. Decedent's Neme (First, Middle, L	ast)					1 2	. Dete of Dee	th		. Time of Deeth		
Physicia		Walter His	sev						Month TULU	Dey /	Year 996	7:00 A		
/Medica		4e. Fecility Neme (If not Institution, g		her)			4b. City. To		tion of Deeth	4c. County		7.007		
Examine	er	Johns Hopkins Ba			Center			imore		N/				
uneral		Sociel Security Number 6.	Sex 7		lest birthdey)		Year If Under:	24 Hrs.   s	Date of Birth			(State or Foreign		
rector		218-07-6340	1⊠M 2□F	(	89 Yrs.	Months D	Deys Hours	Min. J	une 15	,′°1′907	Mary 1	and		
	ŀ	Usuel Residence of Decedent  10a. Stete 10b. County		10c. Ci	ty, Town or Lo	ocation					10d	Inside City Limits		
P P	5	20070	~~	1	,,	Catons	willo					1 □ Yes 2 □ No		
be notfried at	Directo	Maryland   Baltimo	16					-						
untber	al Dir	715 Maiden Choic	e Lane (	CC211		10f. Zip Co				U.S.A.	what Country			
E I	Funeral	11. Maritel Stetus	12. Wes Deced	dent Ever in U	J,S. 13.	Wes Deceden	t of Hispanic Orig Cuban, Mexican	gin? (Speci	fy Yes or No-		e - American I	ndlen,		
il i	þ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 X Yes 2 If Yes, Give Yeer or De	2 □ No		1 ☐ Yes 2 🛭				Specify		9		
	Be Completed	15. Decedent's I	Education		16e. Dece	dent's Usuel C	Occupation			16b. Kind of B	usiness/Indust	ry		
he Mad	Die	(Specify only highest g Elementery/Secondery (0-12)		A	(Give	kind of work o DO NOT use i	done during most retired)	t of working	,					
2	E	12	College (1-	40( 3+)	Mana	ager				Bank	nk			
metic event, I	0	17. Fether's Neme (First, Middle, Las	st)				18. Mothe	r's Neme (	First, Middle,	Meiden Sumen	ne)			
	0	Walter Hissey					Ber	netta	Kell	v				
traumatic	2		Atter Hissey  Bernetta Kelly  Orment's Neme/Reletionship (Type, Print)  Clark Hissey (Spouse)  Bernetta Kelly  19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stet  715 Maiden Choice Lane Catonsville, Ma											
ra C			alter Hissey  18. Mother's Neme (First, Middle, Last)  Bernetta Kelly  Informent's Neme/Reletionship (Type, Print)  19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stetch											
other														
5		1 € Burial 2 □ Cremetion 3	□Removel from S	toto	cemetery, crei	metory or other	r plece)	1						
any injury or conce.		4 ☐ Donetion 5 ☐ Other (Spec		Lo	udon Pa	ark Cem	netery J	uly 3	, 1996	Baltim	ore, M	aryland		
		21. Signeture of Funerel Service Lice	ensee	, ,	1.1	2. Name end	Address of Fecility	Y.	c 0 .	.11	~			
		VA	17-11		W:	itzke i	Tuneral	Home	of Cat	onsvill	e, Inc	land 212		
		23a. Pert1. Enter the disease, or con shock, or heert fellure. List only	mplications that ca y one cause on ea	used the deer							Ap	proximete ervel Between set end Deeth		
cian iical		23a. Pert1. Enter the disease, or complications that cause the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on a chain.  Immediate Cause (Finel disease or condition												
iner		Immediate Cause (Finel disease or condition resulting in death)  e. Aspiration Pneumonia  Due to (or as a consequence of):												
	후							10						
HS.	트		, L	-ung	canci	1					10415			
3	EI		Sequentielly list conditions, if env. leading to immediate											
al-trans	хаш	Sequentially list conditions, if any, leading to immediate	U,	Due to (	or as a consec	quenca of):								
burial-trar	al Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that letted as each	C											
no eu	dical Exam	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest	с		or as a consec									
ng eu	edical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest	c											
	/Medical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	c								1			
or use as the bu	/Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseses or Injury that initiated events resulting in deeth) Lest	c	Due to (c	or es e consec	juence of):	se given in Pert I.		23b. Dtd to	obacco use co	ntribute to the	e cause of death?		
ached for use as the bu	Physician/Medical	Pert tt. Other significant conditions	٠,	Due to (d	or es e consec	juence of):	se given in Pert I.		23b. Did to			cause of death¹		
be detached for use as the burning	edical	resulting in deeth) Lest	٠,	Due to (d	or es e consec	juence of):	se given in Pert I.							
be detached for use as the bu	by Physician/Medical	Pert tt. Other significant conditions	٠,	Due to (d	or es e consec	juence of):	se given in Pert I.		1 24e. Wes 4	es 2□ No	3 Probeb	y 4 Unknow		
be detached for use as the bu	by Physician/Medical	Pert tt. Other significant conditions	٠,	Due to (d	or es e consec	juence of):	se given in Pert I.		1521	es 2□ No	3 Probeb	y 4 Unknow		
ga 2 should be detached for use as the bu	by Physician/Medical	Pert tt. Other significant conditions	٠,	Due to (d	or es e consec	juence of):	se given in Pert I.		24e. Wes a perfor	res 2□ No an autopsy med?	3 Probabi	autopsy findings ole prior to stion of cause th?		
, paga 2 should be detached for use as the bu	Completed by Physician/Medical	Pert tt. Other significant conditions  Acute Renal	٠,	Due to (d	or es e consec	juence of):			24e. Wes a perfor	an autopsy med?	3 Probab	autopsy findings ole prior to stion of cause th?		
sctor, paga 2 should be detached for use as the bur	Be Completed by Physician/Medical	Pert tt. Other significant conditions  Acute Renal  25. Wes case referred to medical examiner?	Failure	Due to (c	or es e consec	iuence of):	26. Pieca	of Deeth (	24e, Wes a perfor	an autopsy med?	24b. Were aveilal comply of dea	autopsy findings ole prior to stion of cause th?		
il director, paga 2 should be detached for use as the bu	To Be Completed by Physician/Medical	Pert tt. Other significant conditions  Acute Renal  25. Wes case referred to medical examine?  1 Yes 2 No	Failure	Due to (d	or es e consecutive uniting in the u	nderlying cause	26. Pieca Other: 4□ Nu	of Deeth (	24e. Wes a perior  1 Y  Check only or	es 2 No en autopsy med?  No ence 6 Oth	3 Probeb  24b. Were aveilal comploid des  1 Year (Specify)	autopsy findings ole prior to stion of cause th?		
il director, paga 2 should be detached for use as the bui	To Be Completed by Physician/Medical	Pert tt. Other significant conditions  Acyte Renal  25. Wes case referred to medical examiner?  1 Yes 2 No  27. Menner of Deeth	Failure	Due to (d	or es e consec	nderlying cause	26. Pieca	of Deeth (	24e. Wes a perior  1 Y  Check only or	an autopsy med?	3 Probeb  24b. Were aveilal comploid des  1 Year (Specify)	autopsy findings ole prior to stion of cause th?		
il director, paga 2 should be detached for use as the bu	To Be Completed by Physician/Medical	Pert tt. Other significant conditions  Acvic Cemal  25. Wes case referred to medical examiner? 1   Yes 2   No  27. Menner of Deeth 1   Metural 5   Pending investigetic	Hospitel: 1 In (Month)	Due to (d	or es e consecutive de la consecutive della cons	nderlying cause	26. Pieca Other: 4□ Nu	of Deeth (	24e. Wes a perior  1 Y  Check only or	es 2 No en autopsy med?  No ence 6 Oth	3 Probeb  24b. Were aveilal comploid des  1 Year (Specify)	autopsy findings ole prior to stion of cause th?		
Difector: Affer this certificate has been signed by the attending priysical in by the funeral director, paga 2 should be detached for use as the built.	To Be Completed by Physician/Medical	Pert tt. Other significant conditions  Acyte Renal  25. Wes case referred to medical examiner?  1   Yes   2   No  27. Menner of Deeth  1   Netural   5   Pending	Hospitel: 1 In 28e. Dete of (Month) on be 28e. Plece of	Due to (of ath but not reside the but not reside th	DEP/Outpaties  28b. Time o Injury	nderlying cause	26. Pieca Other: 4 Nu Injury et Work? 1 Yes 2 !	of Deeth (string Home) 28	24e. Wes a perfor  1  Y  Check only or  5  Resid  d. Describe h	es 2 No en autopsymed? es 2 No ence 6 Oth ow Injury occur	3 Probeb  24b. Were aveilat compt of dea 1 Year (Specify)	y 4 ☐ Unknow  autopsy findings ble prior to bition of cause th?  S 2 ▼ No		
eral Director: Affer this certificate has been signed by the attending physical filled in by the funeral director, paga 2 should be detached for use as the bu	Certification: To Be Completed by Physician/Medical	Pert tt. Other significant conditions  Acyte Remail  25. Wes case referred to medical examiner?  1   Yes   2   No  27. Menner of Deeth 1   Netural   Investigating Investi	Hospitel: 1 In on the bear of	patient 2 [Injury, Day Year) of Injury - At h.g., etc. (Special est of my knot list of examine	DER/Outpatler  28b. Time of Injury  ome, ferm, str	nt 3 DOA f 28c. M creet, fectory, o	26. Pieca Other: 4 Nu Injury et Work? 1 Yes 2 !	a of Deeth (sursing Home) 28 No 28	24e. Wes a perfor  1  Y  Check only or  5  Resid  d. Describe h	in autopsymed?  es 2 No es 2 No es 2 No es 6 Oth ow Injury occur treet and Numb euse(s) and must	3 Probeb  24b. Were avellat compt of dea 1 Year (Specify)  are (Specify)  are or Rural Re	autopsy findings altopsy findings altopsy findings altopsy findings altopsy findings altopsy autopsy a		
filled in by the funeral director, paga 2 should be detached for use as the bur	edical Certification: To Be Completed by Physician/Medical	Pert tt. Other significant conditions  Acyte Remai  25. Wes case referred to medical examiner?  1   Yes   2   No  27. Menner of Deeth 1   Netural   2   Accident 3   Suicide   6   Could not determined  29e. Certifier (Check only one)  1   Certifying P   2   Medicat Examined	Hospitel: 12 In 28e. Dete of (Month) be 28e. Piece of building	patient 2 [Injury, Day Year) of Injury - At h.g., etc. (Special est of my knot list of examine	DER/Outpatler  28b. Time of Injury  ome, ferm, str	nt 3 DOA f 28c. M reet, fectory, o	26. Pieca Other: 4 Nu Injury et Work? 1 Yes 2 Iffice the time, dete en my opinion, deet	a of Deeth (sursing Home) 28 No 28	24e. Wes a perfor  1 Y Check only or  5 Resid  d. Describe h  f. Location (S City or Tow	es 2 No  an autopsy med?  es 2 No  ne)  ence 6 Oth  ow Injury occur  treet and Numb  n, Stete)  euse(s) and milate end place,	24b. Were avellat comply of dea 1 1 Year (Specify) ared	autopsy findings altopsy findings altopsy findings altopsy findings altopsy findings altopsy altopsy autopsy autopsy findings		
runes a process. Area uns cermicate has been signed by the attending priysted tay filled in by the funeral director, paga 2 should be detached for use as the but	Certification: To Be Completed by Physician/Medical	Pert tt. Other significant conditions  Acyte Remail  25. Wes case referred to medical examiner?  1   Yes   2   No  27. Menner of Deeth 1   Netural   Investigating Investi	Hospitel: 1 In on the bear of	patient 2 [Injury, Day Year) of Injury - At h.g., etc. (Special est of my knot list of examine	DER/Outpatler  28b. Time of Injury  ome, ferm, str	nt 3 DOA f 28c. M 28c. h occurred et it vestigation, in	26. Pieca Other: 4 Nu Injury et Work? 1 Yes 2 ! Iffice the time, dete en my opinion, deel	a of Deeth (sursing Home) 28 No 28	24e. Wes a perfor  1 Y Check only or  5 Resid  d. Describe h  f. Location (S City or Tow	es 2 No an autopsy med?  es 2 No ane) ence 6 Oth ow injury occur treet and Numb ause(s) and mi ate end place, 29d. Dete signe	24b. Were aveilal complete of dea 1 1 46  and (Specify) ared  anner as state and due to the did (Month, Day	autopsy findings altopsy findings altopsy findings altopsy findings altopsy findings altopsy altopsy autopsy autopsy findings		
ered Director: After this certificate has been signed by the attending physicis filled in by the funeral director, paga 2 should be detached for use as the bur	edical Certification: To Be Completed by Physician/Medical	Pert tt. Other significant conditions  Acyte Remai  25. Wes case referred to medical examiner?  1   Yes   2   No  27. Menner of Deeth 1   Netural   2   Accident 3   Suicide   6   Could not determined  29e. Certifier (Check only one)  1   Certifying P   2   Medicat Examined	Hospitel: 1 In on the bear of	patient 2 Injury, Day Year)  Injury - At h g, etc. (Special est of my knowled and steed.	DER/Outpatler  28b. Time of Injury  ome, ferm, stripy  owledge, deetl	nt 3 DOA  f 28c. M reet, fectory, o	26. Pieca Other: 4 Nu Injury et Work? 1 Yes 2 Iffice the time, dete en my opinion, deet	n of Deeth (sursing Home) 28 No 28 d place, enth occurred	24e. Wes a perfor  1 Y  Check only or  5 Resid  d. Describe h  f. Location (S  City or Tow  d due to the clat the time, cl	es 2 No  an autopsy med?  es 2 No  ne)  ence 6 Oth  ow Injury occur  treet and Numb  n, Stete)  euse(s) and me  atte end place,  29d. Dete signe	3 Probability 24b. Were aveilated comply of dea 1 Year (Specify) and ref (Specify) anner as state and due to th	autopsy findings altopsy findings altopsy findings altopsy findings altopsy findings altopsy altopsy autopsy autopsy findings		

DHMH 16 Rev 6/95

State Registrar

State of Maryland / Department of Health and Mental Hygiene

19455

_						Cei	tificate	of i	Death			Reg. No.		
	Physic /Med		1. Decedent's Neme (First, Middle,		Hufnage]						2. Dete of De Month June	29, 199	6 Year	3. Time of Deeth
	Exami		4e. Fecility Neme (If not institution, g Johns Hopkins		m <i>ber)</i>			4		own, or Lo	ocation of Deet	th 4c. Coun	ty of Deeth	
	Funeral Director		212-42-6893	Sex 1□M 2⊠F	7. Age (In yrs. le 52	est birthdey) Yrs.	If Under 1 Months E	Year Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bi (Month, Do		9. Birthp Cour	olace (Stete or Foreign htry)
	Marylend f show nd at	or	10e. Stete 10b. County	N/A		Town or Lo							1	0d. Inside City Limits 1X Yes 2 □ No
	with the 3a or 28a	i Director	10e. Street and Number 939 S. Bouldir	n St.			10f. Zip Co		224			10g. Citizen o	f Whet Cour	ntry?
020	72 hours after death with the Marylend natural; or items 23a or 28=1 show deal Examiner must be notified at	by Funeral	11. Meritei Stetus  1 Never Merried 2 Merriec 3 Widowed 4 Divorced		/A		Ves Deceden Yes, specify		lispanic Ori an, Mexicar Specify:	igin? (Sp n, Puerto	ecify Yes or No Rican, etc.)	o- 14. Re Bi	ece - Americ leck, White,	
Maryland 21215-0020	within 72 ho ene. then "neturn he Wod call	Completed	15. Decedent's (Specify only highest of Elementery/Secondery (0-12)	Education grade completed) Coilege (1	1-4or 5+)	(Give life. L	lent's Usuel C kind of work of OO NOT use i	done d retired	during mos 1)	t of work	ing	16b. Kind of		dustry
yland 2	Mentel Hygi Mentel Hygi arked other atic avant, I	To Be Co	17. Fether's Neme (First, Middle, La Henry M. Hufnag	ok Keep	18. Mother's Neme (First, Middle, Meiden Sumeme) Beatrice R. Dannenfelser									
	permit. Peges 1 and 2 should be filled within 72 hours after death with the Marylen Depertment of Heelih end Mentel Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 23a-1 show any injury or other traumatic avant, the Medical Examiner must be notified at once.  To Be Completed by Funeral Director		19e. Informant's Neme/Reletionship Beatrice Hufnag			s (Street and Number or Rural Route Number, City or Town, State, Zip Code)  IXENT Ave. Roseciale, MD 21237						Code)		
Baltimore,			20a. Method of Disposition  1 □ Buriel 2 □ Cremetion 3  4 □ Donetion 5 □ Other (Special Contents)	CO CO	metery, cren	sition (Neme netory or othe Bart of	r pled	e) Jesus	7	Dete 7-3-96	20c. Location		own, Stete	
Balt			21. Signature of Eunerel Service Lic	ensee	Qx.	22	nd Address of Fecility vach/Rosedale Funeral Home l Chesaco Ave. Baltimore, MD 21237						237	
	Physician /Medicai Examiner	ner	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Finel disease or condition resulting in death)		Uro		ris	of dyin	g, such es	cardiec	or respiretory e	errest,		Approximete Interval Between Onset and Death
Box 68760,	h certificate be executed anding physician and use as the burial-transit	in/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c		(or es e consequence of):								
P.O. B	that the death ad by the atter detached for u	Physician	Pert II. Other eignificant conditions					-	-				the cause of death?	
of Vital Records, F	law requires that the death as been signed by the atte s 2 should be detached for	by	The state of the s						1   Yes 2   No 3   Pt					ere eutopsy findings allable prior to mpletion of cause
al Re	The ate h	Completed									10	Yes 200 No		death? □Yes 2□ No
Ž	Iclan: certific rector,	Be	25. Wes case referred to medical examiner?	Hospital:				Oth	or		h (Check only			
o	Physician: this certific ral director,	. To	1 ☐ Yes 2 M No 27. Manner of Deeth	28e. Dete		R/Outpation 28b. Time of			40140			dence 6 0		y)
	Attanding Fir death.  Sctor: After by the funer	ation	1 Neturel 5 Pending 2 Accident investigeti	(Mont	h, Dey Year)	tnjury	M 280.	Injun Work	k? Yes 2□		28d. Describe	how injury occi	urrea	
Division	3 4 5 5	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine	eet, fectory, of	ffice			28f. Location ( City or To	Street end Nun wn, Stete)	nber or Rura	Il Route Number,			
,	n hours n hours Funeral pietely filled	edical	29a. Certifying P (Check only one)  The Certifying P  2 Medicat Exe	Physician: To the aminer: On the ba end menr	best of my know asis of exeminetic ner steted.	ledge, deeth on end/or Inv	occurred et ti estigetion, in	he tim my op	ne, dete en pinion, dee	d plece, th occurr	and due to the ed et the time,	cause(s) end r date end plece	nenner as s o, and due to	teted. o the ceuse(s)
	100	2	29b. Signature and title of certifier	an	Ta	~ ^			number	5		29d. Dete sign	ed (Month,	Day, Year)
	8		30. Neme and address of person who	n. Tor	RES, W	10 4	Print)		ELL	woo	a AUE	BAC	TO, M	12 21221
	Sta Registi		31. Date filed (Month, Day, Year)  *JUL 02 1996	Junia Tag	egistrer's Gignett	L. D.	r r							

State of Maryland / Department of Health and Mental Hygiene

19456

				Cert	ificate of	Death	, i	Reg. No.		
Dhy	sician	Decedent's Nema (First, Middle, Last)	1				2. Dale of De Month	eth Day	Year	3. Time of Death
	edical	STANLEY I	TURNA	FTK	0		JUNE	1	946	15:05
	miner	4a. Facility Name (If not institution, give street and	number)			4b. City, Town, or Lo				
		UMMS				BALTIN	MONE	N/	A	
Fune	ral	5. Sociel Security Number 6. Sex	7. Age (In yrs. les		If Undar 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, De	h v. Year)	9. Birthp	iece (State or Foreign
Direct	or	218-42-4591 1XM 2DF	53	Yrs.	Months Doys	Tiodis Iviii.	Sept 18	, 1942	Mary	land
p ,		Usuel Residence of Decedent  10e, Sleie 10b, County	10. 01. 1	Ya	-12					
h the Marylan r 28a-f ehow		Maryland Anne Arunde		Town or Loca					1	0d. Inside City Limits
M of Last	oto		ı D	PLOOKI	yn Park					1 ☐ Yes 2 ☒ No
ith the	Director	10e. Streel end Number			10f. Zip Code			10g. Citizen of V	What Coun	itry?
ath w	<u>a</u>	217 Townsend Avenue			212	225		USA		
ler dea items	Funeral	Armed	ecedenl Ever in U,S. Forces?	13. W	as Decedent of I Yes, specify Cub	dispenic Origin? (Spo en, Mexican, Puarto	ecify Yas or No Rican, atc.)		e - Americ k, Whita,	
	by F	If Yes,	s 2.0XNo Give	11	Yes 20X No	Specify:		Specify	C 1.11.	
21215-0020 d within 72 hours af giene. or than "naturel;, or		12010	r Dates:						Wh:	
15- nat	Be Completed	15. Decedent's Education (Specify only highest grada complete	d)	(Giva ki	int's Usual Occup ind of work dona O NOT use retire	during most of work d)	ing	16b. Kind of Bu	-	dustry
212 d withli piene. r than	Ę	Elementery/Secondery (0-12) College	(1-4or 5+)		rial Eng			Connem		orn
other went, the	ပိ	17. Father's Neme (First, Middla, Last)	1	illuust	riai Eng	18. Mothar's Name	/Firet Middle			
Maryland of 2 should be file lith end Mental Hy 27 is marked oth traumetic event		Stephen Hornatko,	Sr					ıdson	10)	
should by the marked marked	10	19a. Informent's Name/Relellonship (Type, Pnint)		40h Maille	Address (Ctoo)				OUT TO	0.41
ire, Maryland s 1 and 2 should be file f Heelth and Mental Hyy tam 27 is marked othe other traumatic event.		Mrs. Claudia Anne Horna		_		Ave., Ba				
other tr		20e. Melhod of Disposition			ition (Nema of	Ave., Da	Dete	20c. Location -		21225
		1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removel fro	m Steta cem	atery, crema	atory or other ple	· .	1,122			
rt P. P.		4 Donetion 5 Other (Specify)		enmou	nt Crema	itory 6	/28/96	Baltimo	re, N	Maryland
DOMITIMO permit. Pege Department of important: If any injury or	Duce	21. Signeture of Funeral Sarvice Licensee Key	vin E. Eck	er 22.	Neme end Addre MCCulllv	Funeral H	ome of	Brookly	n	
- 40.26	4	Xu Ca			237 E. P	atapsco A	ve. Ba	Ito. M	d. 21	1225-1856
		23a. Part 1. Enter the diseese, or complications the shock, or heart feilure. List only one ceuse of	at caused the deeth.	Do not entar	the mode of dyir	ng, such as cardiec o	or raspiretory a	rasi,		Approximete Intervel Between
Physicia	an i									Onset end Deeth
/Medic		Immediate Ceuse (Finel disease or condition	LEBRAL	it m	MIAD	N				
Examin	100	rasulting in death)	UEBRAL Due to (or a	s e consequ	ence of):					
P #	ne.						AA		1	
eath certificate be executed attending physician end for use as the burial-transit	Examiner	Sequentially list conditions,	NA CIÓN Due to (or a:	s a consequ	ence of):				1	
ian e i	0	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaese or injury	PERTE	NISTO	N				ļ	
ertificate be executing physician end se as the burial-trar	edical	that initiated events resulting in death) Last	Dua to (or as						1	
ng p	Med									
ath cer attendin for use	an	d								
• 0 0 2	Physician	Pert II. Other significant conditions contributing to	death bul not resultir	ng In the und	feriying cause giv	ven in Pert I.	23b. Did 1	obacco use co	ntributa to	the cause of death?
thet the de	Phy						10	Yss 2 No	3 Prot	bably 4 Dinknow
es the	by									
_ = 0 To							24e. Wes	en eutopsy med?	24b. Wa	are autopsy findings allable prior to
iew requ as been 2 shouli	D et						peno	meur	100	mpletion of cause
The lev ate has pege 2	Completed						101	res 2 No	1.5	Yes 22 No
icien: The certificate rector, peg		25. Wes casa referred to medical				Of Diseased Death		.11.	16	1162 212110
Physicien: The i this certificate ha	o Be	exeminer?	∃Inpatient 2□ER	1/O. da ali-al	3 DOA Oth	28. Place of Deeth			(0	
是 幸				VOutpatienI 3b. Tima of	3LI DOA	4 LI Nursing Ho		ow injury occur	1-1-1-7	0
f or Attending Phatter death.  Director: After the in by the funeral	to the	1 Netural 5 Pending (Me	onth, Dey Year)	Injury	28c. Injui Wor M 1	rk? Yes 2 □ No				
or Attending after death. Director: Afte	fica	3 Suicide 6 Could not be 28e. Pla	ce of Injury - At home	e. ferm. stree			28f. Location /S	Street and Numb	er or Rura	l Route Number,
after Direction	Certification:		Iding, etc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Tov			
100		29a. Certifier 1 Certifying Physicien: To the	he best of my knowle	dae deeth o	occurred at the tir	me dete end plece	and due to the	rause(s) and ma	nnor as et	ated
7	Medical	[Check only 2] Medical Examiner: On the	basis of exemination	end/or Inve	stigetion, in my o	plnion, deeth occurr	ed at the time,	dete end plece,	end due to	the ceuse(s)
0000	Me	29b. Signature and title of certifier	2		29c. Licens	a number		29d. Date signe	d (Month, I	Dey, Year)
-			1		73	3.1				
63		20 Name and address of assess	~~	201 (77		· '		JUNE	CTI	796
0		30. Nama and eddress of person who completed ca	ause of deeth (Item 23	se) (Type, Pr	rint)	ST, B.	<b>~</b> ~		M	21100
	24.1	31. Date filed (Month, Dey, Year)	Registrar's Anna Bur	C . (	AVLETA	1 11/15	RIM	ONCE 1	711)	41601
	State strar	JUL 02 1996 Julie Da	Registrar's Tona ur	100						
negi	Juar	00L 0 1000 U								

-12 V

a rest of the second

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of IV	larylario		tificate of	neaith and it Death	лептат ну	giene Reg. No.	90	1945		
	Physici /Medi		Decedant's Name (First, Middle, Inc.)      Dora Elizabe			HILL			2. Date of De Month June	Day 27, 19	Yaar	3. Tima of Death		
Ì	Exami		4e. Fecility Nema (If not Institution, g	ive street end number	)	111111		4b. City, Town, or L	ocalion of Deat	h 4c. County	of Deeth	I. J.J. FIL.		
			Franklin Square	-			If Undar 1 Yeer	Rossville		Balti				
	Funeral Director		578-22-8026		ga (In yrs. le 12	St birthdey) Yrs.	Months Days	Hours Min.	8. Data of Bir (Month, Da NOV . 25	th y, Year) 1923	9. Birthpled Country V1rg1	ce (State or Foreign nia		
	puel and		Usuel Rasidance of Decedant  10a. Slate 10b. County		10c. City,	Town or Lo	cation				10d	I. Inside City Limits		
	Mary	tor	Maryland Baltim	ore	Esse	ex						1 Yas 2 No		
	or 284	Directo	10e. Street end Number				10f. Zip Code			10g. Citizan of	What Country	n		
	23a of	rai	1460 D Hadwick D	r.			21221			U.S.A.				
020	s i end 2 should be filed within 72 hours after deeth with the Maryland if Health end Mental Hygiene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Experies must be notified at	by Funeral	11. Meritel Stetus  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedant Armed Forcas' 1 Yas 20 If Yes, Give Yaar or Datas:	?	1	Vas Dacedent of H Yas, specify Cubi	lispenic Origin? (Sp an, Maxican, Puarto Specify:	ecity Yas or No Rican, atc.)	Specifi	ca - Amarican ck, Whita, etc	C.		
2-0	72 hor	ted	15. Dacedant's	Education		16a. Deced	ant's Usual Occup	petion		16b. Kind of B				
Maryland 21215-0020	ould be filed within 7 Mental Hygiene. arked other than "r atic event, me Med	Completed	(Specify only highast s Elementary/Secondary (0-12) 12	Collega (1-4or	5+)	Sales		during most of work d)	ang	Linen				
pu	be file d othe event,	Be C	17. Father's Nama (First, Middla, La	st)				18. Mothar's Nam	a (First, Middle	, Meiden Sumen	iden Sumema)			
yla	should the short marked umatic e	To	Elisha Yancey						Buchana					
Mar	12 shc h end is ma reum		19a. Informant's Name/Relationship					and Number or Run						
	Healt Healt am 27		Everett Yancey 20a. Mathod of Disposition	(nephew)	20b. Pla		LOOTOO Di sition (Nama of	r. Red Li	on, Per	20c. Location				
Baltlmore,	Pages ment of tant: If it jury or o		1 XBurial 2 ☐ Cramation 3		Cer	natary, crem	natory or other pla							
Bal	baltimore, Mi permit. Pages 1 end 2 Department of Health e Important: If itam 27 is any injury or other trat once.		4 Donation 5 Other (Specify)  Holly Hill Mem. Gardens 7/1/96 Baltimore Co  21. Survive of Fuestal Service Licansae  22. Neme end Address of Facility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Ave., Essex. MD. 2											
	Physician	8-1	23a Part Enter the disease or a	plications that cause you diuse on each I	d tha daath. ina.	Do not ante	ar the moda of dylr	ng, such es cardlec	or respiretory e	rrest,	In	pproximata itarval Batween onset and Death		
7	/Medical Examiner		Immediata Causa (Final disaasa or condition	Myocar	dial I	nfarc	tion				2	Weeks		
	Examiner	2	rasulting in death)  Bua to (or as a consequence of):											
	uted d ansit	Examiner		b	Due to (or		1				1			
68760,	ficate be executed physician end is the buriel-transit		Cause (Disease or Injury that initiated events resulting in daath) Last  Dua to (or es e consequence of):											
	E 0 6													
Box.	death cert e attending od for use	Physician/M	Part II Other significant conditions	annielle utlan to donth h		the a be the same	2.2.0.0000	To be Maria	005 DI4	A-b	-4.15			
0	that the de led by the detached	hys	Part II. Other significant conditions	contributing to death t	out not rasust	ing in the un	danying causa gr	an in Par I.		Yes 2□ No		he cause of death?		
S, P	8 5 8	by F	Emphysema									, , ,		
of Vital Records,	aw requir	Completed								an autopsy ormed?	availe	autopsy findings abla prior to pletion of cause ath?		
3	The ate h	Com							10	Yas 2⊠No	101	res 2□ No		
Vita	ysician: The sectificate director, pag	Be	25. Was casa rafarred to medical axaminar?	11 2-1			120	26. Placa of Deat	th (Check only	ona)				
of	this el di	. To	1 ☐ Yas 2 ☒ No 27. Mannar of Death		ent 2 E			4 LI Nursing Ho		dence 8 DOth				
		tion	1 ⊠Natural 5 □ Panding	28a. Deta of Inju (Month, De	y Year)	lab. Tima of Injury	28c. Injur Wor M 1 □	yat rk? Yes 2 □ No	280. Dascribe	how Injury occur	red			
Division	or Attending effer death. Director: Affei I in by the fune	Certification:	2 Accident invastigati 3 Suicide 8 Could not datarmine	be 28e. Place of In	jury - At hom tc. (Specify)	na, farm, stre	eat, factory, office	100 2010	28f. Location ( City or To	Street and Numl wn, Stata)	er or Rural R	louta Number,		
	Hospital 14 hours Funeral I	edical C	29a. Cartifiar 1⊠ Certifying F (Check only one) 1  Medical Exp	ma, data and place, plnlon, deeth occur	and dua to tha red et tha tima,	cause(s) and madata end place,	annar as state and dua to th	ed. na causa(s)						
3	O TO S	Me	29b. Signature and title of certifier				29c, Licans	a number		29d. Deta signe	d (Month, Da	iy, Year)		
1	),		Melbert				D209	07		Julv	1, 199	6		
-	6		30. Nama and addrass of person wh	complated cause of	daath (Itam 2	23a) (Type, f						-		
خوا	U		Marie Chatham	4.D. 8114	Sandpi	per C	ircle Ba	ltimore,	MD 2123	6				
	Sta Registr		31. Data filed (Month, Day, Year) JUL 0 2 1996	a Day do	rar's Signetu	elle.								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 5.10e.10f. 8. PER F'.H. State of Maryland / Department of Health and Mental Hygiene FILM G-737 7/2/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** JOHNSON MARY /Medical 4a, Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Rehab Ct Baltimore Greens 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Sociel Security 8689 Birthplace (State or Foreign Country) **Funeral** Days 52 217-38-86 Director Usuai Residence of Decedent the Marylend 10a State 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at BoHo 51216 1 VYes 2 No Director 3812 W. ROGERS AVE. 10f. Zlp Code 10g. Citizen of What Country? ò 115A 21215 items 23a 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Status 1 Never Married 2 Married Saltimore, Maryland 21215-0020 natural', or 1 Yes 2K No Specify lack à 3. Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry ifiled within 7 I Hygiene. other than "n Elementary/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filled will Department of Health and Mental Hygient important: If flam 27 is marked other that any Injury or other traument. Private 960 Nursing grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) EKIah o le man Wal Mary Virginia 19a. fnformant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sister Davis 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other) 20c. Location - City or Town, State Date 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 7-2-9 21. Signature of Funeral Service Licensee Name and Address of Facility 0 uplash Dalto Mo 23a. Part1. En(er the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** immediete Ceuse (Final diseese or condition resulting in death) /Medical RESPIRATOR DAYS Examiner HEMORRHAGE 6 weeks CEREBRAL certificete be executed Due to (or as a consequence of). Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and HYPERTENSION P.O. Box 68760. physician Physician/Medical the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed be del Records, by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Dete of injury (Month. Dey Year) 28d. Describe how injury occurred Certification: 28c. fnjury et Work? 1 Neturei 5 Pending 1 Tes 2 No investigation 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of injury - At home, farm, straet, fectory, offica building, etc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, State) 4 | Homicide

State Registrar

Medical

29a. Certifier

29b. Signature and title of ognified

31. Date filed (Month, Dey, Year)-

VENERACION IR MD 1576 MORRITT BLUD

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

10 Certifying Phyaicfan: To the best of my knowladge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated

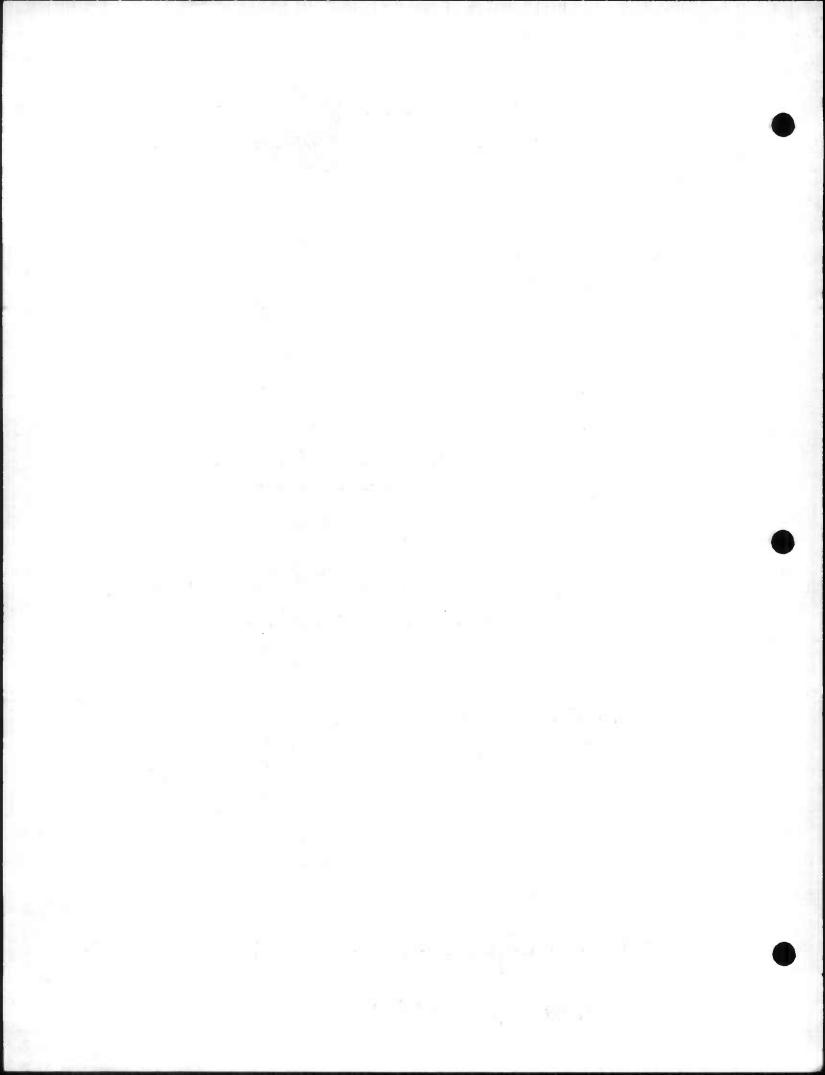
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Day, Year)

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

			Certificate of Death	Reg. No.	
			1. Decedent'a Name (First, Middla, Last)	. Date of Death	3. Time of Death
	Physic		Rita B. Jones	June 29 1	996 9 00 A M
	/Medi Examii		4a. Facility Name (If not institution, giva street and number)  4b. City, Town, or Loca		
			5115 Pall Mall Road Baltimore	N/A	
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yaar   if Undar 24 Hrs. 8	Data of Birth	9. Birthplace (Stata or Foreign
н	Director		214-38-9626 1 M 200 F 55 Yrs. Months Days Houra Min.	(Month, Day, Year) Dec 14, 1940	Country)
	ט		Usual Residence of Decedent		130
	how		10a. Stata 10b. County 10c. City, Town or Location		10d. Inalde City Limits
	Ma	ģ	Md NA Baltimore		1 Ves 2□ No
	or 28	Director	10e. Street and Number 10f. Zip Coda	10g. Citizen of V	Vhat Country?
	h wil		5115 Pall Mall Road 21215	U.	5-A
	72 hours effer death with the Maryland natural', or flerns 23a or 28a-f show dical Examinet must be notified at	Funeral	11. Marital Status  12. Was Decedant Ever in U,S. Armed Forces?  13. Was Decedent of Hispanic Origin? (Specifit Yes, specify Cuban, Maxicen, Puerto Ric	fy Yes or No-	e - Amarican Indian,
0	or the		1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☒ No		k, Whita, etc.
21215-0020	Surs Fig.	b	3 ☐ Widowed 4 ☐ Divorced Year or Datea:	Specify	Black
5-0	J within 72 hours piene. r than "natural", the Medical Ext	Completed	15. Decedent's Education 16a. Decedent's Usuai Occupation (Specify only highest grade completed) (Give kind of work done during most of working	16b. Kind of Bu	ualness/Industry
21	S . 3	o du	Elementary/Secondary (0-12) College (1-4or 5+)		Security
	filed with Hygiene. Ither there	5	12th grade NA Tele Service Operator	Sociaq	Occurry,
pu	0 = 0 5	Be	(0)	First, Middla, Maiden Sumam	(e)
yla		ဥ	Ohver Owens Martha	Holmes	
Maryland	d 2 should th and Mer 7 is marks traumatic		19a. Informant'a Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Rural F	Routa Number, City or Town,	State, Zip Code)
	1 end 1 Health em 27 i		Charles Jones - Husband 5115 Pall Mall Ko	ad Baltim	ore, and zizit
ore	of Healt of Healt I Nem 2 r other			Date 20c. Location -	City or Town, State
Ĕ	D 0		Tou Bunal 2 Cramation 3 Chamoval from State	3-910 Randa	Us town, med
Baltimore,	그 된 큰 글		21. Signatura of Funeral Service Licensae 22. Name and Address of Facility	3 /4   1   1   1   1	7.5.700.7
m	Depariment Important		March F/H West	D. 11.	01015
	_		23a. Part 1. Entar the disease, or complications that caused the daath. Do not enter the mode of dying, such as cerdiac or reshock, or heart tailure. List only one causa on each line.		Approximata Interval Between
	Physician	0.0	shock, or heart tailure. List only one causa on each line.		Onset and Death
	/Medical		Immediata Cause (Final MYOCAR DIAL IN)	FARCT	
	Examiner		resulting in death)	17.11	
		ĕ	CORPORATION AIRTH RES	1 DISEAC	5
	certificata be executed iding physician and ise as the buriel-transit	Examiner	Sequentially list conditions.  Due to (or as a consequence of):	11/6/1-	74
ó	an an rial-tr	M X	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury		
68760	ysici na bu	/Medical	that initiated evants		
	o ph	Pa	rasulting In death) Last		
ŏ			d		
Ö	death of the need for un	Physiciar	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23h. Did tohacco usa cor	ntribute to the cause of death?
0	by the	hys	( ) 30( ) ( ) ( )	1□ Yss 2□ No	3 Probably 4 Onknown
D.	\$ 8 B	by P	CAPG 1992	10100 2010	
ď				24a. Was an autopay	24b. Were autopsy findings available prior to
00	w requ	jet		performed?	complation of ceuse of death?
Re	0 - 0	Completed		1□ Yes 2√ No	
			25. Was cese reterred to medical 26 Place of Death /		1 Yes 2 No
5		o Be	examiner?		
	Phys ral di	<b> </b>	1 Inpatient 2 EH/Outpatient 3 DOA 4 Nursing Home	d. Describe how injury occurr	
on	Attending or death. ector: After by the funa	tion	1 Natural 5 Pending (Month, Day Year) Injury Work?		
S	death ctor: / y the f	lica	3 Suicide 8 Could not be	f. Location (Street and Numb	er or Rural Route Number
-	2446	Certification:	4 Homicide detarmined detarmined building, etc. (Specify)	City or Town, State)	
	Hospital 24 hours Funerel etely filled		29a. Cartifier 12 Cartifying Phyalcian: To tha best of my knowledge, death occurred at tha time, date and placa, and	d due to the cause(s) and ma	nner es stated
	Fun Fun etely	edicai	(Check only one)  2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred and mannar stated.	at the time, date and place,	and dua to the ceuse(s)
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	M	29b. Signature and title of pertifier 29c. License number	29d. Date signed	d (Month, Day, Year)
	F 3 F 8		DIUG29	712	191
			20 Mary 1970		117
	15		30. Name/and addrass of person who complated cluse of death (Itam 23a) (Type, Print)	elvedoras	o Aus
	Sta	775	31. Date (filed (Month, Day, Year) 32. Resigned in a fure in a fur	-1 , cash,	1100
	Registi	100	JUL 0 2 1996		



020	nhysician
3ALTIMORE, MARYLAND 21215-0020	or attending physician
7	100
N	I he the hospital
A	the
$\equiv$	2
MAR	retained
	2
2	Pane 6 may h
0	Œ
Σ	Pane
ALT.	leath
m	74

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		C	ERTIFICATE	0	F DEAT	H		DEC	NO

1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN				
1	. DECEDENT'S NAME (First, Middle, Last)	Bettie Edith				2. DATE OF DEATH	DAY YI	EAR 3.	TIME OF DEAT	
	1. SOCIAL SECURITY NUMBER	1 M 2X F 7	MA.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 9,	8.	Country)	ACE (State or Fo	
	8021 Wood Avenue RESIDENCE OF DECEMENT		9	b. CITY, TOWN C	Edgene		Ba. COUNTY	OF DEAT		
- 11	Maryland 10b. county	Baltimore	10c. CITY,	TOWN OR LOCAT	Edgeme	re		100	d. INSIDE CITY LIMITS?	
	8021 Wood Avenue			101	. ZIP CODE	21219	10g. CITIZEN Unite		ates	
	II. MARITAL STATUS    Never Married 2 Merried   B   Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 X XNO	If yes, sp		IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	e or No— 14.	Black, W	American Indianite, etc.  White	nΩ,
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		k done during mo retired.)	st of working	16b. KIND OF BI				
-	8 Years 17. FATHER'S NAME (First, Middle, Lost) George R. Urlich		Но	omemake	18. MOTHER'S NA	ME (First, Middle, Meidel etta C. Je	,			
1	Sharon Lee Glaes	) h			nd Number or Rural i	ere, Mary	wn, State, Zip Co		)	
	20g, METHOD OF DISPOSITION  1	20b.	PLACE AND DATE OF	DISPOSITION /No	me of	7/3/96 Bo	OCATION — City	or Town.	State	ıd
2	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Rege	Q	Duda-	RUCK FUN	eral Home • Dundal	of Dun	idalk	, Inc	
	IMMEDIATE CAUSE (Final	.Metastah	C XUT	enter the mo	de of dying, auc				Approxim interval B Onset and	ate etween
	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):							
	PART II. Other eignificant condition	s contributing to death but	t not resulting in	tha underlying	g cause given in	Part I. 24e. WAS A PERFO	RMED?	CO Of	ERE AUTOPSY FI MILABLE PRIOR OMPLETION OF ( F DEATH?	TO
	DID TOBACCO USE CONTR	HOSPITAL:	6. PLACE OF OEATH	(Check only one)						
	17. MANNER OF DEATH	1 Inpetient 2 ER/Outpe 28e. OATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ		8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	REO		
	2   Accident   Investigation   3   Suicide   8   Could not be   4   Homicide   determined	28e. PLACE OF INJURY building, etc. (Specif	At home, ferm, etroy)	et, factory, offic	•	281. LOCATION (Street City or Town, Stet		Rural Rout	te Number,	
2	amal	CIAN: To the best of my knowle R: On the beele of exemination						:euse(e) e:	nd manner ee a	rtated.
	PS. SIGNATURE AND TITLE OF CERTIFIER	neer MD			DUSIC		29d. DATE S	IGNED (M	Onth. Day. Year)	
AFROZE MUNEER, 7566 NOSTH POINT ROad, Baltimus MD 21.									2121	9
3	II. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNA								

	_					Cen	tificate of	Death		F	Reg. No.				
Dhuaisia		1. Decedant's Nama (First, Middle	e, Last)							2. Data of Dea Month	ith Day	Voor	3. Time of	Death	
Physicia /Medica		Ida	Elizabet	h	J	EFF	ERSON			June	30,	1996	12:17	PM	
Examine		4a. Facility Neme (If not institution FRanklin Sq			1				own, or Lo SSVi	ocation of Death	4c. Coun	ty of Death			
Funeral Director		5. Social Sacurity Number 213 01 2773	6. Sex 1 ☐ M 2 🕅 F	_	6 (In yrs. last birth	rs.	Months Deys		24 Hrs. Min.	8. Dete of Birtl (Month, Day 08 16			olaca (State or	<i>Foreig</i> n	
9		Usual Rasidence of Decedant								1					
ith the Merylan or 28a-f show	ctor	Md. 10b. County N/A			10c. City, Town Balt	imo	ore					1	10d. Insida Cit	•	
should be filed within 72 hours after death with the Meryland and Mental Phylene. I marked other than "natural", or items 23a or 28a-f show urmsite event, if a Medical Evaluation nuist be intified a	al Dire	10e. Street and Number 3010 McKays C	ourt				10f. Zip Coda 21 2	224			10g. Citizan of USA		ntry?		
7.2 nours arter death with the Menya natural, or Heme 23a or 28a-f sho idical Examiner must be notified at	by Funeral Director	11. Maritai Stetus  1 Nevar Married 2 Merr  30 Widowed 4 Divorced	If Yas, G	orces? 2☑N iva			/as Decedant of Yes, specify Cul			ecify Yes or No- Rican, etc.)	Ble	ace - Amaria eck, Whita, ity: Whit	atc.		
natural',			Yeer or I	Datas:	100	)aaada	ant's Havel Occur								
r than "na	Be Completed	15. Decedan (Specify only higher Elemantary/Secondary (0-12)	t grede complated		+)	Giva k lifa. D	ent's Usuel Occu aind of work done O NOT usa ratire	during mos ed)	t of work	ing	16b. Kind of I				
rand Mental Hygiene. Is marked other than raumatic event, the Mental Hygiene.	Be Co	17. Fathar's Name (First, Middle, Henry Storch				<i></i>	Spersor	18. Mothe		a (First, Middle,	Maidan Suma	ma)			
and Mer and Mer amarke umatic	2	19a. Informant's Neme/Ralations	nip (Type, Print)								mber, City or Town, State, Zip Coda)				
and 2 Balth a n 27 is		Freda Poetzold	,Daughter	-	79	900	Shore F	Road B	alti	more, M	Md. 21219				
Pages 1 nent of Hi nt: If Iten iry or oth	any injury or or or or or or or or or or or or or	20a. Mathod of Disposition  1 □XBurial 2 □ Cremetion  4 □ Donation 5 □ Other (S)		Oak Lawn Cemetery 7-5-						Date 20c. Location - City or Town, State Eastwood, Md.					
Departra Importa any Inju		21. Signature of Funaral Sarvice	Licensee	ee 22. Nama end Addrass of Facility Charles S. Zeiler							& Son Inc.				
		23a. Part1. Entar tha disease, or	complications that	caused	tha daeth. Do no		01 S. Co						Approximata	U.	
Physician		shock, or haart fallure. List	only ona causa on	aach lin	θ.		,				,		Interval Betw Onset and D	/een	
/Medical		Immediata Causa (Final disaasa or condition	A A				T., C.,					i	( 1		
xaminer		rasulting in death)	a. Acut		yocardia Due to (or as a co			on				- 1	6 hour	S	
- # .	ē	Due to (or as a consequence of): Atherosclerotic Cardiovascular Disease									1				
physician end s the burial-transit	Examiner	Sequentially list conditions,	0.	(	Dua to (or as a co	nsaqu	ance of):					i			
ician		Sequentially list conditions, if eny, leeding to immediate causa. Entar Undarlying Causa (Disaasa or Injury	C												
ding physician end se as the burial-transi	Medical	that initiated avants rasulting in deeth) Lest		C	Due to (or es e co	nsequ	ance of):								
	Physician	Part II. Other significant condition	ns contributing to d	leath bu	t not resulting in	the un	derivino causa o	van in Part i		23b. Did to	obacco usa c	ontribute t	o the cause of	f death?	
igned by the a					-		, , , , , , , ,			101	/es 2☑ No	3□ Pro	bably 4 L	Inknown	
a law requires that the observation has been signed by the after je 2 should be detached for u	Completed by									24a. Was a		00	are sutopsy fir reliable prior to empletion of ce death?	ndings	
ate he	0									1⊠ Y	as 2 No	1₹	Yas 201	No	
s certificate director, page	90	25. Was casa rafarred to medical axaminar?						26. Place	a of Deat	h (Check only o	na)				
0 0	0	1 Yas 2⊠ No	Hospital:	Inpatiar	nt 2 ER/Outp	etient	3□ DOA O	har: 4 Nu	ursing Ho	me 5 Rasid	ance 6 🗆 O	har (Specia	fy)		
D 0 9 1	Certification:	2 ☐ Accidant investig	th 5 Panding investigation 28a. Data of Injury 5 Panding (Month, Day Year) 28b. Time of injury 48b. Time of injury 48b. Time of injury at Work? 48b. Time of injury at Work? 48b. Time of injury at Work? 48b. Time of injury at Work? 48b. Time of injury at Work?												
s efter d	Security	3 ☐ Suicida 6 ☐ Could not be datarmIned 28e. Pleca of Injury - At homa, farm, straat, factory, office building, atc. (Specify)								28f. Location (S City or Tow	itreet and Num n, Stata)	ber or Run	al Routa Numb	er,	
	29a. Certifiar (Check only one)  29a. Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data at 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, defauld and mannar statad.								d place, th occur	and dua to the d red at tha time, d	ause(s) and n date and place	nannar as s , and dua t	stated. o tha causa(s)		
To the	-										29d. Deta sign	ed (Month,	Day, Year)		
		yole	- Nul	n	U)		RD	1917			July 1	1, 199	96		
10		30. Nama and addrass of person John Kim M.I			ath (Item 23a) (Taklin Sq			Balt	imor	e, MD 2	1237				
State	9	31. Data filed (Month, Day, Year)								,					
Registra		JUL 0 2 1996	1 Day	101307A	r's Signatura - Aandele										

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9462 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death Month 7:25 AH Ichae Ohnson June 4e. Facility Nema (If not institution, give street end number) Liberty Medica 5. Social Security Number 6. Sav 4b. City, Town, or Location of Death 4c. County of Death cnter 7. Age (In yrs. iast birthdey) Birthplace (State or Foreign Country) 45 Yrs. 1 M 2□ F 219-52-973 Usuel Residence of Decedant Move mporzy & Battimore, Md. 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 1 XYas 2 □ No 10e. Streat end Numbe 10g. Citizen of What Country? 2911Po rrace 1.5. 14. Race - Amarican Indien, Black, Whita, etc. Was Decedent of Hispanic Origin? (Specify Yas or No if Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Maritei Status Was Decedant Evar In U.S. Armed Forcas? 1 Yas 2 No If Yas, Giva Yeer or Datas: 1 Nevar Married 2 Married 1 ☐ Yas 2 No Specify: Specify Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Sumeme) harles onn50n 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) ore, Maryland 21208 200. Location - City or Town, Stata ry-Sister 20a. Mathod of Disposition Buriai 2 Crametion 3 Ramoval from State 4 Donation 5 Othar (Specify) Baltimore 21. Signatura of Funarai Service Licentu C. Douglass Fun 22. Nama and Addrass of Fecility Carlton Service - 1701 mc Culloh S Batti more, maryland t antar the mode of dying, such as cardiac or respiratory arrast. Sfreet 23a. Pert1. Entar the diseesa, or complications that cause it the death. Do not antar the mode of shock, or haert failure. List only one cause on agent into Approximate Intarval Between Onset and Death Immediata Causa (Final Brain Tumor disease or condition resulting in death) Lumunodeticiency Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Cause (Disease or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of): Dua to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☑ Unknown 24b. Ware autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? 1 Yas 2 No 2 No 1 Yes

Physician /Medical Examiner

burial-transit

attending physician for usa as the buris

datached for

Is cartificata has been signed by director, page 2 should be datact

this cartificata

After

To trick hospital or Attendary within 24 pours after death. To the Funeral Director: Aft

Be

Medical Certification: To

The law requires that the death certificate be asscuted

Records, P.O. Box 68760.

Division of Vital if or Attending Physician: after death.

**Physician** 

/Medical

Examiner

Director

Funeral

ò

Completed

**Funeral** 

Director

Item 27 le marked other than "natural", or items 23a or 28a-f eho other traumatic event, the Medical Examinar must be not lised at

pemit. Pages 1 and 2 should be filed within 72 hours after to Department of Haalth and Mental Hygiene. Important: if Itam 27 le marked other than "natural", or ites any injury or other traumatic event, the Medical Example.

Baltlmore, Maryland 21215-0020

the Manyland

death

Physician/Medical þ Completed

25. Was casa rafarred to medical 26. Placa of Daath (Check only ona) examiner? Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yas 2 1 No 1 Pinpatiant 2 ER/Outpetient 3 DOA

27. Manper of Death 28a. Deta of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending invastigation 1 Naturai 1 ☐ Yes 2 ☐ No 2 Accidant

28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide

10 Cartifying Phyelcian: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mennar as steted. 29a. Cartifian 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) and manner stated. 29b. Signeture end titla of certifian

ules III

29c. License number

29d. Date signed (Month, Day, Year)

completed cause of death (Item 23a) (Type, Print) Heights Wicks Jeorge E. 31. Data filed (Month, Day, Year)

State Registrar



68X 10

Sales and the State of the Sales of the Sale

The second of th

And the company of the control of the first th

and the first the first test

. .

State of Maryland / Department of Health and Mental Hygiene

96

19463

					Certifi				Reg. No.			
Physicia /Medic		Decedent's Neme (First, Middle, Last	EDWARD	MIC	HAEL JA	KUBOW	SKI	2. Dete of De Month June 2	4, 1996	Yeer	3. Time of Death 11:15 A	
Examin		4e. Fecility Neme (If not institution, give Meridian Nursing		f Hamr	nonds La	ane	4b. City, Town, or Baltimon			of Deeth Arun	ľah	
Funeral Director		Social Security Number     6. Security Number	ex 7. Age	e (In yrs. les	st birthdey) If I	Under 1 Yeel nths Deys	r If Under 24 Hrs	8. Dete of Bi			olece (State or Foreign ntry) ryland	
show		Usuel Residence of Decedent  10a. Stete 10b. County			Town or Locatio						Od. inside City Limits	
r 28a-f show	recto	Maryland Anne Ar	rundel	Ва	ltimore	(Bro M. Zip Code	oklyn Pai	rk)	10g. Citizen of	Whet Cour	1 ☐ Yes 2 ☒ No	
23a or	al Di	133 West Meadow	Road				1225		USA		,	
	by Funeral Director	11. Maritei Stetus  1 ☐ Never Merried 2 ☐ Merried  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent I Armed Forces? 1 Yes 2000 If Yes, Give Yeer or Detes:		if Yes	Decedent of , specify Cul	Hispenic Origin? (S ban, Mexican, Puel Specify:	Specify Yes or Norto Rican, etc.)		ce - Americ ck, White,		
	Be Completed	15. Decedent's Ed (Specify only highest green Elementery/Secondery (0-12)	Give (Give life.				upetion e duning most of wo ed) e Winder	orking	Bethler Corr	usiness/ind	em Steel	
al Hyg I other vent,	Be C	17. Fether's Neme (First, Middle, Last)			Necri	a_wii	18. Mother's Ne		lle, Meiden Sumeme)			
Ment nerked netic s	To		lakubowski				Anna	Pric				
Department of Haalth and Mental Hygiena. Important: If Item Z7 Is marked other than "any Injury or other traumatic avent, the Magnica.		19e. informent's Neme/Reletionship (7 Mrs. Marie T. Jaku 20a. Method of Disposition				t Mea	dow Road			rylan	d 21225	
ont of nt: If its ny or o		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		сеп	netery, cremetor	y or other pl	ery 6/27				Maryland	
Departn Importa any Injt once.		2) Signature of Fungral Service Licens			22. Ner	ne end Addr	ress of Fecility					
			dications that caused	the death	Do not enter the	E. P	Funeral Hatapsco /	Ave., Ba	lto., Mo	1. 2	1225-1856	
nysician Medical Kaminer		immediate Cause (Finei disease or condition			Do not enter the	mode of dy	ring, such es cardie	c or respiretory	errest,	1. 2	1225-1856 Approximete Intervel Between Onset end Deeth	
Medical kaminer	er	immediete Cause (Finei	e. Can	Due to (or e	as e consequence	mode of dy	atapsco / ring, such es cardie	c or respiretory	errest,	1. 2	Approximete intervei Between	
Medical kaminer	aminer	immediate Cause (Finel disease or condition resulting in death)	e. Can	Due to (or e	Do not enter the	e of):	ring, such es cardie	c or respiretory	errest,	1. 2	Approximete intervei Between	
Medical kaminer	al Examiner	immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury)	e. Cana	Due to (or e	Do not enter the	e of):	ring, such es cardie	c or respiretory e	errest,	1. 2	Approximete intervei Between	
Medical sample as the prival sample s	Medical	immediate Cause (Finel disease or condition resulting in death)	e. Cana	Due to (or e	as e consequence	e of):	ring, such es cardie	c or respiretory e	errest,	1. 2	Approximete intervei Between	
Medical sample as the prival sample s	Medical	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	e. Canc b. You c. 8 va	Due to (or e	es e consequence	e of):	ing, such es cardie	c or respiretory	arest,		Approximate interval Batween Onset end Deeth	
Medical sample as the prival sample s	Physician/Medical	immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury)	e. Canc b. You c. 8 va	Due to (or e	es e consequence	e of):	ing, such es cardie	23b. Did	arest,		Approximate interval Between Onset end Deeth Onset end Deeth Onset end Deeth Other Constitution of the cause of death?	
gened by the attanding physician and company the bedeached for use as the burial-transit	by Physician/Medical	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	e. Canc b. You c. 8 va	Due to (or e	es e consequence	e of):	ing, such es cardie	23b. Did	tobacco use co	ontribute to 3 Proi	Approximate interval Between Onset end Deeth Onset end Deeth Onset end Deeth Other Constitution of the cause of death?	
ate has been signed by the attanding physician end months and paga 2 should be detached for use as the burial-transit units.	Completed by Physician/Medical	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	e. Canc b. You c. 8 va	Due to (or e	es e consequence	e of):	ing, such es cardie	23b. Did	tobacco use co	ontribute to 3 Prol 24b. W.	Approximate interval Batween Onset end Deeth Deeth Onset end Deeth Deeth Onset end Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth	
certificate has been signed by the stranding physician end moning part is should be detached for use as the burial-transit in in it.	Be Completed by Physician/Medical	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Pert II. Other eignificant conditions condi	b. Pwc.  c. d. Dontributing to death but	Due to (or e	as e consequence as a consequence as a consequence as a consequence ing in the underly	e of):	ing, such es cardie  La R. C. C.  In the control of	23b. Did 1 24e. Wes perf	tobecco use co Yee 2 1 No s en eutopsy omed? Yes 2 1 No one)	24b. Www.coof	Approximate interval Between Onset and Deeth Deeth Onset and Deeth Onset and Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth D	
bis certificate has been signed by the stranding physician end months at director, paga 2 should be detached for use as the burial-transit of process.	To Be Completed by Physician/Medical	immediete Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Pert ii. Other eignificant conditions conditions conditions are conditions of the conditions of t	e. Conce	Due to (or e	as e consequence as e consequence as a c	e of):  e of):  fing cause g	ing, such es cardie  Lace Ca  iven in Pert i.  28. Place of Dether: 4 12 Nursing	23b. Did 1 24e. Wesperfi	tobecco use co Yee 2 1 No s en eutopsy omed? Yes 2 1 No one)	24b. Wave confirmer (Specific	Approximate intervel Between Onset and Deeth Deeth Dee	
by Mg.  ector. After this certificate has been signed by the stranding physician end  by the funeral director, paga 2 should be detached for use as the burial-transit  property.	To Be Completed by Physician/Medical	immediete Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Pert II. Other eignificant conditions conditions conditions conditions are conditions of the cond	e. Conce b. Conce d. Contributing to death but the position of	Due to (or e	Do not enter the	e of):  e of):  ying cause g  28c. Inju Wi	28. Place of Dether: 42 Nursing	23b. Did 1 24e. Wesperf 1 and (Check only) Home 5 Res 28d. Describe	tobacco use co Yee 2 1 No s en eutopsy omed?  Yes 2 1 No one)	ontribute to 3 Prol 24b. Www.cocod	Approximate intervel Between Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Deeth Onset end Deeth Onset end Deeth	
In soft ar death.  In Director: Aftar this certificate has been signed by the stranding physician end S O S S S S S S S S S S S S S S S S S	Be Completed by Physician/Medical	immediete Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Pert ii. Other eignificant conditions conditions or condition	b. C. Cancol Contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contribution of the contribution	Due to (or e	Do not enter the sease a consequence as	e of):  e of):  pool of dy  e of):  ying cause g  28c. Inju  With the telephone of telephone of the telephone of the telephone of the telephone of telephone of the telephone of the telephone of the telephone of telephone of the telephone of the telephone of telephon	ing, such es cardie  lace color  a  iven in Pert I.  28. Place of Dether: 42 Nursing  ury at ok?  Yes 2 \[ \] No	23b. Did 1 24e. Wesperf 24e. Wesperf 28d. Describe 28f. Location City or To	I tobacco use co I vee 2 Mo s en eutopsy omed?  Yes 2 Mo one) Idenca 8 Ott how injury occur (Street end Number, State)	ontribute to 3 Prol 24b. Wave occord 1 Coner (Specify red ber or Rura	Approximate interval Between Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth	

DHMH 16 Rev 6/95

State Registrar

Sent and the sent

## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

19464

	Physici /Medic		1. Decedent's Name (First, Middle, L	ast)				2. Dete of De		VIII	3. Tima of	Death		
			BERNARD	W.	KAHN		JUNE	26, 1996		4:28	PM			
			4a. Facility Name (If not institution, g	ive street and number)			4b. City, Town, or L	ocation of Deeth	4c. County	of Death				
			MERCY HOSPITAL				BALTIM	ORE			N/A			
	Funeral Director		5. Social Security Number 6. 219–18–0362  Usuel Residence of Decedent	Sex XXM 2□F	(In yrs. last birt	hdey) If Under 1 Yea Months Dey		8. Date of Bir (Month, De NOV .	th y, Year) 7, 1923	Coun	lace (State o try) RYLAND			
	and w		10a. State 10b. County		10c. City, Town	or Location				10	0d. Inside Ci	ity Limits		
	Mery H sh	to	MD N	/A		BALTIMORE				}	<b>X</b> □Yes	2 No		
	r 28a	Director	10e. Street and Number	,		10f. Zip Code	•		10g. Citizan of V	What Coun	try?			
	th wit		215 W. SARATOGA	STREET			21201			U.S.	.A.			
21215-0020	72 hours effer death with the Meryland natural", or Nems 23s or 28s-f show steel Examiner must be notified at	by Funeral	11. Marital Stetus  Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Education Armed Forces?  1 Yes 2FTNC 11 Yes, Give 22 Yeer or Dates:		13. Was Decedent of If Yes, specify Cu	f Hispanic Origin? (S) uban, Mexican, Puerto lo Specify:	pecify Yes or No Rican, etc.)	14. Rec Bied Specify	e - America ck, White, o	etc.			
2-0	72 hours "natural",	ted	15. Decedent's I		16e.	Decedent's Usuai Occ	cupation	kina	16b. Kind of Bu	usiness/Ind	iustry			
121	i within 72 ho iene. 'then "netur	Completed	Elamantary/Secondary (0-12)	College (1-4or 5+		(Give kind of work dor life. DO NOT use reti	ired)	na iy						
			12 17. Fether's Neme (First, Middle, Las	A1	RE	CEIVER	40 Mathada Mari	on /Fired Adiabate	FOOD FA		IC.			
Maryland	2 2 5 5	Be					18. Mother's Nan	te (First, Middle,		,				
Z	d 2 should by th and Mente 7 is marked traumatic ev	2	JULIUS  19a. informant's Neme/Reletionship		HN	Mailing Address (Stre	IDA	rel Poute Numb		ERR State Zin	Codel			
<b>₹</b>	d2 d2 drag		JEROME DANOFF -											
e,	- f 5 5		20e. Method of Disposition		20b. Place of	Disposition (Name of y, cremetory or other p		FINKSBUE Date	20c. Location -	21048 City or To				
E	0 0		1 ☑ Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec			TZ NUSACH	TAN	MID 6/28/96	ROSED	AFE	MD			
Baltimore,	프로콘을		21. Signature of Funeral Service Lig	insee #	HODOWI	22. Name end Add	tress of Fecility							
m	Depariment of the police of th		Sordney L. So	Alma.		8900 PFT	STERSTOWN		ISON & B			Q		
	_		234. Part1/Enter the disease or con shock, or heart laik or List only	nplications that caused t	ha daath. Do n						Approximate interval Bah	a		
	Physician			/ dire saude dir saur inic	1	. 0	1 1 0	)			Onset end [	Death		
	/Medical Examiner		immediate Ceuse (Final disease or condition resulting in death)  a. A Culte Tyo cardial Mection									Kes		
		-		0	Due to (or as a c	onsequenca of):	1-1-	On		1	C. 1.	1		
	d d ansit	Examiner		ь. Сб	nagal	onsequence of):	and tal	steere		1.8	wy	20		
oʻ	cate be executed physician and s the buriel-transit	Exa	Sequentielly list conditions, if any, leading to immediate cause. Enter UndarlyIng Cause (Disease or injury	Tara	la of	orisequerica or).			-					
68760	ite be nysicit	edical	Cause (Disease or injury that initiated events rasulting in death) Last	c. 1 D										
	5 O 0	-5	Idealing in Obality East	the late										
Box	attendir I for use	lan/		0	10	uoion								
o	that the dended by the a	Physician/	Part ii, Other significant conditions	23b. Did tobacco use contribute to the cause of death?										
σ.	thet the ded by					1 Yes 2 No 3 Probably 4 Unk								
of Vitai Records,	8 5 6	d by						24a. Was	an autopsy		ere autopsy f			
00	2 0	Completed						perfo	med?	COT	ailable prior to impletion of co death?			
Re	The law ate hes b page 2 s	E O						10	Yes 21 No		Yes 2	No		
tai	Iclan: The certificate rector, pa	Be C	25. Was case refarred to medical				26. Piece of Dee							
>	00	To B	examiner?* 1 ☑ Yes 2 ☐ No	Hospitel:	t 2 DER/Out	patient 3 DOA	Other:		dence 6 □Oth	er (Specify	()			
0	ding Phi h. After thi funeral		27. Manner of Death 1 Natural 5 □ Pending	28a. Date of injury (Month, Dey					how injury occur		-			
Sio	Attending r death. ector: After by the fune	atic	2 Accident investigation	on			☐ Yes 2 ☐ No							
Division	or Attendent of Director:	Certification:	3 ☐ Sulcide 6 ☐ Could not determined	e	28f. Location (Street and Number or Rural Route Number, City or Town, Stete)									
	hours el hours el neral D ly filled i		00.0.1											
	1 4 E 5	edical	29a. Cartifier 1 ☐ Certifying P (Check only one) 2 ☐ Medical Exa	hysician: To the best of miner: On the basis of a end menner state	examination and	death occurred at the Vor investigation, in my	time, date and place, y opinion, death occur	, and due to the rred at the time,	date and placa,	inner as st and due to	ated. the cause(s	4)		
-	within 2 To the	Me												
ur	1		Maison	e-		מו	26307		6/27	19	6			
	lin		30. Name and address of person who	completed cause of dea	ath (Item 23a) (	Type, Print)	0.1-		1 1	1				
	10		HOOD ANNAPOLI	5 Rd, B	alline	ore MI	) 8155.	7.						
	Sta Registr		31. Date filed (Month, Dey, Year)  JUL 0 2 1996	32. Régistrer	's Signature									
	negisti	uı	000 200	1 12 - Tydsor	n-Mandell									

DHMH 16 Rev 6/95

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

19465

						Cer	tificate	of	Death		F	leg. No.			
			1. Decedent's Name (First, Middle, Last)							2. Date of Dee	3. Time of	Death			
	Physic		James Clifton Ki							Month June	Day 27 19	Year 96	6:50	A.M.	
	/Medi Examiı		4e. Facility Name (If not Institution, give	-					4b. City, To	wn, or Lo	cation of Death 4c. County of Death				*****
	LAGIIII	ici	Allegas Health &						Glen			An		cundel	
	Funeral Director		5. Social Security Number 6. Security Number 213-05-7675	M 2□ F 7. Age	88	birthday) Yrs.	ff Under 1 Months	Yeer Days	if Under Hours	24 Hrs. Min.	8. Date of Birtl (Month, Day Oct 2,	Year) 1907		iace (State o itry) /land	r Foreign
	pue *		10a. Stete 10b. County		10c. City, To	own or Lo	cation						1	0d. Inside Ci	ity I imits
	e Maryi	ctor	Maryland Anne Aru	nde1	Arno									1 ☐ Yes	
	23a or 28	ral Director	10e. Street and Number 487 Margaret Lane				10f. Zip C					U.S		try?	
020	72 hours after death with the Maryland netural, or frame 23a or 28a-f show deal Examiner must be notified at	by Funeral	11. Maritel Stetus  1 ☐ Never Married 2 ☐ Merried  3 ☒ Widowed 4 ☐ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N if Yes, Give Yeer or Dates:		"	Vas Deceder Yes, specify ☐ Yes 2§	/ Cub	dispanic Ori an, Mexican Specify:	i, Puerto I	cify Yes or No- Rican, etc.)	Blac	e - Americok, White,	etc.	
21215-0020	within ma. than	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	+)	(Give life. L	ent's Usual ( kind of work DO NOT use	done retire	during mosi d)	t of workin	ng	16b. Kind of B			nort	
D	e filed al Hygie other i		10th Grade  17. Father's Neme (First, Middle, Last)			TTUC	K DII	VCI		r's Name	(First, Middle,	Maiden Sumen		ITalis	port
/lan	should be t and Mental I marked of umatic eva	To Be	Alfred T. Kig	ht							M. Koo		,		
Maryland	Tre tre		19e. Intormant's Name/Relationship (Ty) William M. Kight		1							r, City or Town,		Code)	
	of Haalth Item 27 I		20a. Method of Disposition		20b. Place	of Dispo	sition (Name	of			Date	20c. Location -		wn, State	
Ē	Pages herd of ant: If its ary or o		1 ☐ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	emover from State	Metro	o Cre	matory	y I	nc	6,	/28/96	Baltimo	re, l	fary1a	nd
Baltimore,	permit. Pa Departmen Important: any injury once.		21. Signature of Funeral Service Licensee 22. Name and Address of Facility George J. Gonce Funeral Home 4001 Ritchie Highway Baltimore Maryland 21225												
	Physician		23a. Part1. Enter the classes, or comp- shock, or heart failure. List only on	tulons thet caused cause on each lin		o not ente	er the mode						Tyrai	Approximate Interval Bette Onset and I	e ween
	/Medicai Examiner		Immediate Cause (Final disease or condition resulting in death) a	13/2h	Due to (or es			), 3	2502	2			1	KF	RS
	ted nsit	Examiner	_ b	104	J De	w.	5 80	4	1100	32			i '	TAK	3.
68760,	ertificate be axecuted ling physician and a as the burlet-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	,	Due to (or as	a conseq	uence ot):								
x 687	fing fing	/Medical	thet initiated events resulting in death) Last  Due to (or es e consequence of):												
Box	the death or y the attend sched for us	Physician	Pert II. Other significant conditions con	dedicing cau	riving cause given in Part I. 23b. Did tobacco use contribute to ti						the cause	of death?			
, P.O	that the death led by the atter datached for u		Castroins			-		_		•	101			bably 4	
of Vital Records,	aw requires that is been signed b 2 should be date	Completed by							)		24a. Was a	an autopsy med?	CO	ere autopsy f allable prior t mpletion of c death?	to
ž	6 2 6	EO									1 D Y	es 2 No	1[	Yes 2□	No
Vita	Physician: The this cartificata ral director, pag	Be	25. Was case reterred to medical examiner?	a anital				Lou	100	1	(Check only o		<u> </u>		
5	5 00 0	2	TE THS ZEIGHO	ospitel: 1 Inpatie	1	Outpatien		Oth	45UM			ence 8 □Oth		1)	
ono	After fune	atlon:	27. Manner of Dmeth  1 (Statural 5   Pending investigation	28a. Date of Injur (Month, Day	Year) 28t	b. Time of Injury	M 280	. Injur Wor	yet rk? Yes 2 🗀 I		28d. Describe how injury occurred				
Division	afor Attanes affar daat Director: d in by tha	Certification:	Suicide 8 Could not be determined	28e. Place ot Inju building, etc							28t. Location (Street and Number or Rural Route Number, City or Town, State)				iber,
	To the Hospital or Ati within 24 hours aftar d To the Funeral Direct complataly filled in by	edical C	29e. Certifier (Check only one) 1 Ortifying Phys	cian: To the best o er: On the basis of and menner sta	examinetion	ige, death and/or inv	occurred et estigation, in	the tir	me, date an pinion, dea	d place, a th occurre	nd due to the d ad at the time, d	ause(s) and ma late and place,	anner as si and due to	ated. the cause(s	1)
5	vithin To the	Me	29b. Signeture and title of certifier	200	rek	OLV.	29c. L	icens	e number	3		9d. Date signe	d (Month,	Day, Year)	
1	15		30. Name and address of person who col	npleted cause of de	eath (Item 23	a) (Type, I	Print)	-	-				. 10		
	1		8620 Low	50cm	M	می	Q.								

DHMH 16 Rev 6/95

State Registrar

was a second and the second that

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1	0	1	1	-
	9	Ls	b	b

							Cen	titicate	9 01	Death			Reg. No.		1	
Physician /Medical		Decedent's Nam	4	4								2. Data of De Month	Day .	Yaar	3. Tima o	of Death
		Clau		Keyses								June	1	196	1220	2 PM
Examiner	ľ	la. Facility Nama (/			ımber)							cation of Deat		y of Death		
		Sinai						M I today		Balt	imor 24 Hrs.			ty		
uneral	1	5. Social Security N	umpar	8. Sax 11 M 2□ F	/. Ag	pa (In yrs. last I 93	Yrs.	If Undar Months	Days	Hours	Min.	8. Data of Bi (Month, Di	ay, Year)	Cour	placa (Stata htry) Virg	or Foreign
irector		233-24-5 Usual Residence of	86/			73						Sept.	16,1902	west	. virg	ınıa
M m L	-	10a. Stata	10b. County			10c. City, To	wn or Loc	ation						1	Od. insida C	City Limits
notified at		Maryland	Ann	e Arunde	21		Pa	asade	na						1 🗆 Yas	2 1 No
Director		10e. Street and Nur	mber			1		10f. Zip	Coda				10g. Citizan of	What Cour	ntry?	
al Di		888 Lc	ongview	Ave.					2	1122			U.	S.A.		
E E		11. Marital Status		12. Was Dec	edent orcas?	Evar in U,S.	13. W	/as Deced	ant of h	lispanic Or an, Maxica	igin? (Spe	ecify Yas or No Rican, atc.)	o- 14. Ra	ce - Amaric		
eted by Funeral Di		1 Nevar Marri		d 1 □ Yas If Yas, G Yaar or I	iva	No		□Yas 2						<sub>y:</sub> Whi		
To Be Completed		(Spec	15. Decedant's	Education grada complated		16	a. Deceda	ant's Usua	i Occup	oation during mos	at of work	in <i>a</i>	16b. Kind of 8	Businass/In	dustry	
E8	-	Elementery/Seco		Collega N/A		5+)				during mos			Doobou	Mod	-1-	
S	-	T Fatheria Name	Class & Bridge 1				IATO	ght W	acci			/F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Boston		als	
or other traumatic evant, the Ma		17. Fathar's Nama ر	m E. Ke									ie Lip	n, Maiden Suma	ma.)		
Ţ	-	19a. Informant's Na		-		40	Ob Mailine	- Addeson	/Ctra at				per, City or Town	Otata 7in	Codol	
trac			Kimble										Marylan			
otto		20a. Mathod of Disp	position			20b. Place	ot Dispos	Ition (Nam	a of		Lasc	Data Data	20c. Location			250
2		1 ☐ Buriai 2 [	3€ramation 3 5 ☐ Othar (Spe	Ramoval from	Stata			atory or of	-				Baltim	ore M	arvla	nd
any injury	1	21. Signature of Fu				Metro	Cren	nator Nama and	Addra	July_ ss of Facili	1,199	1996 Baltimore Maryland				
any injury or other		X	5/				Mo	Cully	y Fu	unera	1 Hor	ne Dagada	na Mars	T 3	0110	2
	+	23a. Part1. Entar the	na disaasa, or o	ompilcations that	caused	tha death. De							ena, Mar	yrand	Annrovima	to
sician	1	shock, or haa	rt failure. List o	nly ona causa on	aach li	na.								ij	Intarvel Be Onsat and	tween
lical		immediata Causa ( disease or condition	Final	an	C+	ine 1	1100	1	RI	000	lina	0			1-24	wooled
niner	ı	resulting in death)		0. 900	21	Dua to (or es	a consequ	Janca ot):	D	tec	CIVI	9			2- 0	var <sub>c</sub>
Fxaminer																
ise es the buriel-transit  'Medical Examir		Sequentially list con	nditions,	0.		Dua to (or as	a consequ	ance ot):						İ		
四田	1	Sequentially list conditions, if any, laeding to immadiate cause. Enter Underlying Cause (Disaasa or injury that initietted events resulting in death) Last  Dua to (or as a consequence of):  Dua to (or as a consequence of):														
v/Medical														į		
\$ 8				d												
Physician	-	Part II. Other signifi	least condition	e contributing to	looth h	ut not requities	In the con-	dachdan as	una ah	on in Day		ook Did	tobacco use c		46.0	ad death 0
ache hys	1	A .	Condition.	A 1	ioatri o	30				real III I reall			Yes 2 No	3 □ Proi		Unknown
be de		Coro	nan	1 Art	ev	y	(Se	ase					12.110		, ,,	C
should be detached for leted by Physicia			_									24a. Was	an autopsy ormed?	24b. W	ara autopsy ailable prior	findings
page 2 should								pon		co	mpletion of death?					
oage Om												10	Yas 2 No.	10	Yas 🎉	(No
director, page To Be Com		25. Was casa ratarr	red to medical							26. Place	a of Death	(Check only	ona)			
To E		axaminar? 1 ☐ Yas 2 ☐	No	Hospital: Other:							ursing Ho	Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify)				
		7. Manner of Death	5 Panding	28a. Data (Mor	of inju	y Year) 28b	. Tima of Injury	28	Bc. Injur Wor	ry at		28d. Dascribe	how injury occu	rred		
Director: After I in by the funer ertification:		2 Accidant	invastiga 6 ☐ Could no	tion				М		Yas 2	No	28t. Location (Street and Number or Rural Routa Number, City or Town, Stata)				
led in by the funera Certification:		3 ☐ Suicida 4 ☐ Homicida	determin	ed   256. Piec	ot Inj	ury - At home, c. (Specify)	farm, stre	at, factory,	office							
S S	L	20a Cadilla	56						15101							
edical	1	29a. Certifier (Check only one)	2 Medical Ex	Physician: To the taminer: On the band man	asis of	axamination a	ge, daath o ind/or inva	occurred e astigetion,	in my o	me, dete ar opinion, das	nd placa, a ath occurr	and dua to tha ed at tha tima,	cause(s) and m data and piece	anner as s and due to	teled. the cause(	s)
Me.	1	29b. Signatura and	titla of certiliar	wild High				29c.	Licans	a number			29d. Data sign	ed (Month,	Day, Year)	
		Sport	water	wans	1	touse	stal	P AS	240	7321	- G	09915	Tuno	00	1991	
2	2	0. Name and addre	ass of person wi	no completed cau	sa of d	laath (Itam 23a	(Type P	U	- 10				Jule	011	110	
-	1		arur		2	401 U	Be	lued	ore	Aure		Beeltv	MD	212	15	
State	3	31. Data filed (Mont				Signature				, ,						
Registrar		JUL 02	1996	The ways	101/-	Norton										

19467 State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Day July 1,
4b. City, Town, or Location of Death Charles Loyd 1996 /Medicai 3:30 am 4a. Fecility Name (If not institution, give street and number) 4c. County of Death **Examiner** Middle River
If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, 2253 Firethorn Road Baltimore If Under 1 Year 5. Social Security Number 235-34-2791 7. Age (In yrs. last birthday) **Funerai**  Birthplace (State or Foreign Country) Deys Months 1**X** M 2□ F 70 Director Vrs July 23, 1925 West Virginia Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, it a Modical Examinar must be notified at 10d. Inaide City Limits Director Maryland Baltimore Middle River 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2253 Firethorn Road 21220 U.S.A. Funeral death \ 12. Was Decedent Ever in U,S. Apped Forces? 1 £1 Yes 2 □ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. filed within 72 hours after 1 □ Never Married 2 N Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Completed by Specify Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. int: If item 27 is marked other then Elementery/Secondery (0-12) College (1-4or 5+) Owner-Operator Tavern 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Lorenzy D. King Ruthie Pearl Marks 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health a Important: If item 27 is any injury or other trat once. Martha Evaline King (WIFE) 2253 Firethorn Road Middle River, Md. 21220 20b. Piace of Disposition (Name of cometery, crematory or other place)
Greenmount Crematory 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from Stete 7/2/96 Baltimore City 5 ☐ Other (Specify) 4 Donation 21. Signature of Tuneral Service Liber 22. Name and Address of Facility Bruzdzinski Funeral Home PA BFUZUZIISKI FUICIGI IIGIR II.

1407 Fastern Ave Essex, Maryland 21221
Approximate Interval Between Conset end Death **Physician** /Medicai Immediate Cause (Final diseese or condition resulting in death) Examiner a consequence of) lan Disea Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest and use as the burial-tran Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, attending physician for use as the buria Physician/Medical Due to (or as e consequence of): ate has been signed by the a page 2 should be detached f Part II. Other significant conditions contributing to death but not resulting in the Aderlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings available prior to completion of cause of death? Was en eutopsy performed? After this certificate has 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Was case referred to medical 28. Piace of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) P funeral 27. Manner of Deeth Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 DeNaturai 5 Pending death. 1 ☐ Yes 2 ☐ No mpter or Attendi hours after death ineral Director: A y filled in by the fi Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 D Homicide To the Hentral within 24 hours a To the Funeral C completely filled Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner steted. 29b. Signature end title of certifie 29c. License number 29d. Date signed (Month, Day, Year) 10 30. Name and address of participation rath (Item 23a) (Type, Print) 10,10 Howard

State Registrar 31. Date filed (Month, Day, Yeer) JUL 02 1996

32. Registrar's Signature Mia Saidson-Randall and on the same residence and the second section of the same second section is a second section of the same section of the same section of the sa

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Lest) 2. Data of Death 3. Time of Death **Physician** 1, 1996 July. Frank Eugene Lijewski /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Greater Balto. Medical Center TOWSON BALTIMORE If Undar 1 Year Months Days If Under 24 Hrs. Hours Min. 5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplaca (State or Foreign Country) **Funeral** 1□ M 2□ F Days Director 29,1925 ILLINOIS 70 358-18-0157 Nov. Usual Residence of Decedent filed within 72 hours after death with the Maryland Hyglena.
Hydrer than "natural", or items 23a or 28a-f ahow 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or Items 23a or 28a-f ahow the Medical Examiner must be notified at 1 Yas 2 No MARYLAND BALTIMORE TIMONIUM Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21093 233 E.Padonia Rd. USA 12. Was Decedent Evar in U.S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - American Indian, 11. Marital Status Black, White, atc. 1 N Yes 2 No If Yes, Give 7/8/43 Year or Dates: 1 ☐ Nevar Married 2 ☐ Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ X 0 WHITE Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced 5/25/46 16a. Decedent's Usual Occupation 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry (Giva kind of work dona during most of working life. DO NOT use retired) AT&T Elementary/Secondary (0-12) Coilege (1-4or 5+) 12 5+ Engineer Communications atth and Mental Hygie 27 is marked other if traumetic event, to other permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 Is marked othe any injury or other treumatic event once. 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Meiden Surneme) Be Veronica Jakubczak Stanley Lijewski 2 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Anna May Lijewski 233 E. Padonia Rd., Timonium, MD 21093 20b. Piaca of Disposition (Name of cometery, cremetory or other place) 20a. Method of Disposition

1 ☐ Buriai 2 ☐ Cramation 3 ☐ Removal from State 20c. Location - City or Town, State Dulaney Valley Mem. Gardens JULY 4 ☐ Donation 5 ☐ Other (Specify) Timonium, MD 21. Signature of Funeral Service License 22. Nama and Addrass of Facility 10n u Lemmon Funeral none of Jump 10 21093

Approximate interval Between Onset and Death Bryan W. Clary 23a. Part1. Enter the disease, or complications that caused the dishock, or heart failure. List only one cause on each line. Physician Immediate Causa (Final disease or condition resulting in death) /Medical KESPIRATORY FAILURE Examiner Due to (or as a consequence of) Examiner requires that the death cartificate be executed attending physician and for usa as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence ot) P.O. Box 68760. Physician/Medical Due to (or as a consequence ot) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? tha signed by 1 ☐ Yss 2 → No 3 Probably 4 Unknown AFIB Division of Vital Records. by should be 24b. Were autopsy findings available prior to completion of causa of death? Completed 24a. Was an eutopsy certificata has 1 ☐ Yas 2 No 1 ☐ Yes 25. Was case reterred to medical Be 28. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 0 1 Yes À 2 ER/Outpatient 3 DOA Aftar this funaral 27. Menner of Death 28b. Time of 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Natural 2 ☐ Accident I or Attending after death. Director: After 1 Yes 2 No 6 Could not be determined 28t. Location (Street end Number or Rural Route Number, City or Town, State) 3 ☐ Sulcide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 - Homicide Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On tha basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical complataty (Check only one) To the I within 2 29b. Signature and title of certific 29c, Licensa number 29d. Date signed (Month, Day, Year) 044560 21093 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 10755 Falls Rd., Suite 460, Lutherville, Jeffrey S. Alexander, M.D. 32. Registrar's Signature

**DHMH 16 Rev 6/95** 

State

Registrar

31. Data filad (Month, Day, Year)

1 - 1 - 1 - 1

# Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. 1 Manual / Department of Health and Mental Hygiene 96

19469

						Certificate	of Death		Reg. No.		
			1. Decedent's Neme (First, Middle, La	ist)				2. Dete of De	eath	W	3. Time of Deeth
	Physici /Medi		August L. Lun	dquist				June	25, 199	Yeer 96	10:45 P.M.
3	Examir		4e. Facility Neme (If not Institution, gir	e street end number)			4b. City, Town,	or Location of Deat			10.10 1.11
			408 Forest Vie	w Road			Linthicu	um Height	s Anne	Arun	del
	Funeral				e (In yrs. lest birt	Months D	er If Under 24 H		th av. Year)	9. Birthpie	ce (Stete or Foreign
	Director		204-10-9309	1 □XM 2□ F	69	Yrs.	,	Aug 1,			ylvania
	and *		Usual Residence of Decedent  10a, State 10b, County		10c. City, Towr	or Location				100	d. Inside City Limits
	Aaryti F sho	ō	Maryland Anne A	rundel		hicum Hei	ahta				1 ☐ Yes 2 ☑ No
	tha 1	Director	10e. Street and Number	. unacı	DINO	10f. Zip Co			10g. Citizen of N	What Countr	**
	death with the Maryland ms 23s or 28s-f show	ā		D 1/21					-		, ,
	leath	era	408 Forest View	12. Was Decedent	Ever in U.S.		1090	(Specify Yes or No		A . e - Americar	n Indien.
0	fter dea	Funeral	1 Never Married 2√2 Married	Armed Forces?			of Hispanic Orlgin? Cuben, Mexican, Pu	erto Rican, etc.)	Ble	ck, White, et	
070	ors a	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	WW II Korean	1 ☐ Yes 2 🔀	No Specify:		Specify	Whit	te
21215-0020	n 72 hours after "netural", or ite	Completed	15. Decedent's E			Decedent's Usuel O	ccupetion lone during most of v	washing	18b. Kind of B	usineas/Indu	stry
21	within 7 ena. than "r	pie	(Specify only highest gri	College (1-4or 5	i+)	iffe. DO NOT use r	etired)	working			
	w de vigien	S		4 Years	+ Sc	hool Teac	her - Law	yer	Educat	ion -	Law
Pu	d off	Be	17. Father'a Name (First, Middle, Last				18. Mother's N	Neme (First, Middle	, Meiden Sumen	18)	
Xa	Men Men	Lo		lquist			L.	Maye W	eaver		
Maryland	2 sh and Is m		19e. Informant's Name/Reletionship	Type, Print)	19b.	Mailing Address (S	treet end Number or	Rural Route Numb	er, City or Town,	Stete, Zip C	iode)
	s 1 and 2 should be filed within 72 hours after death with the Marylar if Health and Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, ma Medical Exerciner must be record at		Anne M. Lundqu	list	_	408 Fores Disposition (Neme	t View Ro				
ŏ	igas If the or of		1 ☐ Burial 2 ☑ Cremetion 3 ☐	Removel from State	cem eter	y, cremetory or othe	r plece)	Date	20c. Location -	City or Tow	л, 51818
Baltimore,	permit. Pagas 1 and 2 should be filed withir Department of Health and Mental Hygiene. Important: if item 27 is marked other than may injury or other traumetic event, the Mance.		4 Donation 5 Other (Special	• •	Metro	Crematory		6/27/96	Baltim	ore, l	Maryland
Ba	Deparent Important In Ir		21. Signature of Euneral Service Lice	I SO	- (			eorge J.			
			Xickaio	CO	2		chie High				
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	one cause on eech li	the deeth. Do n	ot enter the mode o	dying, such es card	liec or respiretory e	rrest,	1 6	Approximate nterval Between Onset and Deeth
3	Physician /Medical		Immediate Cause (Final	Pin	MACAL	2011 1	Lungar	CNA			2110
4	Examiner		diseese or condition resulting in death)				ty pern	ENSION	)		SYK
4		ē			Due to (or as a o	consequence of):					
	d d ansit	Examiner	Constantially list and distant	b	Due to (or es a c	one or upped of):					
ó	that the death certificate be assocuted sed by the attending physician and datached for use as the burial-transit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		200 10 (01 00 0 0	onoquanos or,					
68760,	nta be nysicia	Medicai	Cause (Disease or trijury thet initieted events resulting in deeth) Last	C. —	Due to (or es e c	onsequence of):				+	
39	ing ph a as th	Ned	leading in deeth) Last							i	
Вох	that the death cer ed by the attendin detached for use	an/		d						1	
	the at	Physician/	Pert II. Other significant conditions of					23b. Did	tobacco uee co	ntribute to t	he cause of death?
P.0	d by		ATHEROSCUER	COTIC PE	PLATE	AL VASC	MAR	10	Yee 2 No	3 Probe	bly Tounknown
5	signed of be dat	þ			30000	NIGE	ACE	0.525.0.00	Construct the Construction		
Records,	Tha law requires ate has been sign paga 2 shouid be	Completed				0,00		24e. Was	an eutopsy ormed?	aveil	e autopsy findinga lable prior to pletion of cause
3ec	has b	dr								of de	eath?
a l								10	Yes 20 No	10	Yea 2□ No
of Vital	Physician: The this certificate rai director, par	Be	25. Wes case referred to medical examiner?	Hospital:			Other:	Death (Check only			
o	er this eresi di	. To	1 Yes 25 No 27. Manner of Death	1 LI Inpatie			4 Li Nursing		how Injury occur		
5	Affect Af	tion	Naturel 5 ☐ Pending	28a. Date of Inju (Month, De)	Year) In	njury M	Injury et Work?	200. Describe	riow injury occur	160	
vision	Atten clor: y the	fica	3 Suicide 6 Could not b	e 00- Di	urv - At home, fai	m, street, factory, of		28f. Location	Street end Numb	er or Rurel I	Route Number,
á	849.5	Certification:	4 Homicide	building, etc	(Specify)	, , , , , , , , , , , , , , , , , , , ,			wn, State)		
(	Mal		29e. Certifier To Certifying Pt	yelclan: To the best of	f my knowledge,	death occurred at t	he time, dete end pte	ece, end due to the	ceuse(s) end me	enner es stel	ted.
1	Dieg S. X	edical	(Check only 2 Medical Exar	ninar: On the basis of end manner sta	examinetion and	Vor investigation, in	my opinion, deeth od	ocurred et the time,	date and place,	end due to t	he cause(s)
	To To	Z	29b. Signature encylitle of certifier	1	CIA 11	29c. Li	cense number		29d. Dete signe	d (Month, Di	ay, Year)
-	411		Vaure	8/2M	0007 N	M7 1	121931	0	6/27	196	
	0+/		30. Neme and address of person who	completed cause of d	eeth (Item 23e) (	Type, Print)	\				man and the second and
			した」	AMIS	Butado	I Mu	ر				
	Sta	te	31. Pale filed World 996 Year)	Carra State Con	a samualina						

Registrar

E septim con 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 19670 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month 1996 MARIE PATRICIA MURDOCH LENTZ /Medical 4b. City, Town, or Location of Death 8:39 PM 4a. Facility Neme (If not institution, give street and number Examiner 1801 Circle Road Ruxton Baltimore County If Under 1 Year if Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 1□M 2♥F Days Hours Director 69 Yrs. 220-22-4953 Dec. 17,1926 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location ral', or items 23s or 28s-f show Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore County Directo Ruxton 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? 1801 Circle Road Funeral 21204 USA 11. Marital Status 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: g 3 ☐ Widowed 4 ☐ Divorced Specify: White "natural". Completed the Madical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withit Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than any Injury or other traumetic control than 10 any Injury or other traumetic control than 1 Etementary/Secondery (0-12) College (1-4or 5+) 12 years 17. Father's Name (First, Middle, Last) Homemaker Own Residence 18. Mother's Name (First, Middle, Meiden Surname) Be Patrick Harold Murdoch Grace Ingram Butler 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Francis Brooks Lentz 1801 Circle Road, Ruxton, Maryland 21204

20b. Place of Disposition (Name of cemetery, crematory or other place)

Date 20c. Location - City or Town, State 20a. Method of Disposition 1 XBurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Dulaney Valley Mem Grdns 7/1 Timonium, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Mitchell-Wiedfeld Home Martin D. Lawson M00358 6500 York Road, Baltimore, Maryland 21212

23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory ariest, Approximate shock, or heart feilure. List only one ceuse on each line. Interval Between Onset and Deeth **Physician** /Medicai Immediate Cause (Final METASTATIC 3 mo BREAST disease or condition resulting in deeth) Examiner Due to (or as a consequence of) SEVERAL Examiner BREAST CANCER LEFT OF YEARS Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Last Due to (or as a consequence of): physician a s the buriel-Physician/Medical Due to (or es e consequence of): 98 attending for use es signed by the aid Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown á Completed page 2 should 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? 2 1 No 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ Yes 2 ☑ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide

certificate be executed P.O. Box 68760. Records, of Vital s after death.

Il Director: After this ad in by the funeral d Division Attending ŏ To the Hospital o within 24 hours af To the Funeral Di completely filled is Medical

Baltimore, Maryland 21215-0020

4 Homicide

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Phyeicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature and title of certifier

29c. License number 37238 29d. Dete signed (Month, Day, Year)

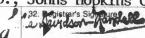
30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

John Kennedy, M.D., Johns Hopkins Oncology Center, Baltimore, Maryland

31. Date filed (Month, Day, Year) State Registrar

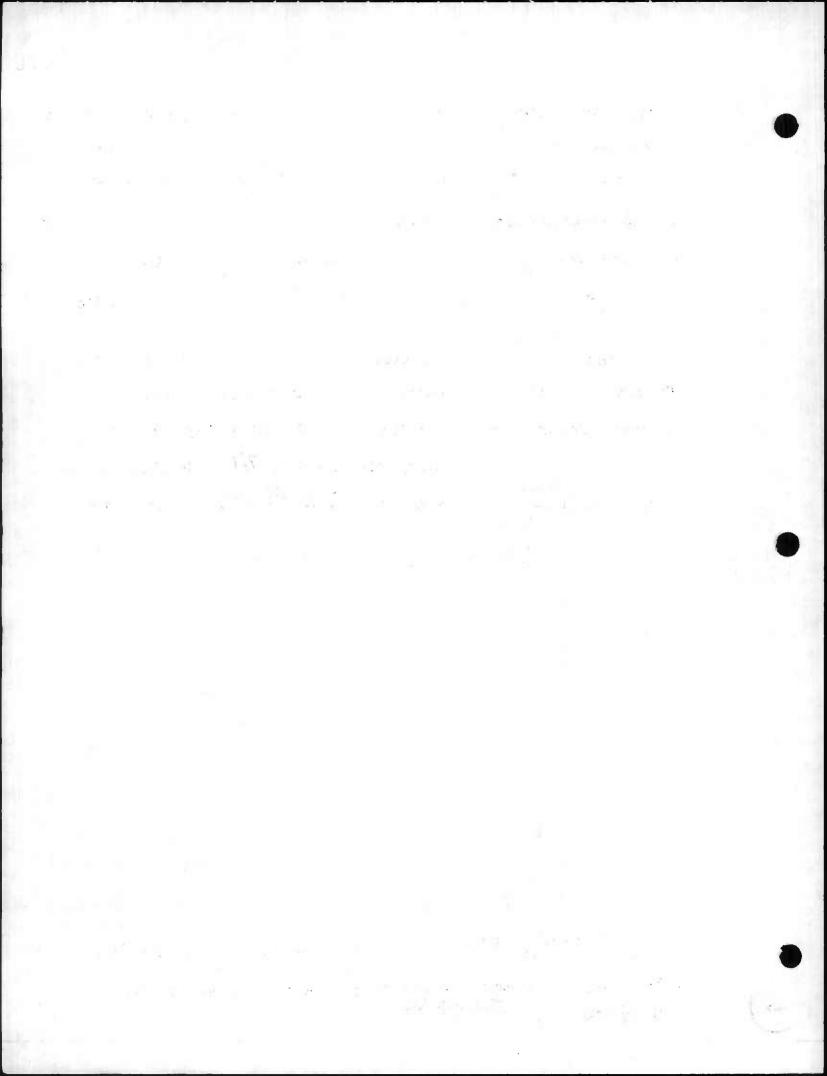
29a. Certifler

JUL02 1996



MD

DHMH 16 Rev 6/95



ITEM: 1. PER F'.. H F'ILM G-737 7/2/96 tt

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Dh		1. Decedant's Nama (First, Middla, L.			rtificate of		2. Data of Dea Month	eg. No. th Day	Yaar	3. Time of Death
Physici /Medic		Raymond F	· Lille	RAYMOND	FRANKLIN LI	ITTLE, JR.	June		196	11:17 AM
Examin		4a. Facility Name (If not institution, gi	/a straat and numbar)			4b. City, Town, or L		4c. County		
		Johns Hockin	s Hospital			Baltimor	2	Batt.	more	City
Funeral Director		214-14-0153	7. Aga (In	yrs. last birthday 6 Yrs.	Months Days		8. Data of Birth (Month, Day)		9. Birthp Coun Mary	laca (Stata or Foreign try) Land
-f show	tor	Usual Rasidance of Decedant  10a. Stata 10b. County  Maryland N/A	10c	Baltimo					1	0d. Inside City Limits
r 28a	Director	10e. Street and Number			10f. Zip Coda		1	0g. Citizan ot V	Vhat Coun	itry?
3a o	0	2600 Whitney Ave.			21215	-4147	Į	Inited S	State	S
ges I and 2 should be filed within 72 hours after death with the Maryland It of Health and Mental Hygiene. It ferm 27 la marked other than "natural", or items 23a or 28a-f show or other traumatic avant, the Medical Examinar must be notified at	by Funeral	11. Marital Status  1 Nevar Married  3 Widowed 4 Divorced	12. Was Decedant Evar Armed Forcas? 12 Yas 2 No If Yas, Giva Yaar or Datas: WW		Was Dacedent of I if Yas, specify Cub 1 ☐ Yas 2 ☑ No	Hispanic Origin? (Sp pan, Maxican, Puarto Specify:	pecify Yas or No- Rican, atc.)	Biac	Amaric k, Whita, Whi	
72 ho	eted	15. Decedant's E (Specify only highast gr	ducation ada complated)	16a. Dece	dant's Usual Occup	pation during most of work	cina	16b. Kind of Bu	slnass/inc	dustry
within ene. then	Completed	Elementary/Secondary (0-12)	Collega (1-4or 5+)					Too!	/ A	Candini
filed w Hygier fither th		17. Fathar's Nama (First, Middla, Las	4 years	Com	oany Pres					Condition
Mental Hygiene.  Mental Hygiene.  arked other ther  atic avant, me h	Be	Raymond Franklir	•			18. Mothar's Nam	uerling	wald <b>a</b> n Sumam	a)	
and Men I marke	၉	19a. intermant's Name/Relationship			ina Addenas (Ctros	t and Number or Run	0	City of Town	Cinto 7in	Codel
d 2 sho th and 7 is me traum		Harriett M. Littl		2600	Whitney	Ave. Bal	timore,	MD 212	215-4	147
permit. Pages I and Department of Health Important: If Itam 27 I any Injury or other tr. once.		20a. Mathod of Disposition  1 \$\infty\$ Buriai 2 \$\subseteq\$ Cramation 3 \$\infty\$ 4 \$\infty\$ Donation 5 \$\subseteq\$ Othar (Space)	Ramovai from Stata	Ob. Piace of Disp cematary, cre	osition (Nama of matory or other pla	ica)	Data	20c. Location -		wn, Stata
permit. Pages Department of Important: If it any Injury or o		21. Signatura of Funaral Sarvica Lice				ass of Facility Mit t				ne, Inc.
ZO = 3		John O. Mitche				Ba1	timore,	MD 21:	212	
Physician		23a. Part1. Entar tha disaasa, or con shock, or haart tallura. List only	piications that caused tha con a causa on aach lina.	daath. Do not ar	tar tha moda ot dyi	ing, such as cardiac	or raspiratory arr	ast,		Approximate Intarvai Between Onset and Death
/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in daath)	a.	RUT	used Ac	Fire A.	nesty & m			1 minut
	ner		Dua	A A	quanta oi).	r . V .	1 0		= !	10 000
ificate be axecuted g physician and as the burial-transit	Examiner	Sequentially ilst conditions.	b. — Dua t	to (or as a conse	quance ot):	Vic Varce	Var Di	THE CENT		10 9 20 3
e axe dan a urial-	ĕ	Sequantially list conditions, if any, laading to immadiate causa. Entar Undarlying Causa (Disaasa or Injury							i	
g physician and as the burial-transit	edicai	that initiated evants rasulting in daath) Last	C. Dua t	o (or as a conse	quence ot):					
fing p			d						-	
e attendin of for use	ian									
ed by the	by Physician/N	Part ii. Other significant conditions	contributing to death but not	rasulting in tha	indariying causa gi	van in Part I.		es 2 No		the cause of death bebly 4 Unknow
has been sign ge 2 should be	Completed						24a. Was a perform		avi	are autopsy findings aliabia prior to mpletion of cause daath?
cate ha							WE Y	as 2 No	12	ÍYas 2□ No
0 0	o Be	25. Was casa rafarred to medical axaminar?	Hospitai:	22 ER/Outpatla	nt 3 DOA Ott	28. Piaca of Deat	th (Check only on		ar (Specifi	v)
aftar death.  Director: After this d in by the funeral of	ation: T	27. Manner of Death  1 Natural 5 Panding 2 Accidant invastigation	28a. Data of Injury (Month, Day Yea	28b. Tima o	of 28c. inju Wo		28d. Dascribe ho			,
aftar death.  Director: A  in by the fi	ertification:	3 Suicida 8 Couid not t datarmined		At homa, farm, si	raat, tactory, offica		28f. Location (St City or Town		er or Rura	l Routa Number,

State Registrar 29a. Certifier

29b. Signatura and titia of certifiar

30. Nama and addrass of person who completed days of death (Itam 23a) (Type, Print)

William K. Hys Kes Dahus Hopkins Hospital Battimer, MD 21287 31. Data filed (Month, Day; Year)

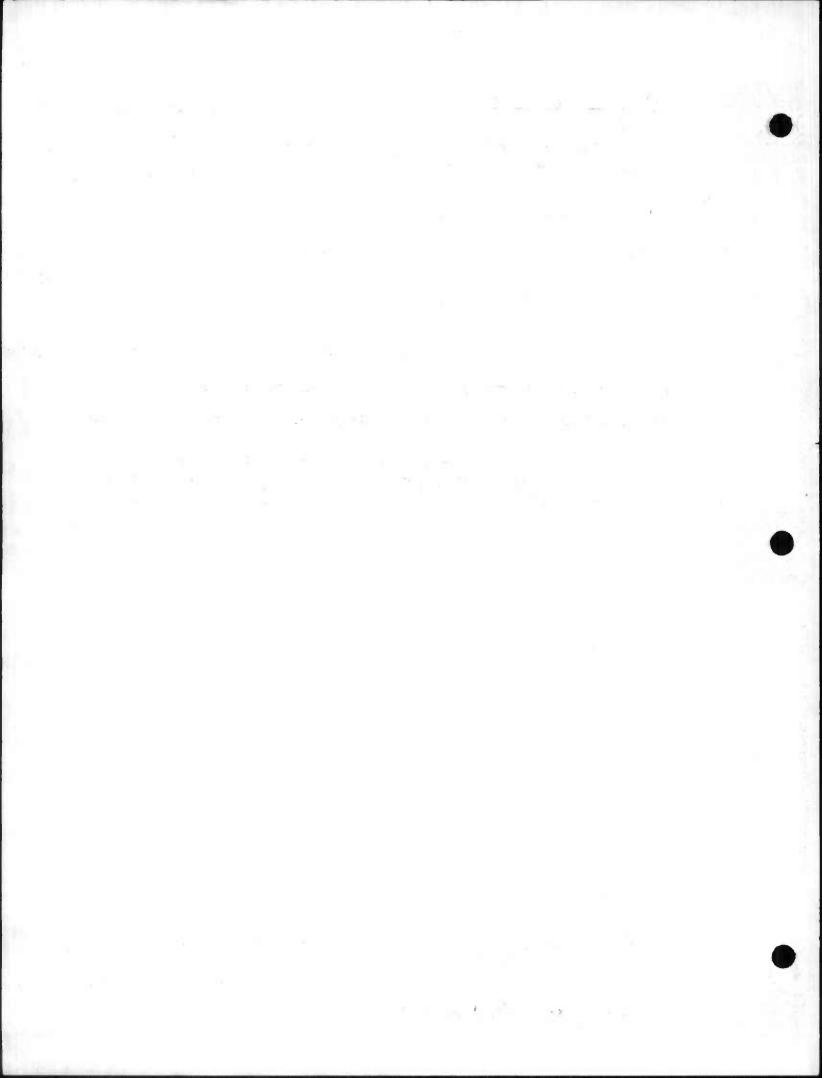
1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29c. Licensa number

H23287

29d. Data signed (Month, Day, Year)



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Data of Death

		/Medic Examin
Ī		uneral Pirector
	with the Maryland	or 28a-f show be notified at

1. Decedent'a Nama (First, Middla, Last)

GEORGE J LIVIERATOS 14NE 4e. Fecility Name (If not institution, giva street end number) lc. County of Death Howard 4b. City, Town, or Location of Death Howard County General Hospital Columbia If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 8. Date of Birth Feb. 12,1940 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthpiece (State or Foraign Country) 110 M 2□ F 029-30-0274 56 Yrs China Usual Rasidance of Decedant 10a. Steta 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Clarksville Maryland Howard Directo 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours after death w Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Eventine mantal once. 21029 U.S.A. 6020 Winter Grain Path Funeral 12. Wes Decedent Evar in U,S. Armed Forcas? 1 △ Yes 2 ☐ No If Yas, Giva Yeer or Detes: 14. Raca - Amarican indian, Black, White, atc. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Status 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No ò Specify: Eurasian 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Office of Naval Collega (1-4or 5+) Elementary/Secondary (0-12) Research Analyst Intelligence 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumerna) Be Theodora Yai John Livieratos 2 19a. tnformant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6020 Winter Grain Path Clarksville, Maryland 21029 Barbara Livieratos (Wife) 20b. Piaca of Disposition (Nama of cematary, cramatory or other placa) July 10, Data 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 ⚠ Buriai 2 ☐ Cramation 3 ☐ Removei from Stete Arlington National Cemetery 1996 4 ☐ Donation 5 ☐ Other (Specify) Arlington, Virginia 22. Neme end Address of Fecility Witzke Funeral Home of Catonsville, INc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Pert1. Enter tha diseasa, or compileationa that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate intarvai Batw Physician a. ACUTE MYOCARDAL WEARCTON

Dua to (or as a consequence of): immediate Causa (Final disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Causa (Disaase or injury Division of Vital Records, P.O. Box 68760, that initieted events resulting in death) Last Dua to (or es e consequança of) signed by the a d be detached f Pert ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Winknown þ 24a. Was an autopay performed? 24b. Wara autopsy findings available prior to completion of cause of death? page 2 s 1 Yas 2 No 1 Yas 2 No or Attending Physician: 25. Was case refarred to medical examiner? Be 26. Placa of Daath (Check only ona) Hospital: Othar: 4☐ Nursing Home 5☐ Rasidanca 6☐ Othar (Specify) 1□Yas 2PNo 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Time of 28c. injury at Work? 1 DNaturei 5 Pending investigation death. 1 Yas 2 No 2 Accident after death 6 Could not be datarmined 28a. Place of injury - At homa, farm, streat, factory, offica building, atc. (Specify) 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 24 hours 29a. Certiflar 1 Certifying Physician: To the best of my knowledge, death occurred at tha tima, date and place, and dua to tha causa(s) and manner as stated. (Check only one) 2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar statad. (FRANK-GOOS) + track GRIDI 30. Nama and addrass of person who complated causa of death (itam 23a) (Type, Print) 2 KNOLL NORTH, COLLINGIA MD 21045 FRANK GROSS MD

· Registrar

State

31. Data filed (Month, Day, Year)

JUL 0 2 1996

32. Registrar's Signeture a Davidson-Randelle

**DHMH 16 Rev 6/95** 

n Sin yan was a jan Series of the section of the Series of the S 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed when 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											C	16	19	473
	1 - STATE REGISTRAR		STATE OF I					EALTH AND I	MENTAL	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First,								2. DATE O	F DEATH DA	v	YEAR	3. TIME	OF DEATH
	Michael	Edwar	d Lind	say						6/96		TEAN	65	O PM
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (in yrs. la	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE C	F BIRTH		8. BIRTI	HPLACE (S	tate or Foreign
	219-26-4		1 🕅 M 2 🗌 F	55	YRS,	MONTHS	DAYS	HOURS MIN.	1/	21/4	/		ryl	and
DIRECTOR	9a. FACILITY NAME (If not in Wateryiew 105 Times RESIDENCE OF DEC	Healt Squar	h Ctr, e	salisb M	ury d.			R LOCATION OF DE	ATH			oni Comi	CO	Co.
EC	10a. STATE	10b. COUNTY				Y, TOWN (	OR LOCAT	ION					tod. INS	IDE CITY
	Md.	Wico	mico C	ounty	Sa	lis	bur	Y						TS? S 2 📉 NO
A	10e. STREET AND NUMBER						101	ZIP CODE			10g. CIT	IZEN OF	WHAT COL	INTRY?
E	105 Times	s Squa	re					21801			J	JSA		
Y FUNERAL	11. MARITAL STATUS 1 X Never Merried 2 3 Vidowed 4 Divo	Married		T EVER IN U.S. AI		11.3	If yea, spe	ENDENT OF HISPAN Helfy Cuban, Maxica 2 NO Specify	n, Puerto R		or No-	14, RAC Blac Spec	k, White, a	can Indian,
B	3 Widowed 4 Divo	rced				_ 1		A					VV .	11 06
COMPLETED	15. DEC	EDENT'S EDUCA y highest grade co	TION ompleted)		ECEDENT'S			N st of working	16b.	KIND OF BUS	INESS/IN	DUSTRY		
<u>-</u>	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)	e. Do NOT u	se retired.)								
필	n/a		n/a	S	ign	pai	nte	•			n/a	a		
ő	17. FATHER'S NAME (First, M	liddle, Last)						16. MOTHER'S NA	ME (First, M	iddle, Maiden	Sumame)			
	Philip Tl	nomas	Lindsa	У				Elizab	eth	Mari	е На	yne	s	
B	19a. INFORMANT'S NAME (	Type/Print)	Broth	er I	b. MAILIN	ADDRES	S (Street a	nd Number or Rural I	Route Numb	er, City or Town	n, State, Zi	p Code)		
٩	Frederick	Thoma			. 13	39 C	arro	011 St.	Thu	rmon	t. N	١d.	217	88
				20b. PLACE			_		DATE				own, State	
	20a. METHOD OF DISPOSIT 1 ☐ Burlal 2 Å Crematic 4 ☐ Donation 5 ☐ Other		al from State	cemetery, cr	ematory or	other place)			1					e, Md.
	21. SIGNATURE OF FUNERA		NSEF	Metr	o Cr			ID ADDRESS OF FA		7190		_		
	· Ven	3	Elb.					E.Fort			-			1 Home 21230
	23. PART L Enter the d	Iseeses, or co	mplications the	st caused the d	eeth. Do	not enter	the mo	de of dying, suc	h ss cerd	ec or respi	retory si	rrest,	I Ac	proximate
	immediate cause (Fit disease or condition	eart fallure. Li	st only one ca	uae on each lin	ė.							,	- Int	erval Between set and Deat
- 4	resulting in death)	<b>→</b>	MSPI	RATIO	N	PN	1 = 1	1170 N	14				2	HES
- 1			DUE TO	OR AS A CONSE	EOUENCE (	OF):								
<u>ج</u> ا	Sequentially list condit	iona. 6.	CERE	1300 C	us	cer/	alu	aline	YEN	f-			1	272.
Ĕ	if any, leading to imme		DUE TO											. 1.4
2	Cause. Enter UNDERLY CAUSE (Disease or inju				124	RE							14	240
CERTIFICATION	that initisted events resulting in death) LAS	т.	DUE TO	(OR AS A CONSE	EOUENCE (	OF):							- 1	
H	resulting in death, Exc	d.												
	PART ii. Other algnifica	ant conditions	contributing to	death but not	requiting	in the m	nderivin	cause given in	Part i	24a, WAS AN	AUTOBOV	24	- WERE AL	TOPSY FINDINGS
S					rossining		rooti y iti	g cause given in		PERFOR		2.41	AWAILAB	E PRIOR TO
ă										1 - YES 3	NO		OF DEAT	TION DF CAUSE H?
Ξ													t 🗌 YE	S 2 NO
PHYSICIAN: MEDICAL	DID TOBACCO L	ISE CONTR	BUTE TO CA					UNCERTAI	N					
ĕ.	25. WAS CASE REFERRED 1 EXAMINER?			26. PL/	CE OF DE	ATH (Check	only one)							
<u>s</u>	1 TYES 2 NO		HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHE		e 5 🗌 Reeldence	6 Other	(Specify)				
₹	27. MANNER OF DEATH		28a. DATE O		28b. Til	WE OF	28c. JNJ	URY AT		CRIBE HOW I	NJURY O	CCURED		
		Pending	(Month, i	Day, Yeer)	II.	JURY		YES 2 NO						
BY	2 Accident 3 Suicide	Invastigation	28a. PLACE	OF INJURY — At h	ome, farm,	street, fac	tory, offic	•	28f, LOCA	TION (Street I	and Numbe	er or Rumi	Route Nun	ibine
	4 Homicide	Could not be datermined	building	atc. (Specify)			,			r Town, State)				
	29a. CERTIFIER									7				
	(Check only 1 by CER							and place, and due						
COMPLETED	2 MED	ICAL EXAMINER	On the beals of	examination and/or	r investigat	on, in my	opinion, d	leath occured at the	time, deta	end place, an	d due lo l	the cause	(a) and ma	nner se stated.
	296. SIGNATURE AND TITLE	OF CERTIFIER	. 1					29c. LICENSE NUI	MBER			TE SIGNE	D (Month, I	Day, Year)
BE	Many	W	U.	MD				D320	14		•	6/27	196	
임	30 NAME AND ADDRESS O	E PERSON WHO	COMPLETED CAL	ICE OF DEATH AT	FM Am /T -	. 014		- /	, ,					

MAHESH MOGUDRA MD 547 (31. DATE FILED (Morth, Day, Year)

JUL 02 1996

JUL 02 1996

JUL 02 1996

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

40 RA MD SYTERINGUSIDE PRIVE

Sausrur

VOLVET S

----

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

30	4	L	1	L
			8	

				Cei	rtificate of	Death		Reg. No.		
Discontinuity in the		1. Decedent's Name (First, Middla, La	st)				2. Date of De	eath Day	Yaar	3. Tima of Death
Physician /Medical		WALTER D.	LIEBNO				6/27	196	i adi	1 PM.
Examiner	4	la. Facility Name (If not Institution, giv	a street and number)			4b. City, Town, or I	ocation of Daat	h 4c. County	of Death	
		MERIDIAN NURSI	NG CENTER TH	RUCKHO	OUSE RD	. SEVER	VA PAR	K ANNE	ARUN	DEL CO.
neral ector		5. Social Security Number 6. S 212-36-5550	ex 7. Aga (In yrs. ⊠M 2□ F 58	last birthday) Yrs.	If Undar 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bi (Month, Da	th ay, Year) 11,1938	9. Birthplac	ce (State or Foreign y) yland
	_	Usual Rasidence of Decedent								
ral Director		10a. State 10b. County		y, Town or Lo					10d	d. Insida City Limits
Funeral Director		Maryland Anne	Arundel	Pasa	adena					1 ☐ Yes 2X No
F		10e. Street and Number			10f. Zlp Code			10g. Citizen of 1	Mhat Country	n
<u>a</u>		8413 Lockwood Roa	ıd		2	21122		U.	S.A.	
a le	1	11. Maritai Status	12. Was Decedant Ever in U. Armed Forcas? 10	s. 13. \	Was Decedant of H	Hispanic Origin? (Span, Mexican, Puert	pecify Yes or No Rican, etc.)	o- 14. Rad Blad	e - American	
5		1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 MYes 2 No		1□ Yes 2□ No	Specify:		Specify	or off	
P		15. Decedant's Ed	ducation	16a. Daced	dant's Usual Occup	petion	lula a	16b. Kind of B	usinass/Indu	stry
Be Completed	-	(Specify only highest gra Elementery/Secondary (0-12)	Collaga (1-4or 5+)	lifa. l	DO NOT use ratire	during most of world)	King			
l o		8	N/A	Ma:	intenance	2		Gibson	Island	d, Corp.
BeC	1	17. Father's Name (First, Middle, Last,				18. Mothar's Nan			10)	
	L	Walter H. Li	ebno			Jose	phine C	. Weber		
To		19a. Informant's Name/Ralationship (	Type, Print)	19b. Mailir	ng Addrass (Street	and Number or Ru	ral Routa Numb	er, City or Town,	Stata, Zip C	ode)
		Mrs. Mary Jane	Liebno	8413	Lockwood	d Road Pa	sadena,	Marylar	id 211:	22
	2	20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐  4 ☐ Donation 5 ☐ Other (Specif	Removal from Stata	ametary crer	esition (Name of matory or other pla en Mem. Pa	ark July	Date 1,1996	Glen Bu		n, State Maryland
	-	21. Signatura of Futteral Sarvice Licer	1	22	2. Nama and Addra	ass of Facility				
eny injury or once.		Jud S	Tapull		McCully E	Funeral H ntain Roa		ena,Mary	land:	21122
		23u Fart1. Entar tha disaase, or com shock, or heart failura. List only	plications that caused the death	n. Do not ent	er the mode of dyle	ng, such as cardiac	or raspiratory	rrast,	Û	Approximata ntervai Between
an		silver, or neutral and any	2							Donsat and Death
cal		Immediate Cause (Final disease or condition	Carerhom	a Z	Nu	9			/	Year
ner		rasulting in death)		r as a conseq	uence of):	0				/-
ē e					23.11.53.6				1	
edical Examiner	1	Sequentially list conditions.	b. Dua to (o	r as a conseq	juanca of):					
M		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury							į	
Ca		that initiated evants rasulting in death) Last	C. Dua to (o	r as a conseq	uence of):					
ii =		asoning in death/ Last							1	
			d						-	
etached for use as Physician/Me	F	Part II. Other significant conditions of	ontributing to death but not rasi	ulting in the u	ndarlying causa giv	van in Part I.	23b. Did	tobacco use co	ntribute to ti	he cause of death?
detached of Physic							10	Yes 2 No	3 Proba	bly 4 Unknow
be det										
should							24a. Was	en eutopsy ormed?	availa	a autopsy findings abla prior to
2 sh	-						, ,		comp of de	pletion of cause
Completed							1□	Yes 219 No	101	Yes 2 A No
		25. Was casa raferred to medical				26 Place of Dog				103 245110
To Be	1	examinar?	Hospital:	ER/Outpetlen	nt 3 DOA Oth	26. Placa of Dea			as (Canalta)	
	2	27. Mannar of Death		28b. Time of	IL SEL DOA	4 Lanvuising in		Idenca 6 □Oth		
tion:		1 Natural 5 Panding invastigation	28a. Data of Injury (Month, Day Year)	Injury	Wo	rk?  Yas 2∐No		, ,		
fical		3 Suicide 6 Could not b		ma farm etc		100 22.00	28f Location	Streat and Numb	per or Rural F	Route Number
Certification:		4 ☐ Homicida detarmined	building, atc. (Specif)	()	out, ractory, omce		City or To	wn, Stata)	or ribrall	
		29e. Certifiar 1/0 Certifying Ph	yelcian: To the best of my know	wledge death	nongrad at the st	me date and ala	and due to the	cause(a) cod =	enner ec ch-t	ed.
edical	1	(Check only 2 Madical Exam	iner: On the best of my know and manner stated.	tion and/or Inv	vastigation, in my o	opinion, death occu	red et the time	dete end plece,	and due to th	na cause(s)
¥ ¥	1	29b. Signatura and titla of cartifier	wire maintai stateu.		29c. Licens	se number		29d. Date signe	d (Month De	av Year)
	1		M ALE O	N -						
			17 Attending			2168. RNBURNIA	7	0 1	ox o	U
'		0. Nama and address of person who			Print)	2010-1001		2 1111	,	
		C-V-CYRIAC.My	1600 CRAIN 6	NY, K	106, 94	יושירישנועוניי	, 17!	aroci	<i>r</i>	
State	3	31. Date filed (Month, Day, Year)	2. Registrar's Signa	ure						

DHMH 16 Rev 6/95

Registrar

OFFE 9 HI

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** CLARENCE E. MATTHEWS MAFSII 1996 Julu /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Baltimore Baltinore SINAI HOSPITAL If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | 1 Hours | Min. | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Hours | 1 Ho 7. Age (In yrs. lest birthday) 49 Yrs. 5. Sociel Security Number Birthpiece (State or Foreign Country) 6. Sex Months 1 MM 2□ F 212-48-6708 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or items 23s or 28s-f shore Examiner must be notified at NO Yes 2□No Director 10e. Street end Number 10g. Citizen of What Country? USA E19hts pemit. Pages 1 and 2 should be filed within 72 hours after death w Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or itema 23a and Injury or other traumatic event, the Medical Examiner must booce. Funeral Wes Decedent Ever in U.S. Armed Forces? 1 ☑ Yes 2 ☐ No 11-18-6/ If Yes, Give Yeer or Detes: 1/-//-70 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. 12. 11. Merital Status Never Married 2 Merried 1 Yes 25 No by 3 ☐ Widowed 4 ☐ Divorced 11-11-70 Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) 12 17. Fether's Neme (First, Middle, Last) 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) Part Heights Baltimore, and Marybelle 4029 Mother 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition Dete 1 Buriel 2 Cremation 3 Removel from State Camson 4 □ Donetion 5 □ Other (Specify) Forest Uct 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility March F. H. West adure Baltz Mol Women) 4300 wabash Auenne 21215 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner FAILURE The law requires that the death certificate be executed attending physician and for use as the burial-transit Sequentieily list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Lest Due to (or es e consequença of): 4 years ABUSE Division of Vital Records, P.O. Box 68760, ALCOHOL Due to (or es e consequenca of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? coagulopathy 1 Yes 2 No 3 Probably 4 Onknown of þ 24e. Wes an eutopsy performed? 24b. Were autopsy findings evelleble prior to completion of cause of death? Disseminated intravascular coasulopathy 2 No 1 Yes 2 No Be 25. Wes case referred to medical 28. Place of Death (Check only one) examiner? 1 ☐ Yes 2 ☐ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident alter death 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the ceuse(s) and manner as steted. 29e. Certifier To the Hosp within 24 ho To the Fune completely f 2 Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner steted. (Check only one) 29b. Signature and title of certifies-29d. Dete signed (Month, Dey, Year) MD. AJ4147357 NA93 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) MINAM SINGH We Bultimore MO 21215 2401 Belvedere 32. ped syare Signing 31. Dete filed (Month, Day, Year)

**DHMH 16 Rev 6/95** 

Registrar

JUL02 1996

And the Manager of the Control of th 

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month 3. Time of Deeth Year **Physician** MATTHEWS LEONARD 0 .. 1996 JUNE /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 5325 Ready Avenue Baltimore N/A 7. Age (In yrs. last birthday) If Under 1 Year Months Days 5. Social Security Number 8. Date of Birth Storm Day, Yearl 919 BACOmmin ORE, MD If Undar 24 Hrs. **Funerai** 1 X X 2 F Hours 76 215-16-7266 Director Usual Residence of Decedent 10b. County 10d. Inside City Limits 10c. City, Town or Location traumatic event, the Medical Examiner must be notified at BALTIMORE 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? STATES UNITED 21212 5325 READY **AVENUE** 12. Was Decedent Ever in U,S. Armed Forces? X M□ Yas 2 □ No If Yes, Give Year or Dates: Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - Amarican Indian permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural; or item any injury or other traumatic event, the Medical Examinations. Black, White, etc 1 Never Married 2 Married BLACK 1 Yes 2 No Specify: ρ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) CONSTRUCTION INDUSTRY PLASTER th 18. Mother's Name (First, Middle, Maidan Sumama) ELIZABETH MATTHEWS 17. Father's Neme (First, Middle, Last) Be WALTER JOSEPH MATTHEWS 2 19a. Informant's Name/Reletionship (Type, Print) SHIRLEY MATTHEWS 13b Mailing Address (Steet and Nymber of Eural Boyle Hurring Rie or Tong, State 72 Fode) 20b. Placa of Disposition (Neme of 20a. Method of Disposition Date 20c. Location - City or Town, State GARRISON FOREST CEM. XXBurial 2 Cremation 3 Removal from State MILLS, MD 7 - 3OWINGS 4 ☐ Donation 5 ☐ Other (Specify) Sucative of Funeral Sarvice Licensea 22. Nama and Addrass of Facility MARCH FUNERAL HOME 1101 E. North Avenue, Baltimore, MD 21202 23a. Part 1. Enter the diseasa, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or haar failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Aspiration the monit ONE WECK Examiner Examiner STroke Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dld tobacco use contribute to the cause of death? 1 Yes 25€No 3 Probably 4 Unknown HYPARTENSION by 24b. Were autopsy findings available prior to complation of cause of death? Certification: To Be Completed 24a. Was en autopsy performed? 1 Yes 25 No 1 ☐ Yes 25 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Manner of Deeth 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending invastigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide

Box 68760. P.O. Records,

end I-transit The law requires that the death certificate be executed physician e Division of Vital After this

28a-f show

ŏ

items 23s death

Baltimore, Maryland 21215-0020

Hospital or Attending Physician: after death.

4 Homicide

29b. Signature and title of certifier

29a. Certifier

Registrar

two certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Day, Year)

281. Location (Street and Number or Rural Route Number, City or Town, State)

033730

who completed cause of deeth (Item 23a) (Type, Print) N. Lalvert ST suite 650 36 Vear) Julia Duor Dago sur Sigland

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

I with the second

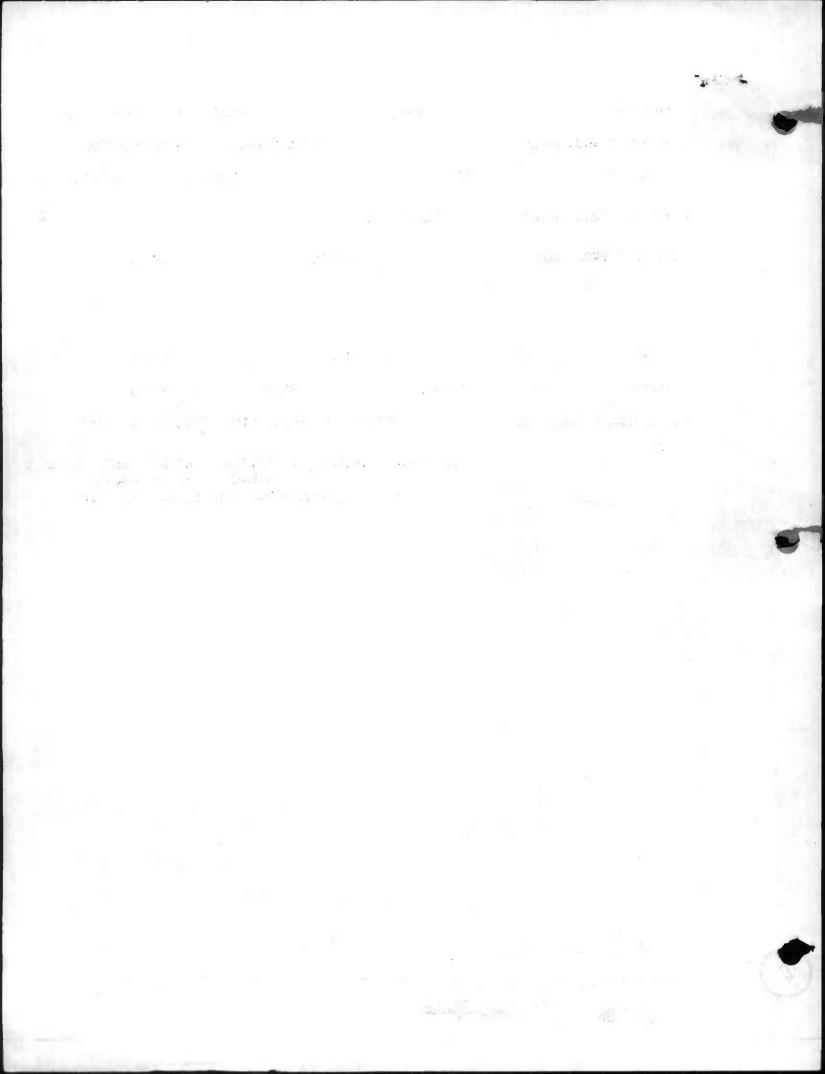
# Please Type or Print in Black Indelible Ink

Sta

e or Print in Black indelible ink. Assure All Copies Are Legiple:	1	1	0	1	7	-7
ate of Maryland / Department of Health and Mental Hygiene			91	4	1	1

r 7		Deced-of 1	- /Fi	4- 1 - 1					tincat	C OI	Death	1		Reg. No	0.			
ian	1.	. Decedent's Nam	e (First, Midd	lle, Last)									<ol><li>Date of De Month</li></ol>	eath De	ay	Yaar	3. Ti	me of Death
ical	A	BARBARA a. Facility Name (/		(NM		umbarl	M	OWRY			lb. City, Town	orlos	JULY	1		1996	1	AM
ner	***					umber)					ib. City, Town	, or Loc	ation or Dea	40	c. County	of Death		
	-	574 BRIG				70 4 4			If I lada	r 1 Yaar	MILLER if Undar 24				NNE A	ARUND		
		212-46-0	087	6. Sax	м 2 <b>К</b> ) F	7. Age (1	In yrs. last b	Yrs.	Months			Min.	8. Date of Bi (Month, D 7/29/	ay, Year,	)		olace (S ntry) MAN	itate or Foreig
		Oa. State	10b. County	,		10	Oc. City, To	wn or Loc	cation								Od Ins	Ide City Limit
Ö	M	IARYLAND	ANNE	ARUI	NDEL		MILI	LERSV	/ILLF	C.								Yes 2 N
Directo	10	0e. Street and Nur	nber						10f. Zip		*			10g. Ci	tizen of V	Whet Cour	ntry?	
<u>a</u>		574 BRIG	нтиоор	ROA	AD.					2110	8			T	J.S.A	\		
Funeral	11	1. Maritai Status			12. Was Dec	cedent Eve	er In U,S.	13. W	Vas Dece		ispanic Origin n, Mexican, P	? (Spec	olfy Yes or N	D~	14. Rac	e - Americ		an,
by	•	1 ☐ Never Marri 3 ☐ Widowed	-		Armed F 1 ☐ Yes If Yes, G Year or I	20 No					Specify:	uarto F	lican, etc.)		Specify	ck, White, /: WH	etc. ITE	
ted		/0	15. Deceden			7.	16	a. Decede	ent's Usu	al Occupi	ation			16b. K	(Ind of Bu	usiness/Inc	dustry	
Completed	-	Elementery/Secon	ify only highe ndery (0-12)	st grada	Coilege	(1-4or 5+)					ation furing most of )	workin	g					
		12	Eirot täidella	1 004)	NONE	<u> </u>		Н0	)MEMA	KER	40.11.11.1				N_HC			
Be		7. Father's Nama (	riisi, Middie,	Lust)							18. Mother's							
P		LUDWIG  9a. informant's Na	ma/Palations	able (Tru	na Reintl	5	CHROE			/041	KATER			_	NOWN	-4		
		RANK WES									and Number o							
	_	Da. Method of Disp		WKI,	JK.	Te	20b. Place				D ROAD	, M	Date Date	-			1108	
		1 X Burial 2	Cremation		emoval from	State	camet	ery, crema	atory or o	other plac						City or To		
	-	4 Donation					MARYI	LAND	VETE	RANS	CEMET	ERY	7/3/96	CRO	WNSV	/ILLE	, M	ARYLAN
	1	1. Signature of Fu	perar Service	Licanse	θ	_					s of Facility							
Ш			1						SECO	$\Delta$	VF S	IA!	CIENT	BURN	TE	MD	2106	
	in	a. Part. Energians of hair and the same of condition assulting in death)	Einal		cations that e cause on a			not enter	r the mod				GLEN respiretory e		1111,	i i i	Appro:	ximate al Between and Death
aminer	in di re	mmediate	Einai		4	te Due	leuke e to (or as a	onot enter	r the mod	de of dyln					, ,	i i i	Approx interva Onset	ximate al Between and Death
il Examiner	in di re	mmediate	Einai		4	te Due	leuke	onot enter	r the mod	de of dyln					ile,	i i i	Approx interva Onset	ximate al Between and Death
Medical	in di re	nmediate (	nditions, madiate rlying njury	a b. c.	4	Due	leuke e to (or as a	not enter	uence of):	de of dyln					ale,	i i i	Approx interva Onset	ximate al Between and Death
Medical	in di re	mmediate isease or condition sulling in death) equentially list cor any, leading to im ause. Enter Under ausa (Disease or let initiated events	nditions, madiate rlying njury		4	Due	leuke e to (or as a	not enter	uence of):	de of dyln					ale,	i i i	Approx interva Onset	ximate al Between and Death
Medical	indi re	mmediate isease or condition sulling in death) equentially list cor any, leading to im ause. Enter Under ausa (Disease or let initiated events	inditions, madiate trying njury	a b. c. d.	Acu	Due Due Dua	leuke e to (or as a e to (or as a	2M1Q a conseque conseque	uence of):	de of dyln	g, such as car		respiretory e	errest,			Approximately on Set	ximate al Between and Death
Physician/Medical	indi re	mmediate (isease or condition southing in death) equentially list corany, leading to imause. Enter Undeausa (Disease or let initiated events southing in death) L	inditions, madiate trying njury	a b. c. d.	Acu	Due Due Dua	leuke e to (or as a e to (or as a	2M1Q a conseque conseque	uence of):	de of dyln	g, such as car		respiretory e	errest,	use cor	ntribute to	Approximately on set	ximate al Between and Death  A/A/  was of death
by Physician/Medical	indi re	mmediate (isease or condition southing in death) equentially list corany, leading to imause. Enter Undeausa (Disease or let initiated events southing in death) L	inditions, madiate trying njury	a b. c. d.	Acu	Due Due Dua	leuke e to (or as a e to (or as a	2M1Q a conseque conseque	uence of):	de of dyln	g, such as car		23b. Did	tobaccc Yes 2	o use con	ntribute to	Appro- interve Onset  I Y =  the capably	ximate al Between and Death  AV  use of deati  Unkno
by Physician/Medical	indi re	mmediate (isease or condition southing in death) equentially list corany, leading to imause. Enter Undeausa (Disease or let initiated events southing in death) L	inditions, madiate trying njury	a b. c. d.	Acu	Due Due Dua	leuke e to (or as a e to (or as a	2M1Q a conseque conseque	uence of):	de of dyln	g, such as car		23b. Did	tobaccc	o use con	ntribute to 3 Prot	Appropriately Ap	ximate al Between and Death  AV  use of deati  Unkno
by Physician/Medical	indi re	mmediate (isease or condition southing in death) equentially list corany, leading to imause. Enter Undeausa (Disease or let initiated events southing in death) L	inditions, madiate trying njury	a b. c. d.	Acu	Due Due Dua	leuke e to (or as a e to (or as a	2M1Q a conseque conseque	uence of):	de of dyln	g, such as car		23b. Did 1  24a. Wes	tobaccc Yes 2	o use cor	ntribute to 3 □ Prot	Approximately Ap	ximate all Between and Death and Death was of death 4 Unknooppy findings prior to no feausa
Completed by Physician/Medical	Siff cec C the re	equentially list cor any, leading to im ause. Enter Under leading to implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate and the implicate of the implicate of the implicate and the implicate of the implicate of the implicate and the implicate of the implicate of the implicate of the implicate and the implicate of the implicate o	nditions, madiate typing njury ast	a b. c. d.	Acu	Due Due Dua	leuke e to (or as a e to (or as a	2M1Q a conseque conseque	uence of):	de of dyln	g, such as car	or diac or	23b. Did 1 □ 24a. Wes	tobaccc Yes 2 an auto ormed? Yes 2	o use cor	ntribute to 3 □ Prot	Approximately Ap	ximate all Between and Death was of death
Be Completed by Physician/Medical	Siff cec C the re	mmediate sisease or condition assulting in death) equentially list cor any, leading to im ause. Enter Under ausa (Disease or i ret initiated events esulting in death) L	nditions, madiate hybrid projury ast	a b. c. d.	ributing to d	Due Dua death but no	leuke e to (or as a e to (or as a a to (or as a ot resulting	conseque	uence of): ence of): derlying c	de of dyin	g, such as car	Death	23b. Did 1 □ 24a. Wes perfe	tobaccc Yes 2 an auto ormed? Yes 2 one)	Duss cor ≥ No psy	24b. We ave cor	Approximately Ap	wimate all Between and Death and Death was of death 4 Unknooppy findings prior to no feausa
To Be Completed by Physician/Medical	Siff care Charter	mmediate sisease or condition soulting in death)  equentially list cor any, leading to im ause. Enter Under ause (Disease or let initiated events esulting in death) L  art II. Other algnifflictures and the condition of the cond	nditions, madiate trying njury ast	a b. c. d. d. Dris cont	ributing to d	Due Due Due Due Due Inpatient	Jeuke e to (or as a e to (or a e to (or	consequence conseq	uence of): uence of): derlying c	de of dyin	g, such as car on in Part I.  26. Place of	Death Death	23b. Did 1 □ 24a. Wes	tobacco Yes 2 san auto ormed? Yes 2 one) dance	Duss cor ≥ No psy □ 140	atribute to 3 Prot	Approximately Ap	wimate all Between and Death and Death was of death 4 Unknown oppy findings prior to no f causa
To Be Completed by Physician/Medical	Siff care Charter	mmediate sisease or condition soliting in death)  equentially list cor any, leading to im ause. Enter Under ause (Disease or let Initiated events soliting in death) L  art II. Other algniffliant III. Other algniffliant I	nditions, madiate hybrid projury ast	a b. c. d. d. ens cont	ributing to d	Due Dua death but no	Jeuke e to (or as a e to (or a e to (or	consequence conseq	uence of): uence of): derlying c	eause give	g, such as car on in Part I.  26. Place of	Death Death	23b. Did 1 □ 24a. Wes perf 1 □ (Check only e 5 ☑ Resi	tobacco Yes 2 san auto ormed? Yes 2 one) dance	Duss cor ≥ No psy □ 140	atribute to 3 Prot	Approximately Ap	wimate all Between and Death and Death was of death 4 Unknown ppsy findings prior to n of causa
To Be Completed by Physician/Medical	Siff care Charter	equentially list corany, leading to image. Enter Under ause. Close as or it initiated events estilling in death) L	nditions, madiate hybrid hybri	d. d. Hong gation not be	ributing to d	Due  Due  Due  Inpatient of injury Ye	e to (or as a set of the total set) to the total set of t	consequence conseq	uence of): ence of): ence of): derlying c	eause give	g, such as car on in Part i.  26. Place of IT: 4 □ Nursir at:	Death 21	23b. Did 1 □ 24a. Wes perf 1 □ (Check only e 5 ☑ Resi	tobacco Yes 2 an auto ormed?  Yes 2 one) dance how inju	psy  Outse corr  PNo  Psy  G Other  Or Other  Outse of Number  Outse of Nu	24b. We ave cor of a	Approximately Ap	ximate all Between and Death and Death was of death 4 Unknown or to not causa 2 No
Certification: To Be Completed by Physician/Medical	Siff occ Christer Per 255	equentially list corany, leading to image. Enter Under ause. Enter Under ause. Enter Under ause Enter Under ause Enter Under ause Enter Under ause Enter Under ause Enter Under ause (Disease or let initiated events esulting in death) L	aditions, madiate hybrid priyary ast cant conditions as the cant condition of the cant condition of the cant condition of the cant condition of the cant condition of the cant condition of the cant condition of the cant condition of the cant condition of the cant cant can can can can can can can can can can	d. d. d. d. d. d. d. d. d. d. d. d. d. d	espital: 1 = 28a. Date (Mon	Due  Due  Due  Due  Inpatient of injury rith, Day Ye  a of injury - ing, etc. (S	leuke e to (or as a e to (or as a to (or as a to (or as a to (or as a 20 to (or as a 4 to (or a) a 4 to (or as a 4 to (or as a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4	consequence conseq	rence of):  ence of):  ence of):  derlying c   M  poccurred t	eause give	g, such as car on in Part i.  26. Place of IT: 4 □ Nursir at:	Death 21 21 21 21 21 21 21 21 21 21 21 21 21	23b. Did 1 1 24a. Wes perfection (Check only) e 5 Festing Gills To the Color of the color of the	tobacco Yes 2 an autoormed? Yes 2 one) dance how inju	Dues con  RENO  PSy  6 □Other  Try occurr  and Numb  and ma	24b. We ave cor of c	Approximately Ap	ximate all Between and Death and Death was of death 4 Unknown oppy findings prior to n of causa 2 No
To Be Completed by Physician/Medical	Siffer CC the re	equentially list corany, leading to immediate solutions of the control of the con	aditions, madiate hybrid projury ast cant conditions ast cant conditions as cant conditio	d. d. d. d. d. d. d. d. d. d. d. d. d. d	espital: 1 = 28a. Date (Mon	Due  Due  Due  Due  Inpatient of injury reing, etc. (S	leuke e to (or as a e to (or as a to (or as a to (or as a to (or as a 20 to (or as a 4 to (or a) a 4 to (or as a 4 to (or as a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4	consequence conseq	uence of):  uence of):  uence of):  deriving c  deriving c  M  et, factory	eause give	g, such as car an In Part i.  26. Place of IT: 4 \( \) Nursin at ? (es 2 \( \) No e, date end pi inion, death o	Death 21 21 21 21 21 21 21 21 21 21 21 21 21	23b. Did 1 1 24a. Wes perfection (Check only) e 5 Festing Gills To the Color of the color of the	tobacco Yes 2 an auto primed?  Yes 2 one) dance how inju  Street ar wn, Stete cause(s) date and	psy  GOTHO  GOTH	24b. We ave cor of c	Approximately Ap	wimate all Between and Death and Death was of death 4 Unknown opey findings prior to n of causa 2 No
edical Certification: To Be Completed by Physician/Medical	Siffer CC the re	equentially list corany, leading to image. Enter Under ause. Close as or condition in the control of the contro	aditions, madiate hybrid projury ast cant conditions ast cant conditions as cant conditio	d. d. d. d. d. d. d. d. d. d. d. d. d. d	espital: 1 = 28a. Date (Mon	Due  Due  Due  Due  Inpatient of injury rith, Day Ye  a of injury - ing, etc. (S	leuke e to (or as a e to (or as a to (or as a to (or as a to (or as a 20 to (or as a 4 to (or a) a 4 to (or as a 4 to (or as a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4 to (or a) a 4	consequence conseq	uence of):  uence of):  uence of):  deriving c  deriving c  M  pet, factory  occurred ostigation,	DA Other Rec. Injury 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10	g, such as car an In Part i.  26. Place of IT: 4 \( \) Nursin at ? (es 2 \( \) No e, date end pi inion, death o	Death 21 21 21 21 21 21 21 21 21 21 21 21 21	23b. Did 1 1 24a. Wes perfection (Check only) e 5 Festing Gills To the Color of the color of the	tobacco Yes 2 an auto primed?  Yes 2 one) dance how inju  Street ar wn, Stete cause(s) date and	o use corpsy  O ho  O the ry occurr  and Numb  and place, a	24b. We ave cord of (	Approximately Ap	wimate all Between and Death and Death was of death 4 Unknown use of death 4 Unknown psy findings prior to n of causa 2 No

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

	0	1	-7	0
	6	11	- [	>
- 1	1	-8	- 1	V

					Cert	ificate	of	Death			Reg. No.		13710
Physic	ian	1. Decedent's Name (First, Middle, Last							1	2. Date of De Month		Year	3. Time of Death
/Medi		JOSEPH MC	LAUGH	IUN						June	274	916	23:10
Examir	ner	4a. Fecility Neme (If not Institution, give Mercy Medical Co					1	4b. City, Tow Baltir		ation of Death	4c. County		
Funeral Director		Social Security Number 6. Se		e (In yrs. last bir 68	rthday) Yrs.	If Under 1 Months [	Yeer	If Under 2	4 Hrs. 8	B. Dete of Bird (Month, Da Jan • 1:	th V. Year 3, 1928	9. Birthp Coun Mar	place (Stete or Foreign atry) Yland
P		Usual Residence of Decedent											
arylar		10a. Stete 10b. County		10c. City, Tow								1	Od. Inside City Limits
M Page	ecto	Maryland Anne Aru	indel	Balti	Imore								1 ☐ Yes 2 ☒ No
death with the Maryland ms 23a or 28a-f show	Funeral Directo	10e. Street and Number  101 W. 11th Aven:	ue			10f. Zip C	ode 122	25			10g. Citizen of V		ntry?
or he	by	11. Meritel Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 ☑ Yes 2 ☐ N If Yes, Give Year or Dates: V	ło	if '	as Deceder Yes, specify	Cubi	lispanic Origi an, Mexican, Specify:	n? (Spec Puerto R	ify Yes or No ican, etc.)		ck, White,	ean Indian, etc. hite
naturalical	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)		16a.				eation during most of	of working	7	16b. Kind of B		
Hygiene. ther the	Con	10th			Fire	e Figl	nte						Fire Dept
8 g 8 8	Be	17. Father's Name (First, Middle, Last)						18. Mother			Meiden Suman		
should be find Mental I marked or	To		oseph A. 1								A. Mill		
d 2 shouth and 7 is ma		19a. Informant's Name/Raiationship (7)				-		en <i>a i</i> vum <i>oer</i> Avenue			more M		nd 21225
f Health Hem 27 I		Lillian M. McLau  20a. Method of Disposition	Aurin	20b. Place of	f Disposi	tion (Name	of		1	Date	20c. Location -		
0 0		1 XBurlei 2 ☐ Cremetion 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	lemoval from Stete		-	edral		metery	7,	/1/96			Maryland
pemit. Page Department important: If any injury or		21. Signature of Funeral Service Licens	oo enssele	uli				ss of Facility			Funeral timore,		
Physician		23a, Part1. Enter the disease, or compliance, or heart failure. List only or	ications that caused ne ceuse on each lin	the death. Do	not enter	the mode of	of dylr	ng, such es c	ardiec or	respiratory a	rrest,		Approximete Interval Between Onset and Death
/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		STRON Due to (or as a		ence of):						1	11 days
D #	ner			DIAS									LIERS
and trans	Examiner	Sequentially list conditions,	), ————	Due to (or as a									7
certricate be executed ding physician and use as the burial-transit	edicai E	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury thet initiated events resulting In death) Last	;	Co Ro			1	LIER	41	21867	156		years
earn cennicate be executed attending physician and for use as the burial-fransit	3	L,	j	CONC	1531	n vē	+	EHRI	- F	nu	دد	1	years
ed by the detached	by Physician	Part II. Other significant conditions cor	tributing to death bu	it not resulting in	n the und	lerlying cau	se giv	ren in Part I.		23b. Dld	~	ntribute to	the cause of death?
aw requisite parameters and the second secon	Completed b										en autopsy med?	ava	ere autopsy findings allable prior to mpletion of cause death?
0 - 0	E O									180	res 2□No	10	Yes ALINO
ysician: The s certificate director, par	Be	25. Was casa referred to medical examiner?						26. Place o	of Death	Check only o	na)		~
S w D	ဂ္	1 ☐ Yes 2 No	lospital:	nt 2□ER/Ou	utpetient	3□ DOA	Oth	4 LI NUIS	sing Hom	e 5□ Resid	dence 6 DOth	er (Specify	y)
After fune	ation:	27. Manner of Death  1 Natural 5 Pending 2 Accident Investigation	28a. Date of Injur (Month, Day		Time of Injury	28c	Mor	yat k? Yes 2 □ N		d. Describe I	now injury occur	red	
in or Attending after death.  In Director: A led in by the for	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28a. Placa of Inju building, etc	iry - At home, fa . (Specify)	arm, stree	et, factory, o	office		26	of. Location (a City or Tox	Street end Numb vn, Stete)	er or Rure	of Route Number,
Houng Luner Tely fill	edicai (	29a. Certifier (Check only one) 12 Certifying Physical Examination (Check only one)	olcian: To the best of ner: On the basis of end menner ste	examination an	e, death o	occurred at stigation, in	the tin	ne, date and pinion, death	piace, an	d due to the	causa(s) and ma date and place,	anner as st and due to	tated. the cause(s)
To the comple	Me	29b. Signeture end title of certifier				29c, L	icens	e number	XIII	7	29d. Dete signe	d (Month,	Day, Year)
		Mianth Ho				P	0	9695	5 \	U	frene	28	64471101
6		30. Nama and address of person who co					PI	TAL	2_	-	200.1	01	e he man
		NIAMH HOLDHI	an, the	70 116	CCY	103	-16	174	201	21 1	au.	4	DIMINIO

Registrar

14 1

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 19479

		A Decederate Man		43								1			
iysiclar Medica	ai .	1. Decedent's Nem	RD	R		MUR	RAY					2. Dete of D Month 0 7	01,	Yeer 1996	3. Time of Death
camine	_	4e. Fecility Name (	If not institution, g	ive street end n	number)				4	b. City, To	vn, or L	ocation of Dee	oth 4c. Count	y of Deeth	
			LFIELD		7 4 (1			If Under	1 Voor			MILL		LTIM	
nerai ector		5. Sociel Security N 221-05-19	913	Sex 1∭M 2□F	7. Age (II	74	Yrs.	Months		If Under Hours	Min.	8. Dete of B (Month, D Aug. 2	lav. Year)	9. Birthi Cour Dela	plece (Stete or Foreign ntry) NWARE
_		Usuel Residence o 10e. Stete	f Decedent 10b. County		10	c. City, Town	n or Loc	cation							Od. Inside City Limits
officed a	ctor	Md.	Baltim	ore				Mill	Ls						1 ☐ Yes 2 ☐ No
In Park	Funeral Director	10e. Street end Nu	mber 4 Dolfie	ld Rd.				10f. Zlp		1117			10g. Citizen of	Whet Cour	*
Exam	ρ	<ul><li>11. Meritel Status</li><li>1 ☐ Never Marr</li><li>3 ☐ Widowed</li></ul>	ied 2 Married		Forces?			Ves Deced Yes, spec		ispenic Ori in, Mexican Specify:	in? (Sp , Puerto	ecify Yes or N Rican, etc.)	lo- 14. Ra Ble Speci	ce - Americ ck, White, fy: Wh:	etc.
lien l	Se le	(Snec	15. Decedent's E	ducation	4)	16a.	Decede (Give k	ent's Usue	Occup	etion during most	of work	loa	16b. Kind of E	Business/In	dustry
he Me	Completed	Elementery/Second	ondery (0-12)		(1-4or 5+)		life. D	Welde	se retired	)	OI WOIK	mg	We:	lding	
9 V B	e a	17. Fether's Neme	(First, Middle, Las	•	ra v							e (First, Middle et Reg	e, Melden Surne	m <i>⊕)</i>	4 4
traumatic ev	2				. a.j		N.A. 112	A 1 1 1 1 1 1 1 1	10						
r trau		19e. Informent's No Mildred	Murray	(Type, Pnnt)		101	+ Do	olfie.	1d R	d., C	ror <i>R</i> ur wing	s Mill	ber, City or Town	, State, Zip 21117	Code)
ary or other			position Cremetion 3 [ 5 Other (Speci		0	20b. Plece of	Dispos	sition (Nem	ne of ther plea	e)		Dete	20c. Location Reister	- City or To	own, Stete
any inj		21. Signature of Fi	Service Lice	999	H		22. Ec		d Addres	s of Fecilit	1 C	napel			
cian lical		Immediate Cause	rt feilure. List only	one ceuse on	eech line.		11 not enter	er the mode	e of dyln	terst g, such es	own	or respiretory		ills,	Approximete Intervel Between Onset end Deeth
ical iner		shock, or hea	rt feilure. List only	one ceuse on	erio:		11 not enter	ic Ca	e of dyln	terst g, such es	own	or respiretory	Owings Merrest,	1115,	Approximete Intervel Between
ical iner	Examiner	Immediate Cause disease or condition resulting in deeth)	(Finel	one ceuse on	erio:	scler	11 not enter	ic Ca	e of dyln	terst g, such es	own	or respiretory	errest,	1115,	Approximete Intervel Between
ical iner	Examiner	Immediate Cause disease or condition	(Finel anditions, amediate rhyling injury significant interest in the control of	one ceuse on	erios  Due	scler	11 not enter	LC Cauence of):	e of dyln	terst g, such es	own	or respiretory	errest,	1118,	Approximete Intervel Between
use es the buriel-transit	rymedical Examiner	shock, or near Immediate Ceuse i disease or condition resulting in death)  Sequentially list confirm from the cause. Enter Unde Ceuse (Disease or that initiated events the condition of the cond	inditions, meditions, injury states	b	Due	scler e to (or es e o	11 not enter	LC Country of the model of the	e of dyln	terst	own	ar Di	sease		Approximete Intervel Between
teched for use as the buriel-transit and a second teched for Examiner	rnysiciarymedical Examiner	shock, or near shock, or near shock, or near shock of disease or condition resulting in deeth)  Sequentially list confirm the shock of	inditions, meditions, injury states	b	Due	scler e to (or es e o	11 not enter	LC Country of the model of the	e of dyln	terst	own	ar Di	sease		Approximate Interval Between Onset and Death Onset of Death of the cause of death?
be deteched for use as the buriel-transit  DV Physician/Medical Examiner	by Physiciary Medical Examiner	shock, or near shock, or near shock, or near shock of disease or condition resulting in deeth)  Sequentially list confirm the shock of	inditions, meditions, injury states	b	Due	scler e to (or es e o	11 not enter	LC Country of the model of the	e of dyln	terst	own	23b. Dic	sease	ontribute to 3 □ Proi	Approximate Interval Between Onset and Deeth Onset and Deeth Onset are autopsy findings elieble prior to mpletion of cause
page 2 should be deteched for use as the buriel-transit	by Physiciary Medical Examiner	shock, or near shock, or near shock, or near shock of disease or condition resulting in deeth)  Sequentially list confirm the shock of	inditions, meditions, injury states	b	Due	scler e to (or es e o	11 not enter	LC Country of the model of the	e of dyln	terst	own	23b. Dic	d tobacco use co	ontribute to	Approximate Interval Between Onset and Deeth Deeth Onset and D
botor, page 2 should be deteched for use as the buriel-transit	be completed by Physicianwedical Examiner	shock, or near shock, or near shock, or near shock, or near shock or condition resulting in deeth)  Sequentially list condition of it eny, leading to incause. Enter Under Ceuse (Disease or that initiated events resulting in deeth) if the shock of the s	inditions, inmediate priying injury stast	b  d	Due  Due  Due  death but no	scler  to (or es e of to (or es e of to (or es e of to (or es e of to (or es e of to (or es e of to (or es e of)	onseque onseque	uence of): uence of): uence of):	e of dyln	LOVAS LOVAS	own cardlac	23b. Did 11 24e. We per 1NSE	d tobacco use collyee 2 No s en eutopsy formed? PECTION Yes 2 No	ontribute to 3 Proi	Approximete Interval Between Onset and Deeth O
if director, page 2 should be deteched for use as the buriel-transit  To Be Completed by Physician/Medical Examiner	to be completed by rhysician/medical Examiner	shock, or near shock, or near shock, or near shock, or near shock or condition resulting in deeth)  Sequentially list condition if eny, leading to in cause. Enter Under Cause (Disease or thet initiated events resulting in deeth) if the condition of the conditio	Inditions, medical normalization of the strip in the stri	b  c  d  Hospitel: 1	Due  Due  Due	scler  to (or es e o  to (or es e o  to (or es e o	not enter  Oti  conseque  conseque  tonseque  the unc	uence of): uence of): derfying ce	e of dylniard i	LOVAS LOVAS  in Pert I.	own cardlac	23b. Dic	d tobacco use colly earl	3 Proi	Approximete Interval Between Onset and Deeth Onset and Deeth Onset are autopsy findings elieble prior to mpletion of cause deeth?
the funeral director, page 2 should be deteched for use as the buriel-transit	to be completed by rhysician/medical Examiner	shock, or near shock, or near shock, or near shock, or near shock of several shock of sever	inditions, medical shape of the medical shape of th	b c  d  Hospitel: 1 28a. Dete (Moi	Due  Due  Due  Due  Due  Due  Due  Due	scler  e to (or es e o  to (or es e o  to (or es e o  to (or es e o  to (or es e o  zeroulting in	consequence on sequence of sequence on sequence on sequence on sequence on sequence of sequence of sequence on sequence of seq	ic Categorian control of the model is control of the model is control of the model	e of dylning and in the second of the second	LOVAS LOVAS  in Pert I.	own cardlac color Deet	23b. Dic 24e. We per INSE INSE INSE 28d. Describe	d tobacco use college and toba	24b. We co of	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death?  Death of Cause of death?  Death of Cause death?  Yes 2 No
the funeral director, page 2 should be deteched for use as the buriel-transit	to be completed by rhysician/medical Examiner	shock, or near shock, or near shock, or near shock, or near shock of shock	Inditions, medical red to medical No	b  c  d  Hospitel: 1 28a. Detection 28e. Plec	Due  Due  Due  Due  Due  Due  Due  Due	e to (or es e control or resulting in ar)  2 D ER/Out  At home, fer	consequence on sequence of sequence on sequence on sequence on sequence on sequence of sequence of sequence on sequence of seq	ic Categorian control of the model is control of the model is control of the model	e of dylning and in the second of the second	26. Plece	own cardlac color Deet	23b. Dice 1 24e. We per INSE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d tobacco use colly earl	24b. We co of	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death?  Death of Cause of death?  Death of Cause death?  Yes 2 No
funeral director, page 2 should be deteched for use as the buriel-transit  Jan  To Be Completed by Physician/Medical Examiner	cermication: To be completed by PhysiciaryMedical Examiner	shock, or near shock, or near shock, or near shock, or near shock or condition resulting in deeth)  Sequentially list condition of it eny, leading to in cause. Enter Under Ceuse (Disease or that initiated events resulting in deeth) if the condition of the condi	red to medical  No  To Pending investigation of Good Could not be considered.	b. C. Contributing to a contributing to a contributing to a contributing to a contributing to a contributing to a contributing to a contributing to a contributing to a contributing to a contributing to a contributing to a contributing to a contributing to a contribution of the contribu	Due  Due  Due  Due  Due  Due  Due  Due	scler  e to (or es e o  to (or es e	not enter  Oti  conseque  conseque  conseque  the unc	ic Categorian control of the model of the mo	e of dylning and in the second of the second	terst g, such es  LOVAS  LOVAS  26. Plece ar: 4   Nu ret cret cret cres cres cres cres cres cres cres cres	own cardlac cordinates of Deet	23b. Did 23b. Did 11 24e. We per 1 INS P. 1 INS P. 1 INS P. 1 End Check only on To 1 28f. Location City or To 1	d tobacco use college and tobacco use college and Number of Street and Street	pontribute to 3 Proi 24b. We eve co of 1 [Inner (Specifiered)	Approximate Interval Between Onset and Deeth Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and D

State Registrar

remain define e-.bu\_50#192:12 45. 4 . . . CINE OF MICH. WILLIAM . A. S. C. C. C. As another a top - No.2 , Augus seen earlier In-Title .No. . Little worth, a rest of the contract of the contr

#### Piease Type or Print in Black indelible ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

of Death

1	Q	1.	8	0
ŧ.	1	1	U	U

				Cer	tificate	of	Death		Reg. No.	0 1	2400
Physician	1. Decedent's Nama (First, Middla	Last)	2					2. Dete of De Month	eth Day	Yaar 3	. Time of Death
/Medical	/thricia	Lynn	MYE	5115				July		1996	1 - p.1
Examiner	4a. Facility Nama (If not Institution,		er)				4b. City, Town, o	Location of Deat	h 4c. County	of Death	
	1077 Southrid	ge Road					Baltimo			ty	
uneral	5. Social Security Number		Aga (In yrs. las	st birthday)	If Under 1			s. 8. Data of Bir	th Year) 21,1953	9. Birthplece	(Stata or Foraig
irector	214-64-1973	1□ M 2QXF	42	Yrs.	Months	Days	Hours Mi	Aug.	1,1953	Maryl	and
	Usual Rasidance of Decedant										
28a-1 show	10a. Steta 10b. County			Town or Loc						1	Inside City Limits
5	Md. Cit	У	Bal	ltimor	е						1 AYas 2 □ No
Is marked other than "natural", or items 23a or 28a-f show summit event, the Medical Examinet must be notified at To Be Completed by Funeral Director	10e. Street and Number				10f. Zip (				10g. Citizan of	What Country?	
a Die	1077 Southr	idge Road				21	.228		U.	S.A.	
Examiner must be nedfled at by Funeral Director	11. Maritel Stetus	12. Was Decedar	nt Evar in U,S.	. 13. W	/as Deceda	nt of F	Hispanic Origin? (	Specify Yes or No	- 14. Rad	e - American I	ndien,
Fun	1 Never Married 2 Marrie	Armed Forces	s?	if	Yes, speci	fy Cub	en, Maxican, Pua	Specify Yes or No rto Rican, atc.)	Blac	ck, Whita, atc.	
leted by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates		1	☐ Yas 2	No.	Specify:		Specify	Whi!	te
8	15. Decedent			16a. Decede	ant's Hensi	Occur	netion		16b. Kind of B		
iet e	(Specify only highas	grada complated)		(Giva k	and of work	dona	during most of w	orking	TOD. KING OF D	Den iasevi idusti	'y
event, the Medical Be Completed	Elemantary/Secondary (0-12)	Collega (1-40	or 5+)				t Audite	or	Insura	nce Co.	
£ 0	17. Father's Nama (First, Middle, L	acti						ama (First, Middla			
B S											
To To		a Myers, Ji	Γ.				_	garet Fra			
traumatic event, I	19a. Informant's Name/Reletionsh							Ru <i>ral Rou</i> ta Numb			
, e	Ralph D. Strop	le, Jr.					Farm Ro	i., Colur			
to	20a. Mathod of Disposition 1 □ Buriai 2 ☒ Cramation	2 Damoual from Stat	0.00	ce of Dispos natary, crem	atory or of	a of nar pla	ce)	Data	20c. Location -	City or Town,	Stata
7	4 □ Donation 5 □ Other (Sp		Met	cro Cr	emato	ry	July 3,	1996 Ba	Ltimore,	Md.	
는 N	21. Signature of Falmerel Service L	certiles/	/	22.	Nama and	Addra	ass of Facility				
important: if Nem 27 is sny injury or other trauonce.	1 HJ S	UU . 01	/	E	ckhar	dt	Funeral	Chapel			
	23a. Part1. Enter the disaesa, or o shock, or heart failura. List o	marger	and the steads	7	1605	Rei	stersto	vn Rd., (	Owings M	ills, l	Md. 2111
	shock, or heart failura. List of	nly ona causa on aach	ina.	Do not anta	r tna moda	or ayıı	ng, such as cardi	ac or raspiratory a	irrest,	inte	proximeta arvai Batween iset and Death
ician dical	Immediate Course (First)		, -		,					011	- Death
iner	Immediata Cause (Final diseasa or condition rasulting in daeth)	a. Her	satic	Fail	ure					1 0	Luchs
	rasulting in daeth)		Dua to (or a	as a consequ	uence of):						,
ي ۽		- 1/ep	entic	Me	fasta	25 0	:5			6	mo.
s the buriel-transit	Sequantially list conditions,	0.		as a consequ							
真面	Sequantially ilst conditions, if any, laading to immediata cause. Entar Undarlying Causa (Diseasa or injury	Bre	ast	Conc	er					(-	2 vm
edical	triat iritiated events	с.		s a consequ	ance of):						
	rasulting in death) Last		,	•	,						
use esu	<b>'</b>	d									
eteched for us Physician/	Pert ii. Other significant condition	a contribution to death	hut not conside	ing in the co	dark dara aa		on to Deat I	02h Dld	1ahaasaaa aa	ndelbude de dhe	anuna of danth
seched hysic	Pertil. Other significant condition	e contributing to death	DUL HOL FASUR	ing in tha un	denying ca	use gn	ven in Part I.		tobacco use co		
be dete								10	Yee 2 No	3 Probabi	y 4 □ Unknow
d by								040 18100		24h Ware	autopsy findings
should									an autopsy ormed?	availab	pia prior to ation of cause
pe 2 shoul										of deat	
page 2 should								1 🗆	Yas 2 No	1 □ Ye	s 2 No
0 0	25. Was casa raferred to medical						26. Placa of D	eath (Check only	ona)		
To B	axaminer? 1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpa	itiant 2 EF	R/Outpatient	3 DO/	Ott	nar	Homa 5 Pasi		ar (Specify)	
- F	27. Menner of Death	28e. Dete of in (Month, D		8b. Tima of		c. inju			how injury occur		
in by the fune ertification	1 ☑-Naturai 5 ☐ Pending 2 ☐ Accidant invastige		Joy rear)	injury	м		rk?  Yas 2 □ No				
led in by the funera Certification:	3 ☐ Sulcida 6 ☐ Could no	ed Zoa. Place of I	injury - At hom	a, farm, stre	et, fectory.	office			Street and Numb	per or Rural Ro	outa Number,
en din	4 ☐ Homicida	building,	etc."(Specify)					City or To	wn, Stata)		
	29a. Cartifier 12 Certifying	Physician: To the har-	et of my known	adaa dooti	non-rec d -	6h a 4'	me data and all	a and due to the	onune/=\ c=d :		
edicai		Physician: To the bes xaminer: On the basis	of axamination	n and/or inva	astigation, I	n my c	plnion, daath occ	curred at the time,	data and piace,	and due to the	ceuse(s)
npletely filled		and mennar s	ataleo.	) —		4.1.					M - 1
Me Me	29b. Signeture and title of certifier	166	1 1	1	29c.	Licens	sa number		29d Date signe	d Month Day	Vaar

State Registrar Service 1 3, 5 cm -51 vs 195 (51) in 100 er som differ i film film en i i 10 M

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Veer MORTON MILDRED 0840M JUNE 1996 /Medical 26 4e. Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner BALTIMORE GOOD SAMANITAN HOSPITAL BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6 Sax 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 2□E Days Director 85 276-10-0248 08 OHIO Usual Residence of Decedent the Marylend 10a State 10b Counts 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show 1□ Yes 2□ No Director MD N/ABALTIMORE 10e. Street and Number permit. Pages 1 and 2 should be filed within 72 hours effer death with the Department of Haelih and Mental thyglene. Important: If Item 27 is marked other than "natural", or Items 23a or 2, any Injury or other traumatic event, the Modical Examiner must be an once. 10f. Zip Code 10g. Citizen of What Country? 1911 WEST NORTH AVENUE 21217 US Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Married by 1 ☐ Yes 2 ☒ No Specify: Specify: 3 ◯ Widowed 4 □ Divorced BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) NURSE MEDICAL 17. Fether's Neme (First, Middle, Last) 18. Molher's Name (First, Middle, Maiden Sumeme) Be CHARLES **HARGROVE** MARTHA Α. NORRIS 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 1040 DEER RIDGE DRIVE BALTIO, MD. 212 Date 20c Location (Name of Disposition (Name of Date 20c Location - City or Town, State KEITH MATTHEWS (NEPHEW) 21210 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 2/29/96 STEUBENVILLE.OHIO UNION CEMETERY 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility PHILLIPS FUNERAL HOME Sectr CFSP #281 1721-27 N. MONROE ST. BALTIO., MD. 21217 23e. Pert1. Enler the disease, or complications thel caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical immediate Ceuse (Final SEPSIS disease or condition resulting in death) 2 DAYS Examiner Due to (or as a consequence of) Examiner URINARY TRACT INFECTION PAYS physician end the burial-transit lew requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lasi Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of) for use as t signed by the 6 d be detached f Part il. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 DUnknown GASTROINTESTINAL BLEEDING Records, by 24b. Were autopsy lindings evailable prior to completion of cause of death? Completed 24a. Was an autopsy performed? RENAL FAILURE page 2 1 Yes 2 No 1 ☐ Yes 2 1 No certificate Division of Vital 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manper of Death 28h Time of 28c. Injury at Work? 28d. Describe how injury occurred Affer 1 Natural 5 Pending after death. 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide ŏ 24 hours Hospital 29a. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. within 2 To the 29b. Signeture end title of certifier 29d. Date signed (Month, Dev. Year) P08240 26, 1996 JUNE BARBANA LEDESMA-SANICO, MO 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

BARBARA LEDESMA — SANICO, MD RAVEN BOULE YARD, 56-01 LOCH BALTIMORE, MD 21239 JUL 0 2 1996

State Registrar 37.5

OHMH-18 Rev 1/89

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	i item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After th	be filed within 72 hours after death with	IMPORTANT: If item 28 is mark

1 - STATE REGISTRAR		STATE OF M		DEPAR					MENTA	REG. NO.				
1. DECEDENT'S NAME (FI	de					2. DATE OF CEATH DAY			TIME OF DEATH					
4. SOCIAL SECURITY NUI 2 1 3 - 3 4 - 3							904	Can	LACE (State or Foreign					
98. FACILITY NAME (N not Union Men	norial		al									YTY OF DEATH		
RESIDENCE OF DE	CEDENT 10b. COUNT	v		L soc CIT	Y, TOWH C	OR LOCAT	ION					- 12	IOd. INSIDE CITY	
Md							ION					LIMITS?  YES 2 NO		
100. STREET AND NUMBE						101	. ZIP CODE	E			10g. CITIZE	N OF WH	IAT COUNTRY?	
3009 Matl	news S	Street				:	2121	.8			Ţ	SA		
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 D	11. MARITAL STATUS  1 Never Married 2 Married 2 Merried 3 Wildowed 4 Divorced  12. WAS OECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES					If yee, sp	ENDENT O	n, Maxica	n, Puarto	N? (Specify Yes Ricen, etc.)	or No- 1	14. RACE — American Indian, Black, White, atc. Specify: White		
	CEDENT'S EDU nly highest grade (0-12)		(1)	16a. DECEDENT'S US (Give kind of would life. Do NOT use			ON st of workin	ng	16b. KIND OF BUSINESS/INDU			JSTRY		
		+4	S	choc	ol T	eacl	her			Educ	catio	n		
17. FATHER'S NAME (First,							16. MOTH	HER'S NA	ME (First,	Middle, Malden	Surname)			
	s Col	eman					Un	kno	wn					
Angel Mer		/Husban								Balto		,	1218	
20a. METHOD OF DISPOS	ITION			ANDDATE					1		CATION - CI			
1 Buriel 2 Creme 4 Donetion 5 Oth	tion 3 ☐ Ran er <i>(Specity)</i>	noval from State	Ches	apea	ther place)	Crei	nato	ry	6/3	BO Bel	Ltsvi	lle	, Md.	
21. SIGNATURE OF	SERVICE L	CENSEE		20	22.	NAME AP	ID ADDRE	SS OF FA	CILITY					
1	A	4	0				_			Funer				
23. PART I. Enter the	diseases or	complications the	$\sim$	looth Do	2	134	Wil	Tow	Sp	ring I	Road,	Ba	1to,Md21	
ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)		a. Ma	SS) Y C	95	SBIN	at	on	P	ne	umor	ria		Onsat and Death	
Sequentially list conditions, a Senile dementia														
If any, leading to imm cause. Enter UNDER	YING												Ì	
CAUSE (Disease or in that initiated events resulting in death) Li		DUE TO	(OR AS A CONS	EOUENCE O	IF):									
PART II Other clealfi	ant condition	no contellerate as	d 44	- 141	1. 10					1	1	_		
PART II. Other signifi	cent conditio	na contributing to	death but not	resulting	in the ui	nderlyin	g cause (	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
DID TOBACCO	LISE CONT	TDIRLITE TO CA	LISE OF DE	ATLI VI	EC []	NO K	LINE	ERTAI	NI D				1 YES 2 NO	
25. WAS CASE REFERRED		T T T T T		ACE OF DEA			T DIAC	EKIMI						
EXAMINER?		HOSPITAL:	ER/Outpatient		OTHE	R:								
27. MANNER OF DEATH		28a. DATE OF		28b. TIN		28c. INJ		esidence		er (Specify)	NUMBY OCCI	IBED		
1 Natural 5 [ 2 Accident	Pending Investigation	(Month, D	ay, Ybar)		JURY M	t 🗌	PRK? YES 2	NO	200.00			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3 Sulcide 6 (	Could not be determined		F INJURY — Al I atc. (Specify)	nome, farm,	streel, fec	tory, offic	•		261. LO C/t)	CATION (Street a y or Town, Stete)	and Number o	r Rural Ao	ute Number,	
anal .		SICIAN: To the best of IER: On the bests of e											and manner as stated.	
29b. SIGNATURE AND TIT														
Dane	W. Co	ollias	MD				796. 116	ENSE NUI	65	0	≥ 6	/Z	8 96 (B	
30. NAME AND ADDRESS	D C	ho completed caus	SE OF DEATH (IT	33/	V, C	4)V	ert	5+		Balt	0.,1	MD	21218	
31. DATE FILED (Month, D	iy, Ybalir)	32. REGISTRA	R'S SIGNATURE											



# Please Type or Print in Black indelible Ink. Assure All Copies Are Legible.

						Cel	rtificat	te of	Death		Re	g. No.			
		1. Decedent's Name (First, Middla	n, Last)								ate of Death		Vana	3. Time of D	
Physici /Medic	_	MAI	RGUER	ITE E.	MAT	ACIA						Day 199	Year 96	8:45	
Examir		4e. Facility Neme (If not institution	, give stree	t and number)					4b. City, Town	, or Location	n of Deeth	4c. County	of Death		
		Armacost Nur	sing	Home						eleigh	1	Bai	ltimo	re	
Funeral Director		5. Sociel Security Number 212–18–3279 Usuai Residence of Decedent	8. Sex 1 ☐ M	Months Days Hours Min.										ece (State or i ry) yland	
ž ==		10a. State 10b. County			10c. City,	Town or Lo	cation						10	d. Inside City	
28a-f sh	Director		timor	9	F	arkvi								1 ☐ Yes 2	
d within 72 hours after death with the Maryland jiene. r than "naturat", or Itema 23a or 28e-f show the Wedgell Examinat must be notified at		10e. Street and Number  2211 Taylor A	ve.		10f. Zip Code 21234							10g. Citizen of What Country?  Baltimore			
		11. Marital Status 1 ☐ Never Marrled 2 ☐ Marri 3 ऒ Widowed 4 ☐ Divorced	ed 1	Ves Decedent rmed Forces? Yes 2X Yes, Give 'ear or Dates:		S. 13. Wes Decedent of Hispanic Origin? If Yes, specify Cuben, Mexican, Pue   1 □ Yes 2 □ No Specify:				n? (Specify Puerto Ricar	Yes or No- n, etc.)		e - America ck, White, e v: Wh:	itc.	
2 4	etec	15. Decedent (Specify only highas		a completed) (Giva kind of work dona during most of working								6b. Kind of Bu	usiness/Ind	ustry	
Hygiene. ther than ent, the Mer	Completed	Elementary/Secondary (0-12)	1	Coilege (1-4or 5+)  Cashier							The	eater			
d other event, p	Bec	17. Father's Name (First, Middle, I	Last)						18. Mother's	Name (Firs	st, Middla, M	a <i>idan Sum</i> am	na)		
5 D 0	ToE	Hayes Ruby							Carr	rie Mu	nzert				
alth ar 27 is r trau		19a. Informant's Name/Relationsh Donald E. Simi		Print)				-	oo, Ste				State, Zip (	Code)	
0 = 5	ar n	20a. Method of Disposition  1 X Buriai 2 Cremation  4 Donation Cyper (Sp.		val from State	Ce	matary, cran	position (Nama of amatory or other place)  re National Cem. 6/28/96 Baltimore, MD								
Department Important: any injury once.		21. Signature of Funeral Service L			1				ess of Fecility	1					
OF POR	Ш	D 1/11	121	L. 1		AL	TENBU	JRG	FUNERAL	HOME	, P.A.				
	Н	23e. Past 1 Enter the disease or shock, or heart failure. List o	complicatio	on that cause	the death	Do not ent	09 Ha	arfo	rd Rd	Balt	imore	MD :	21214	Approximate	
		shock, or heart failure. List o	only one ca	use on each li	b.	DO HOT GITE	01 (110 1110)	ac or cy	119, 5001 25 00	1000001103	phatory arro	J. (,	1.3	Interval Betwee	
nysician Medical		Immediata Cause (Final diseese or condition	seese or condition									10 Yu			
xaminer		resulting in death)	a			as a consec				-				+	
\ E	ine		<b>a</b> b	des	rent	ra							1	5 Y L	
)	Examine	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury		Due to (or as a consequence of):											
ing physis e es the b	Medical	that initiated events resulting in death) Last	c	Due to (or as a consequence of):											
	an	·	0										i		
by the ettend steched for us	Physician/	Part II. Other significant condition	ns contribu	ting to death b	ut not resul	ting in the u	nderlying	ceuse gi	ven in Part I.		23b. Dld tob	acco uss co	ntributs to	the cause of	
igned by t	by Phy										1 🗆 Ye	8 2 No	3 🗆 Prob	ably 4 🗹 U	
been signed b should be dete	Completed										24a. Was an perform		eve	ra autopsy fin ilebie prior to apletion of ceu leath?	
2 8	E										1 ☐ Yes	2 2 No	1 🗆	Yes 20 N	
hes ge 2		25. Was case referred to medical							26. Place of	f Death (Ch	ack only ona	)			
hes ge 2	0		Hospi	tai:	nt 2 E	R/Outpetier	nt 3 D	OA Ot	h or			nce 6 Oth	ner (Specify	)	
certificate hes irector, page 2	o Be	examiner? 1 ☐ Yes 2 ☐ No		Ba. Date of Inju	ry :	28b. Time of		28c. Inju				w injury occur			
ils certificate hes b I director, page 2 s	To Be	1 ☐ Yes 2 ☑ No 27. Manner of Death		(Month, Day Year)			M/ M		NK!			MA			
ils certificate hes I director, page 2	To Be	1 ☐ Yes 2 ☐ No  27. Manner of Death 1 ☐ Natural 5 ☐ Pending	9	(Month, Da	V/A	~	AM	1	Yes 2 No		, ,	28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)			
or death.  ector: After this certificate hes by the funeral director, page 2	To Be	1 ☐ Yes 2 ☑ No  27. Manner of Death 1 ☑ Natural 5 ☐ Pending	g jation	(Month, Da	1/A	na, farm, str	eet, factor			28f. L	ocation (Stre City or Town,	eet and Numb Stata)	ber or Rural	Routa Numbe	
4 hours after death.  *uneral Director: After this certificate hes ely filled in by the funeral director, page 2	Certification: To Be	1 Yes 2 No  27. Manne-of Death 1 Natural 2 Accident 3 Suicide 4 Homicida  29a. Certifier 1 Certifying	g physician	(Month, Da  Re. Piace of Inj building, at	ury - At hore. (Specify) of my know	na, farm, str	eet, factor	y, office		28f. L	ocation (Str. City or Town,	eet and Numb Stata)	annar as sta	ated.	
4 hours after death. "uneral Director: After this certificate hes ely filled in by the funeral director, page 2	To Be	1 Yes 2 No  27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicida  29a. Certifier (Check only 2 No  200  200  201  201  202  203  204  205  207  208  208  208  208  208  208  208	g physician	(Month, Da  de. Place of Inj building, at  a: To the best	ury - At hore. (Specify) of my know	na, farm, str	eet, factor	y, office	ima, data and p	28f. L	ocation (Str. City or Town,	eet and Numb Stata)	annar as sta and due to	ated. the ceuse(s)	
ls certificate hes b director, page 2 s	edical Certification: To Be	1 Yes 2 No  27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicida  29a. Certifier (Check only one)  29b. Signature and titla of certifiar	glation not be ned 28 g Physician Examinar:	(Month, Da	ury - At hon c. (Specify) of my know axamination	na, farm, str // /2. ledga, death on and/or in	reet, factor  occurred vestigation	y, office I at the ti n, in my o	ima, data and p opinion, daath ( se number	28f. L Diace, and d occurred at	ocation (Strictity or Town,  ua to tha car tha tima, da	eet and Numb Stata)  A  usa(s) and mata and place,  d. Date signe	annar as sta and due to ed (Month, L	ated. the ceuse(s)	
4 hours after death. <b>"unersi Director:</b> After this certificate hes b ely filled in by the funeral director, page 2 s	edical Certification: To Be	1 Yes 2 No  27. Manne-of Death 1 Natural 2 Accident 3 Suicide 4 Homicida  29a. Certifier (Check only one)  29b. Signature and titla of certifiar	glation not be ned 28 g Physician Examinar:	(Month, Da	ury - At hon c. (Specify) of my know axamination	na, farm, str // /2. ledga, death on and/or in	reet, factor  occurred vestigation	y, office I at the ti n, in my o	ima, data and p opinion, daath (	28f. L Diace, and d occurred at	ocation (Strictity or Town,  ua to tha car tha tima, da	eet and Numb Stata)  A  usa(s) and mata and place,  d. Date signe	annar as sta and due to ed (Month, L	ated. the ceuse(s)	

DHMH 16 Rev 6/95

5 22

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

96 19481

					Cei	rtificat	e of	Death			Reg. No.			
Physic /Med		Nay W. Heballel Sr								2. Date of De Month June	30, Dey 1996 Year		3. Time of Deeth	
Exami		4e. Fecility Name (If not institution, 3838 Roland A	4b. City, Town, or Baltime						h 4c. County					
Funeral Director		5. Social Security Number 216-16-3444	ge (In yrs. lest i	birthday) Yrs.	If Under Months	1 Year Days		24 Hrs. Min.	8. Date of Bi (Month, Do Sept 3	o, 1923	iace (Stete or Foreigi itry) ginia			
filed within 72 hours after death with the Maryland Hygiene. The Theorem 1 or Items 23s or 28s-f show only, the Medical Examinal Trust be notified at	ctor	Usuel Residence of Decedent  10a. State 10b. County  Maryland N/A		10c. City, To	wn or Lo							1	0d. Inside City Limits	
	Funeral Director	10e. Street and Number 3838 Roland A	107)	10f. Zip	Code 212	11			10g. Citizen of Whet Country? U.S.A					
	by	11. Maritel Status  1 Never Married 2 Marrie  Wildowed 4 Divorced	1 ☐ Never Married 2 ☐ Married Hyse, Give Year or Dates:			Was Deced f Yes, spec I ☐ Yes	cify Cub	oan, Mexicar	gin? (Sp n, Puerto	ecify Yes or No Ricen, etc.)	14. Rece - American Indien, Bieck, White, etc. Specify: White			
	Completed	15. Decedent's (Specify only highest Elementary/Secondary (0-12)	Education grede completed) College (1-4or	or 5+)  16a. Decedent's Usuel Occupation (Give kind of work done during most of work done) (Bive kind of work done during most of work done) Welder					t of work	ing	16b. Kind of Business/Industry  Green Contracting Co			
bed all be	To Be C	17. Father's Neme (First, Middle, L. Monroe McDan							r's Name		, <i>Maiden Sum</i> en th	ne)	1111111	
permit. Pages 1 and 2 should I Department of Health and Man Important: It Item ZT is marked any injury or other traumatic once.		19e. Informant's Name/Relationship (Type, Print)  Ken McDaniel (Son)  19b. Mailing Address (Street end Number 4424 Buena Vista									er, City or Town, State, Zip Code)			
		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spe	ery, cren ceen	Mem.	Ga 1	rdens	1	Date 7/3/96	96 Finksburg, Maryland					
Depart Import any In		21. Signeture of Funeral Service Li	r Seita	0	A.	Name en Ala:	d Addre n Se Rola	ess of Fecilit Eitz, and Av	Jr.	Funera	1 Home	[arv]	and 21211	
Physician Medical physician and Medical physician and Medical physician and Medical physician and Medical physician and Medical physician and Medical physician and Medical physician and Medical physician and Medical physi	an/Medical Examiner	Immediate Ceuse (Final disease or condition resulting In death)  Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that infliated events resulting In death) Lest	c	Res production of the producti	e A	orte	Pu	ure	ary	Fistu	/a		Hours	
	by Physician	Part II. Other significant conditions						ven in Part I.		23b. Did tobacco use contribute to the cause of dea				
The law requires ate has been sign page 2 should be	Completed b	Abdon	heral Vas	tic Av	leur	ysm					an autopsy ormed?	cor	ere autopsy findings bileble prior to appletion of cause death?	
certificate breator, page	Be Con	25. Was case referred to medical									1 Yes 2 No 1 Yes 2 No			
this ai di	Certification: To E	examiner?  1	28e. Dete of Injui (Month, Det	28e. Dete of Injury (Month, Dey Year)  28b. National State of Stat							dence 8 Oth-	ence 8 Other (Specify)		
To the Hospital or Attending Is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	ai Certii	4  Homicide determine	28e. Pleca of Injubulding, etc	c. (Specify)				me data ass		City or To	n (Street end Number or Rurel Route Number, Town, Stete)			
the Hos thin 24 h the Fun	Medical	one) 2 Medical Ex	aminer: On the basis of end manner sta	examination e	nd/or Inv	estigation,	in my o	ppinton, deat	h occurr	ed et the time,	dete end piece,	end due to	the cause(s)	
T Y S		29b. Signeture and title of certifier  Attent	v mo			100		10289			July			
6		30. Name and address of person when the strength of the streng	o completed cause of de			rint)		oital		Baltim	,	-	1 9	
Sta Registr		31. Dete filed (Month, Dey, Year)  JUL 0 2 1996		ar's Signeture		5 17	05/	1741		Jaltimo	114			

803 CO. II.

and the second of the second o

1 1 3 2 1 10 2

BALTIMORE, MARYLAND 21215-0020

OB.	
a.	
æ	
Ю.	
B	
	þ
0	٠
Ω.	
S	
0	
$\overline{O}$	
$\approx$	
S	
ш	
Œ	
- 1	
7	
>	
10	
7	
O	
7	

FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	THEORETTOWN			LILIE	ICALE	UF	DEALU		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)  SARAH	) n	HEO	US				2. DATE OF DEATH	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. las				UNDER 1 YEAR   IF UNDER 2		HRS.	DATE OF BIRTH		1	LACE (State or Foreign		
	212-03-7783	98	YRS.	MONTHS	DAYS		4464	(Month, Day, Year)			rgia			
~	9a. FACILITY NAME (If not institution, give a	treet and number)			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							ATH		
DIRECTOR	Keswick Home				Baltimore N/A									
EC	10e. STATE 10b. COUNTY	,		10c. CIT	c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
	Maryland N/A	Ва	alt <b>i</b> r	nore					- 1	LIMITS?				
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE			IAT COUNTRY?						
ÿ	700 West 40th						21211				U.S.A			
문	11. MARITAL STATUS  1 Never Married 2 Married		YES 2	RMED NO		If yes, sp	ecity Cuban, M	lexican,	C ORIGIN? (Specify Yes Puarto Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.		
B⊀	3 🖾 Widowed 4 🗋 Divorced	IF YES, GIVE W	AR OR DATES			1   YES	2 NO S	Specify:			Specify	White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	. (	ECEDENT'S	vork done o	CCUPATIO	ON st of working		166. KIND OF BUS	INESS/IN	DUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5		le. Do NOT us	a retired.)				, ,					
× ×	17. FATHER'S NAME (First, Middle, Last)			HC	ousev	vile			kerOwn Ho					
	17. FATHER'S NAME (First, Middle, Lest)  John Owen  Jane Claiborn													
BE	19a. INFORMANT'S NAME (Type/Print)	(Street a	- 00		ute Number, City or Town	State Zi	n Codel							
2	Roy F. Matthews	s, Jr (sc										Md 21239		
	20s. METHOD OF DISPOSITION  1													
												Md.		
	21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										Home			
- 2	a. Allan	- Seite	in		3	3818	Rolan	d A	venue, Bal	ltimo	ore. N	1d 21211		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or heert failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  UN HINTER  COVIDIO VOSCULOUS  UN HINTER  Approximate interval Between Onset and Death  UN HINTER  COVIDIO VOSCULOUS  UN HINTER  DUE TO (OR AS A CONSEQUENCE OF):													
_	OUR TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, If any, leeding to immediata													
<u>8</u>	cause. Enter UNDERLYING CAUSE (Disease or injury											11		
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	EOUENCE OF	ን:									
CER		1												
		resulting in the underlying cause given in Pa					art I. 24a. WAS AN . PERFOR			VERE AUTOPSY FINDINGS				
EDICAL	Stroke 1994								1 YES 2	2/	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME												☐ YES 2 ☐ NO		
A N	DID TOBACCO USE CONTR	RIBUTE TO CA					UNCER	TAIN						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CE OF DEAT	OTHER	1:								
HYS	1 VES 2 NO	1 Inpetient 2 I		3 DOA		ing Hom-		- Y	Other (Specify)	I II I I I I I I I I I I I I I I I I I	ALIERO.			
	1 Neturel 5 Pending	(Month, D			URY	WO 1 N	RK?		28d. OEŞCRIBE HOW IN	JURY OC	CUMED			
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE O	F INJURY At h	ome, farm, a	treal, facto	ory, office		-	281. LOCATION (Street a	nd Number	r or Runal Rou	rte Number,		
COMPLETED	4 Homicide determined	building,	etc. (Specify)						City or Town, State)					
PLE	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, d	leath occurre	d at the ti	me, dats	and place, and	d due to	the cause(s) and man	ner as ata	ted.			
Š	one) 2 MEDICAL EXAMINE	R: On the basis of a	amination and/or	Investigation	n, in my o	pinion, d	ath occured a	it the ti	me, data and place, and	dua to th	ne cause(s) a	and manner as stated.		
шШ	296. SIGNATURE AND TITLE OF CERTIFIER	Λ,	N				29c. LICENSE	E NUMB	ER			Aonth, Day, Year)		
TO B	In TRabelle The	The C	promo				D136	57	7	▶ Ju	une 2	8,1996		
٦	30. NAME AND ADDRESS OF PERSON WHO THE THE THE					w 4	046577	REE	T, BALTIA	79 PF	א דין	21211		
	31. DATE FILED (Month, Day, Year)	A SEAMEONG HA	TE MANUE	<b>b</b>	V				1 010.11		7.0			
	JUL 02 1996 8													

American Village And I

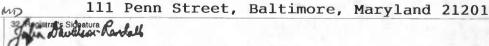
Division of Vital Records, P.O.

Box 68760,

Dennis State Registrar

Chute 31. Deta fliad (Month, Day, Year)

30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)



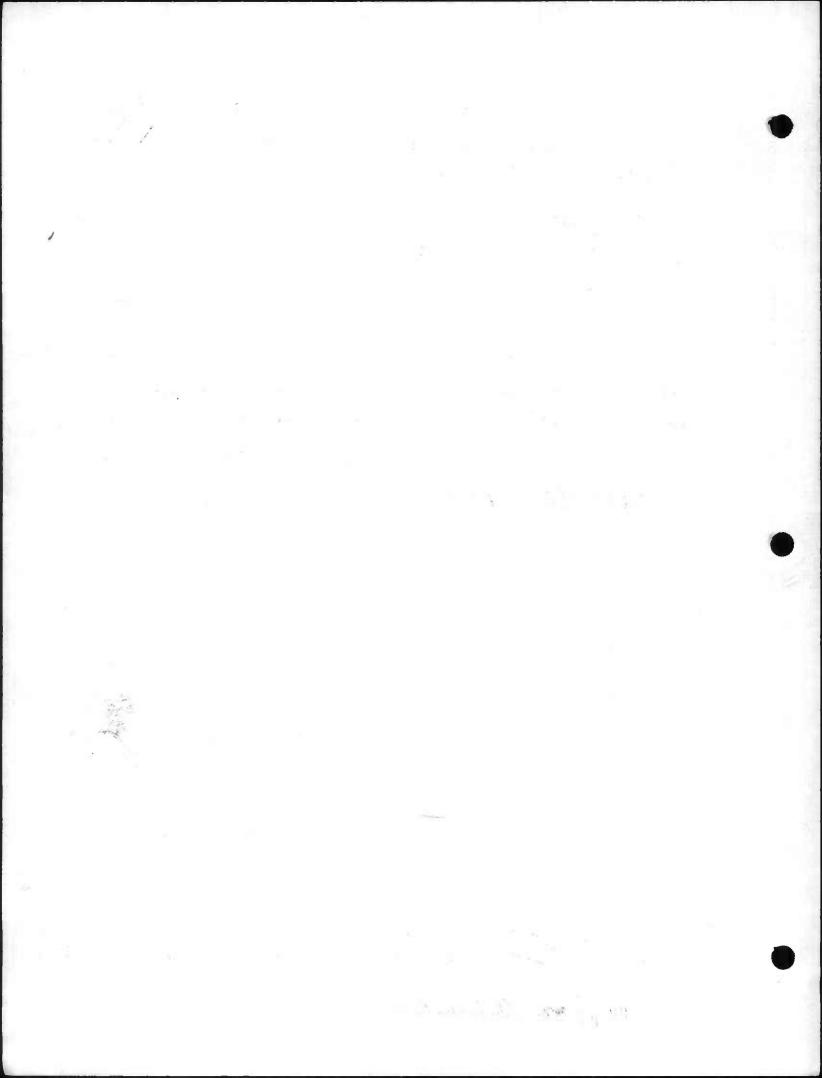
O.C.M.E.

JUNE 29, 1996

## ITEM: 26. PER F'.H. F'ILM G-737 7/2/96 t.t Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hydiana.

				State of Ma		ertificate of		, ,	eg. No.	96 19	487
	Physic /Medi		1. Decedent's Neme (First, Middle, La	Mc Whi	rter			2. Date of Dear	h	Year 2:	of Death
?	Examir		4e. Facility Neme (If not institution, gh 2920 Garr	D/	d apt	- B	4b. City, Town, or L	ocation of Death	4c. County	of Death	
	Funeral Director		5. Social Security Number 6. S 220-30-2146		(In yrs. last birthde)	Months Days		8. Date of Birth (Month, Dev.	Year) 8, 1925	9. Birthpiece (Stef	e or Foreign
	Meryland a-f show	tor	Usuel Residence of Decedent  10a. Stete 10b. County  N	A	10c. City, Town or I	Location ( to				10d. Inside	City Limits
	with the	l Direc	10e. Streef and Number Garr	Isin Blue	1 agt	10f. Zip Code	1/-	1	0g. Citizen of V	What Country?	
020	pormit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health end Mental Hyglene. Thropotant: If item 27 is merked other than "natural", or items 23a or 28e-f ehow any injury or other traumatic event, the Medical Enament ment be notified at ances.	by Funeral Director	11. Maritel Status  1 Never Merried  3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		. Wes Decedent of I	dispanic Origin? (Span, Mexican, Puerto	pecify Yes or No- Rican, etc.)		e - American Indian, k, White, etc.	
21215-0020	filed within 72 ho Hygiene. Ither then "natur. ent, the Wed cal	Completed	15. Decedent's Elementary/Secondary (0-12)	ducation ade completed) Coilege (1-4or 5+	(Giv	edent's Usuai Occup re kind of work done DO NOT use retire	pation during most of world)	king	Private	siness/Industry  Family	Home
pu	tal Hygi d other event,	Be	17. Father's Name (First, Middle, Last,					ne (First, Middle, I			
laryla	d 2 should be th end Mental 7 is marked of traumatic ev	James Williams Maria Aughes  19a. Informant's Name/Relationship (Type, Print) Andrew S. McWhister - Husband 2920 Garrison Blud apt B Bulto, m									6
)re	Peges 1 and nent of Health int: If item 27 iry or other tr		20a. Method of Disposition  1 Burial 2 Cremetion 3 C	Removal from State	20b. Piace of Disp	position (Neme of emetory or other ple	ool	Dete 6/28/46		City or Town, State	1
Balti	pemit. Pege Department of Important: If any injury or once.		21. Signefure of Funerei Service Licar	nsee	-	22. Name and Addre		otash	Aire	1/1 38	
	Physician		23a. Part1. Enter the disease, or com shock, or heart feilure. List only	pilcetions that caused to one cause on each line	he deeth. Do not en	nter the mode of dyi	ng, such es cardiec	or respiretory error	est,	Approxim Interval E Onset an	Between
	/Medical Examiner	-	Immediate Cause (Final disease or condition resulting in deeth)	a	Panc Que to (or as a conse		Car	rer			
0,	ficeta be executed physician and is the burial-trensit	i Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b	ue to (or as a conse	equence of):					
Box 68760,	death certificeta be executed e attending physician and ed for use as the burial-trensit	n/Medical	resulting In deeth) Last	d	ue to (or es a conse	equence of);				1	
O. B	ne death the atte	Physician/M	Part II. Other significant conditions of	ontributing to death but	not resulting in the	underlying cause gh	ven in Pert I.	23b. Did to	bacco use cor	ntribute to the caus	e of death?
0	es that the de igned by the a be deteched t	by Ph	arajan	N				1 🗆 Y	2 □ No	3 Probably 4	<b>Onknow</b> r
Records,	w requir	Completed						24a. Wes e perform	n europsy ned?	24b. Were autops availeble pric completion o of death?	or fo
= 1	E age		25. Was case referred to medical				00 51	1 🗆 Ye		1 ☐ Yes 2	L No
	lysicia is cert direct	To Be	examiner?	Hospital:	t 2 2 1 0 0 tpatie	ent 3 DOA Oth	nor-	th (Check only on		er (Specify)	
Division of	B 8 5	Certification:	27. Manner of Deeth  1 ☐ Matural 5 ☐ Pending 2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be		Year) 28b. Time Injury	Wo	ry at rk? Yes 2 □ No	28d. Describe ho	w injury occum	ed	
	s after d il Direct ed in by	Certifi	3 Suicide 6 Could not be determined	286. Pieca of Injury - At nome, farm, street, factory, office   281.					28f. Location (Street and Number or Rural Route Number, City or Town, Stete)		
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the f	edical	29a. Certifier 1 Certifying Ph (Check only one)	ysician: To the best of niner: On the basis of e and manner state	xamination and/or it	th occurred at the time	me, date and piace, ppinion, death occur	and due fo the ca red at the time, da	ause(s) end ma ate and place, o	nner as stated. and due to the cause	ə(s)
	with To T	M	290. Signature and title of certifier  Aulox	Mivor	elel	29c. Licens	se number	2	9d. Dafe signed	(Month, Day, Year,	96
	5		Charles 1	completed cause of dea	3	2 1C	of Px	701	IAC	9	
	Sta Registr		31. Date filed (Month, Dey, Year)  JUL 0 2 15	6 July Da	s Signaturo	4					

Registrar **DHMH 16 Rev 6/95** 



### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Merritt 1996 heresa 12:23 PM June /Medical 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner University of Maryland Medical System

5. Social Sacurity Number 8. Sex 7. Aga (In yrs. last birthday) Baltimore If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) If Undar 1 Yaar Birthplece (Steta or Foraign Country) **Funeral** 1 □ M 2 🛛 F Months Deys Director 214-24-8935 86 April 10, 1910 Maryland Usuat Rasidence of Decedan deeth with the Maryland 10a Steta 10h Counts 10c. City. Town or Location show 10d. tnside City Limits for marked other than "natural", or forms 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Director 1 Yas 2 No n/a Baltimore 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 3915 Calloway Avenue Apt 401 21215 Funeral 12. Was Decadant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ZNo If Yes, Give 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian Black, White, etc. pernit. Pages 1 end 2 should be filed within 72 hours after of Department of Health end Mental Hygiene. Infortant: if item 27 is marked other than "natural", or free important: if item 27 is marked other than "natural", or free any Injury or other traumatic event, the Medical Examines and pages. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: P 3 Widowed 4 □ Divorced Yaar or Dates **Black** 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementary/Secondery (0-12) Coltege (1-4or 5+) 9th Grade Private Nurse Private Family 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be John Dyson Ida 19a, Informant'a Name/Raletionship (Type, Print) 19b. Malting Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Deborah J. Claxton 5715 Benton Heights Ave. Baltimore, MD 21206 20a. Method of Disposition
1 ⊠ Burial 2 □ Cremetion 3 □ Removal from State 20b. Plece of Disposition (Name of camatery, cremetory or other piece) 20c. Location - City or Town, Stata 4 ☐ Donetion 5 ☐ Other (Specify) Crestlawn Cemetery July 3 Baltimore, Maryland 22. Name and Addrass of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway 21. Signature of Funerel Servica Licensae arke Baltimore, Maryland 21216 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory errest, shock, or heart failure. List only one cause on each line. Approximate tnterval Between Onset and Death Physician Immediete Cause (Finel Metabolic Acidosis disease or condition rasulting in death) Examiner rosepsis Sequentiatly list conditions, if eny, leading to Immediate cause. Entar Underlying Ceusa (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical 94 Dua to (or as a consequence of): 8 attending b the A P.O. Part tt. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No pastric Adenocarcinoma 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was en eutopsy performed? Deen hes 3/2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physicien: effer death. Director: After this certifica 25. Was casa referred to medicat Be 28. Place of Death (Check only one) examiner? Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 1. Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Deeth 28e. Data of Injury (Month, Dey Year) 28d. Describe how Injury occurred Certification: 28b Time of 28c. Injury at Work? 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcida 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, fectory, office building, etc. (Specify) 2 To the Hospital or A within 24 hours effer To the Funeral Direct completely filled in b 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

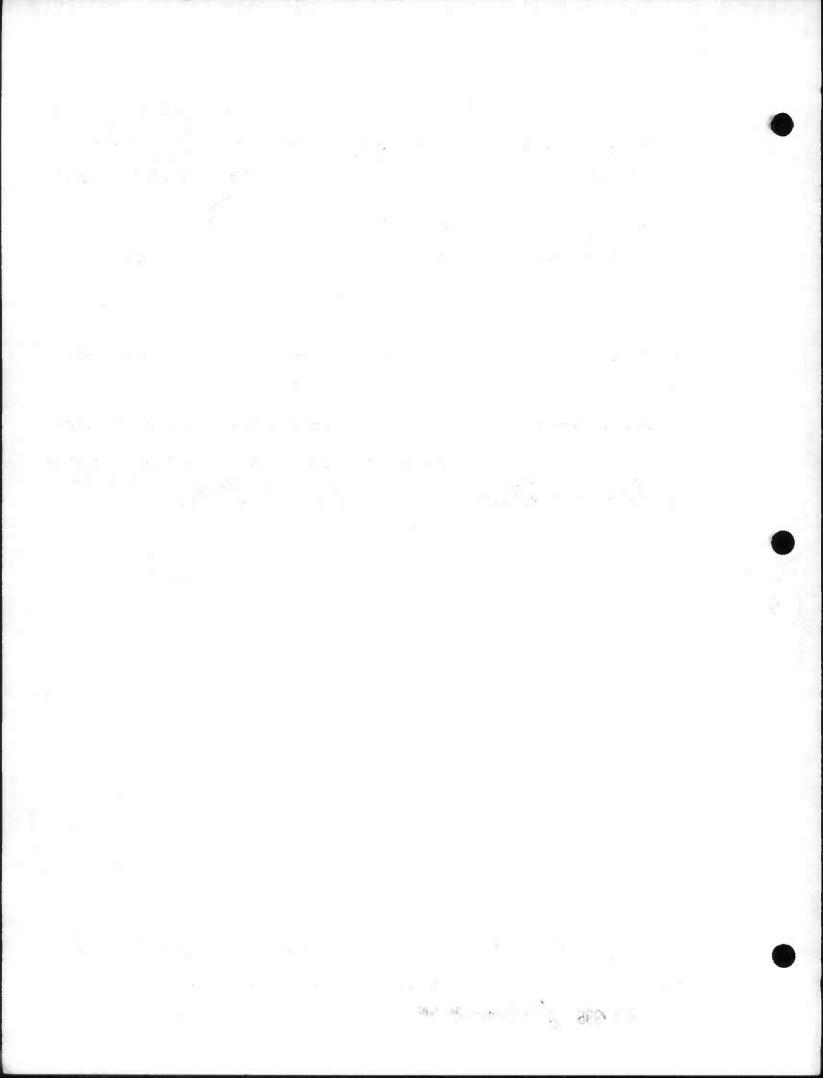
Medical Examtner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier 29d. Date signed (Month, Dey, Year) 29b. Signature and title of cartified 29c. License number mpteted cause of death (ttem 23a) (Type, Print) of Peducitrics, NSWS6 UMMS, Baltimore, MD McClinton 31. Date filed (Month, Dey, Year)

**DHMH 16 Rev 6/95** 

State

Registrar

JUL 02 1996

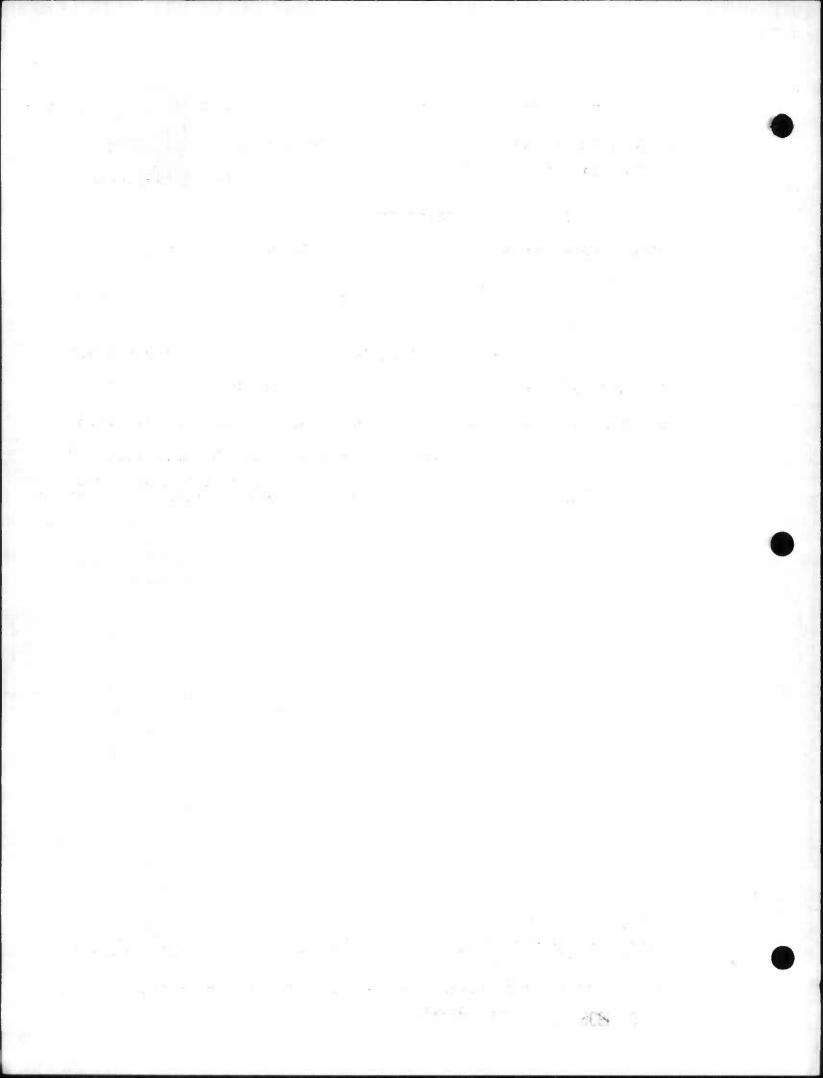


#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

19489

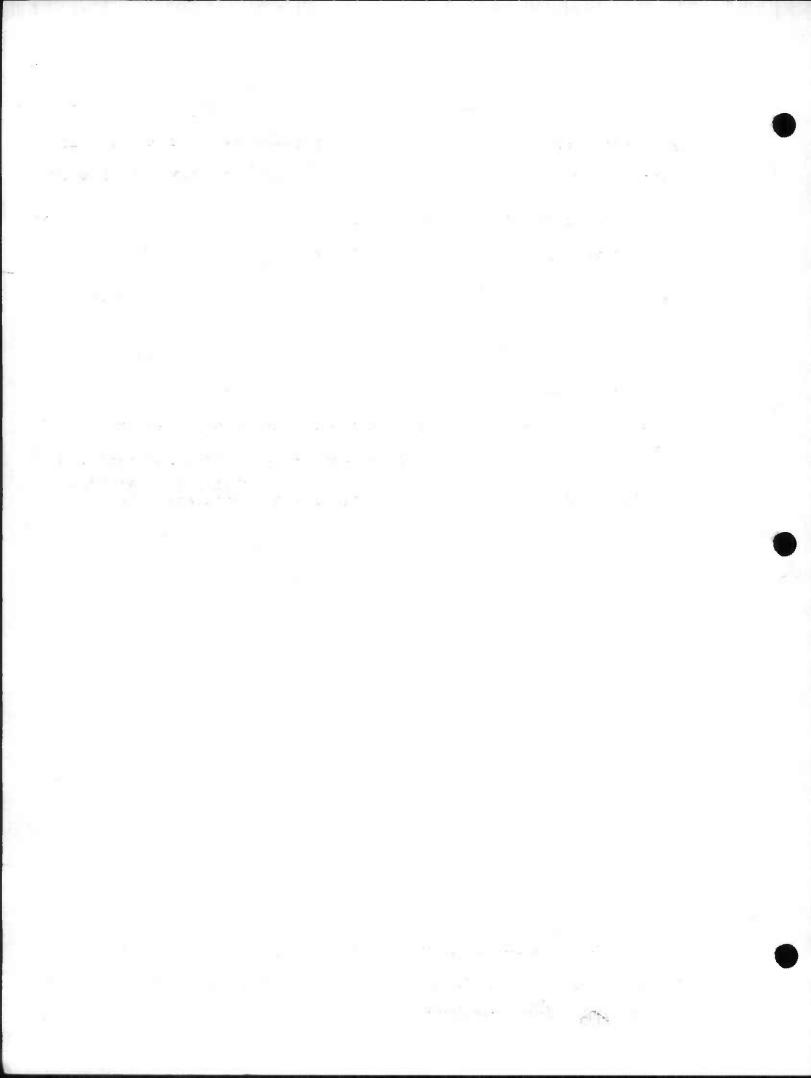
		_						Cer	inicate o	i Death			Reg. No	),		
	Physic /Medi			ames	Allen		iller					2. Data of De Month 6/27	/96ª	у	Year	8:34 PM
	Exami Funeral Director	ner	1359 <i>I</i> 5. Sociel Security I 171-32-	Andre Number 6714	Street and n Street  6. Sex. 111 M 20F		a (In yrs. las. 57	t birthday) Yrs.	If Under 1 Ya. Months Day	Balt:	imoı	8. Deta of Bi (Month, De	rth ay, Yaar)	(	of Death  City  9. Birthplac  Country  Penn	e (State or Foreign
	p.		Usual Rasidence	1												
	Marylar a-f show	ctor	Md .	10b. County	City		10c. City, 1 Bal	timo							10d.	Inside City Limits  Yas 2 No
	th with th	Funeral Director	10e. Street end Nu 1359		Street	t			10f. Zip Code	212	30		_	izen of V JSA	Vhat Country	7
020	72 hours after death with the Maryland natural, or Items 23s or 28s-1 show area Examiner must be notified at	by Funer	11. Marital Status 1 ☑ Navar Mar 3 ☐ Widowed		12. Was De Armed I 1 ☐ Yas If Yas, 0 Yeer or	Forcas? s 2∭N Giva			Vas Decedant o Yes, specify C ☐ Yas 2]∑ N			pecify Yes or No Rican, atc.)	)-		e-American ek, Whita, atc. Whit	
21215-0020	within 72 hours ena. than "natural",	Be Completed by	(Spe	cify only highe		(1-4or 5-		(Giva I lifa. D	ant's Usuei Occ kind of work doi O NOT usa ret	na during mos ired)	t of work	king			usinass/Indus	
	should be filed within and Mental Hygiena. marked other than ametic event, the Manage and the Mental and the Me	Be Cor	1 1 17. Fathar's Nama		Last)	0		shea	r boss	18. Moths		a (First, Middle	, Maiden	Sumam	n Hea	art
Sa	should and Men marke umatic	10	Milton	C. M:	iller					M	lary	McCor	nbie	5		
, Maryland	gas 1 and 2 tof Haalth at If Item 27 is or other trace		19a. Intormant's N			ther			9 Andrass (Stre						-	
Baltimore,			1X Burial 2 Cramation 3 Ramovel from Stete 4 Donation 5 Other (Specify)  1X Burial 2 Cramation 3 Ramovel from Stete Cedar Hill Cemetery 7/1/96 Baltime									City or Town, Stete Ore, Md.				
Balt	permit. Pa Departmen Important: any injury once.		21. Signeture of F	unaral Ser	tijcensee	5			Name and Add		1.1	CCully Bal	-			ome 21230
	Physician /Medical Examiner		23a. Part1. Enter shock, or had Immediata Causa diseasa or conditi- rasulting in death)	(Final	complications that only one cause on	Ne	tha death.	che	- <	~		or raspiratory a		Can	Ini Or	oproximata terval Between nset end Death
30x 68760,	th certificate be executed tending physician and ruse as the burial-transit	an/Medical Examiner	Sequantially list or if eny, leading to inceuse. Enter Und Cause (Disasse) that initiated event resulting in daeth)	onditions, mmadiata erlying r injury is Last	c		Dua to (or as									
P.O. B	hat the death ed by the etta datached for	Physicia	Part II. Other eigni	iftcant condition	ons contributing to	death bu	it not rasultir	ng in the un	darlying causa	given in Part I	l,			use cor	atribute to th	e cause of death?
	8 6.8	by										24a. Was			24b. Wara	autopsy tindings
Records,	2 S S	Completed											omed?		compi of das	ble prior to lation of causa ath?
<u>e</u>	E ag											10	Yas 2	No	1 🗆 Y	es 21 No
Vital	Physician: this certific ral director,	Be	25. Was casa rata axaminer?	rred to medica	2 - 17 15 12				1		of Deat	th (Check only	ona)			
of	5 0 0	ို		DNo		Inpatiar		/Outpatient	3LI DOA		irsing Ho				ar (Specify)	
<b>Division</b> of	or Attending Phase daath. Director: Affar th	Certification:	27. Mannar of Deal	th 5 ☐ Pandin Invasti	gation	a of Injur onth, Day	Year) 28	Bb. Time of tnjury	28c. In V	jury at /ork? □ Yas 2 □	No	28d. Dascribe	how inju	ry occurr	red	
5	or Att	Certifi	3 ☐ Sulcide 4 ☐ HomicIda	datam	ined 288. Plac	ca ot Inju ding, atc.	iry - At home . (Specify)	i, farm, stre	et, tactory, offic	9		28t. Location ( City or To			er or Rural R	outa Number,
Q	To the trouble or within 24 froum eth To the Funeral Dir completely filled in	Medical	29a. Cartifiar (Check only one)	1 Certifyin 2 Medicat	g Phyalcian: To th Examiner: On tha and ma	na best of basis of innar stat	axamination	dga, daath and/or inv	occurred at tha astigation, in m	tima, data an opinion, daa	d piace, th occur	and dua to tha rad at tha time,	cause(s data and	) and ma d place, a	nnar as state and dua to the	ed. a causa(s)
	To the within 2 To the comple	×	29b. Signature end	title of certifia	Nac	21	ms		29c. Lice	nse number			29d. Da	ta sonac	(Mogth, Day	y, Year)
	4		30. Nama and add	rass of person	//				rint) Cent	er 10	12	N Doi	n+	Ьď	R=1+	o Ma
	Sta Regist		31. Data tilad (Mor	nth, Day, Year)			ds Signature		· cent	CT 10	+ 6	IV. FUL	ALL.	MU.	Dalt	o. Mu.
	-3.5.		JULUZ	1000	U	*										



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate o	f Death		Re	g. No.			
	Dhuata		1. Decedent's Neme (First, Middle,	Last)						2. Dete of Deet Month	Dey	Year	3. Time of Death	
	Physic /Medi		Margaret	M. M:	iko					6/26/		1 Gal	11:15 A	
)	Exami		4a. Facility Neme (If not institution,	give street end numb	ber)			4b. City, Tow	vn, or Lo	cation of Death	4c. Count	of Deeth		
			211 Hollyberr	v Rd.				Sever	na	Park	Anne	Aru	indel Co.	
т	Funeral				. Age (In yrs. la	st birthdey)	If Under 1 Yes		4 Hrs.	8. Dete of Birth (Month, Dey,	M	9. Birthp	place (Stete or Foreign	
п	Director		214-16-6516	1□ M 2√F	87	Yrs.	Months Dey	s Hours	Min.	10/8/	1908 C	zech	noslovaki	
-	ъ		Usual Residence of Decedent									1		
	show		10e. Stete 10b. County		10c. City,	Town or Loc	cation					1	10d. Inside City Limits	
	the Manyla 28a-f shon notified at	Š	Md. Anne	Arundel	Se	verna	a Park						1 ☐ Yes 2/☐(No	
	or 28	i e	10e. Street and Number				10f. Zip Code			1	g. Citizen of	Whet Cour	ntry?	
	ith wit	<u>=</u>	211 Hollyberr	y Rd.			211	46			U	SA		
	ter death with the Maryland Items 23s or 28s-f show Inst. must be notified at	Funeral Director	11. Meritel Stetus	12. Wes Deced	ent Ever in U,S	. 13. V	Ves Decedent o	Hispanic Orig	in? (Spe	ecify Yes or No- Rican, etc.)			can Indien,	
0	72 hours aftar netural', or its fical Examine	3	1 Never Merried 2 Merrie	Armed Force	L No				Puerto	Hican, etc.)		ck, White,		
Maryland 21215-0020	al', a	Completed by	3 Widowed 4 □ Divorced	If Yes, Give Yeer or Dete	es:	1	☐ Yes 2/☐ N	o Specify:			Specia	y: whi	te	
0-0	72 hours	ted	15. Decedent's	Educetion		16a. Deced	ent's Usuel Occ	upation			16b. Kind of B	usiness/Inc	dustry	
21	5	Die.	(Specify only highest Elementery/Secondery (0-12)	rade completed) College (1-4	lor 54)	life. D	ent's Usuel Occ kind of work don OO NOT use reti	ired)	or works	ng				
7		P	12	0	.0.01,	mil:	linary				Hutz	ler'	S	
P	e filed with al Hygiena. other than	Be	17. Fether's Name (First, Middle, La	st)				18. Mother	's Neme	(First, Middle, A	feiden Sumei	ne)		
<u>a</u>	ic e d	ToE	n/a Mi	zurak						n/a				
ary	should nd Men merke	-	19e. Informent's Neme/Reletionship	(Type, Print)		19b. Meilin	g Address (Stre	et and Number	r or Rura	al Route Number	City or Town	, State, Zip	Code)	
	ges 1 and 2 should be filed it of Health and Mental Higo If Item 27 is marked other or other traumatic event,		Joseph Miko	Son		211 1	Hollyh	erry F	24.5	Severna	Park	Md.	21146	
re,	Haalth Haalth tam 27		20e. Method of Disposition		20b. Ple		sition (Neme of netory or other p				Oc. Location			
no	Pages nant of nrt: If he iry or o		XXBuriei 2 Cremetlon 3		ete LOI	netery, crem	netory or other p	motoor	-37 6	5/20/06	Pa 1+	imor	ce, Md.	
Baltimore,	rtan		4 Donetion / Other (Spe 21. Signature of Puneral Service Lic		HO1									
Ba	permit. Page Depertment of Important: If any injury or once.		21. Signature of yuneral service of				Name end Add		I'I C	cCully				
			Waniel (	1.1/an	for					.Baltin		Md.	21230	
B			23a. Pert 7. Enter the diseese, or co shock, or heert failure. List or	mplicetions that of u ly one cause on each	used the deeth. ch line.	Do not ente	er the mode of d	lying, such es c	cerdiec o	or respiretory erre	st,		Approximete Interval Between	
	Physician		23a. Pert 7. Enter the disease, or complications that of used the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line.											
4	/Medical	ш	Immediete Cause (Finel disease or condition resulting in death)											
	Examiner	Н.	resulting in deeth)	Θ	Due to (or	as a consequ	uence of):						Y	
	D #	ne											U	
	certificata be axecuted ding physician and se as the burial-transit	Examiner	Sequentielly list conditions.	b. ———	Due to (or	es a consequ	uence of):							
ó	an a		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury									i		
68760,	certificata be axecut ding physician and se as the burial-tran	Medical	that initiated events resulting in deeth) Last	c	Due to (or e	es e consequ	ienca of):							
	tifica ng ph as ti	Pe	testiting in deetil) Last			·	Carrier 1					į		
ŏ	- 63	2	•	d								+		
œ.	as that the death igned by the attention be detached for u	Physician	Part il. Other eignificant conditions	contributing to deat	th but not result	ling in the un	derlying cause	niven In Pert I		23b. Did to	bacco usa co	ontribute to	o the cause of death?	
P.0	that the led by th detache	thys									s 20ENo		bably 4 ☐ Unknow	
	than hed	by P								,	12.110	0_110	,	
ğ	requiras een sign hould be									24e. Wes a	autopsy		ere autopsy findings	
00	_ 0	lete								perform	ned?	co	reilable prior to empletion of cause	
36	S S C	Completed										or	death?	
7	: Tha cata h									1 □ Ye	s 2 No	1 [	Yes 2/1 No	
=======================================	Physician: The this certificata rai director, pag	Be	25. Wes case referred to medicel exeminer?	11					of Deeth	(Check only on	9)			
of Vital Records,	this c	L <sub>o</sub>	1 Yes 200No	Hospitel: 1 ☐ Inp		R/Outpetient	SETDOU			me 5 Reside			<i>y</i> )	
Ē		Certification:	27. Manner of Deeth 1 Metural 5 ☐ Pending	28a. Date of (Month,	injury 2 Dey Year)	28b. Time of Injury	28c. In W			28d. Describe ho	w injury occu	rred		
Division	Attending ar death. ector: Attai by the fune	cati	2 ☐ Accident investige 3 ☐ Suicide 6 ☐ Could no					☐Yes 2☐N	10					
≥		THE P	3 Suictde 6 Could no 4 Homicide determine	28e. Piece of building	f Injury - At hom , etc. (Specify)	ne, ferm, stre	et, fectory, offic	a		28f. Location (St City or Town	reet end Num , Stete)	ber or Rura	al Route Number,	
Δ	ours after ours after meral Dir				•									
	t hou	edical	29a. Certifier 1 ☐ Certifying (Check only 2 ☐ Medical Ex	Physician: To the beaminer: On the basi	est of my knowi	edge, deeth	occurred et the	time, dete and	plece, e	end due to the ce	use(s) end m	enner es si	teted.	
0	200		one)	end menne	r stated.	WI GINGLON HIV	estigetion, in m	y opinion, deen	i occum	ed et tile tille, de	ite end piece,	end due to	Jule Cause(s)	
1	0 00	Σ	29b. Signeture end title of certified				29c. Lice	nse number		2	d. Dete signe			
~	1		Jams U	rene	-> '	mo	101	696	4		6	-27	7-96	
-			30. Neme and eddress of person with	o completed ceuse	of death (Item 2	23e) (Type. F			•					
			1			2,40		tu-1	A	Jones C	W	-l. 2	21012	
	Sta	ate	31. Dete filed (Month, Day, Year)	₹ 32. Red	ristreds Signatu	re ¬				- 0	1			
	Regist		JUL 02 1996	guia Davido	on-Mande	82								
	J -		N 1000	,		and the last							-	



DIVISION OF VITAL RECORDS, P.O. BOX 68760

	6		
	1, 2		
	Sec		
	Ta		
	H.		
	8		
	nsit		
cian	I-tra		
is a	unia		
00	he b		
ndir	35 11		
affe	156		
10	Por		
spita	pe		
2	tac		nce
the the	e de		1 0
g G	d b		9
aline	thou		Uffle
ret	S		not
prificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		pe
E	100		nst
96	lirec		E
E.	P P		Ine
eath	une		E S
er d	the	2	6
s aft	6	removal	dica
Don	,E	0	E
24	fille	ion,	the
thin	etely	еша	H,
M P	dmo	2	eve
cute	D D	unja	tic
exe	n an	10	E
e De	icial	rior	Iza
Cat	phys	d a	10
ertil	ing	ygie!	E .
£	tend	中市	0
de	e at	Nemt	NA.
t the	37.	P	Ξ
tha	pa	th a	any
nires	Sign	Heal	WS
	599	0	Sho
A.R	as b	Jept.	23
The	rte h	ate [	E
AN	tifica	e St	N I
HYSICIAN: The law requires that the death certificate be	s cert	th th	d, c
E	this	Wil	rke
ING	Affer	leath	E
END	JR.	ter c	20
ATT	ECT	s af	1 2
OR	DIR	in 72 hours after death with the State Dept. of Hea	NT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medi
TAL	AL	2	=
90	MEF	E	불

pinous

96 19491 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR MARGARET **JEAN MASTERS** June 26, 1996 7:08 P M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Dey, Year) NOV 11 1934 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-30-5207 61 YRS. 1 - M 2 X F Maryland 9e. FACILITY NAME (If not institution, give street end number 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Anne Arundel Meridian Nurs. Ctr. of Severna Park Severna Park DIRECTOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Baltimore (Brooklyn) N/A Maryland 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21225 USA 1054 Stoll Place 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuban, Mexican, Puerto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: White BY 3 Widowed 4 X Divorced ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Claims Adjuster COMPL United Insurance Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme Elizabeth Sarah Boyer John Zebron BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vista Avenue, Glen Burnie, Maryland 21061 Mrs. Audrey Good - Sister 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Buriel 2 Cremation 3 Removal from State Holy Cross Cemetery 6/29/96 Baltimore, Maryland 4 Donetion 5 Other (Specify) 21. SKINN URE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Baltimore, Md. 21225 23. PART I. Inter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, nock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ougeshive 1 week resulting in death) DUE TO (OR AS A CONSEQUENCE OF MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 4 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER HOSPITAL: ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 26e. PLACE OF INJURY - A1 home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 28 29e. CERTIFIER

(Chack ANA.)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) end manner es stated. 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(a) and manner es stated.

290 SIGNATORE AND TITLE OF CERTIFIER Attending Doctor

D 2 168 4

29d. DATE SIGNED (Month, Day, Your)

6 1 28 196

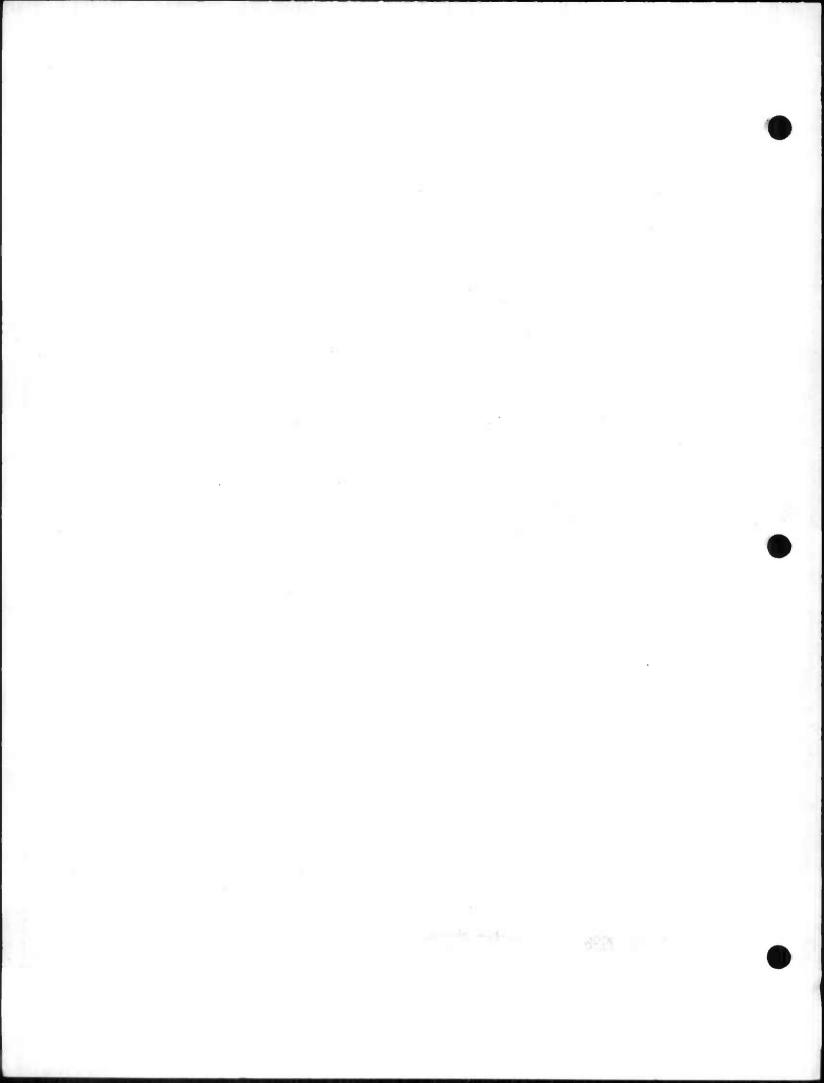
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. C. V. Cyriac, M.D. 1600 Crain HighwaySuite 106 Glen Burnie, Md. 21061

JUL 02 1996

2





	7/9/96 t	.t		State of Marylan		rtificate o			gierie Reg. No.	0	19492	
			1. Decedent's Neme (First, Middle, Last)					2. Dete of De	eth	Vana	3. Time of Death	
	Physic /Medi		JAMES A.	MNIELCZ	ARE	K J	R.	Month	JUNE 28 1996 10:5			
7	Exami		4e. Facility Neme (If not institution, give s	street end number)			4b. City, Town, or Lo					
			University of Ma	aryland Medica	yland Medical System Baltimore				re N/A			
	Funeral Director		219-26-7650	7. Age (In yrs. 57	last birthday) Yrs.	If Under 1 Ye Months Dey		8. Dete of Birt (Month, De June	y, Year) 3, 1939	9. Birthple Count Mar	ece (Stete or Foreign y) yland	
	pus *		Usuel Residence of Decedent  10a. Stete 10b. County	10c Cit	y, Town or Lo	ncation				10	d. inside City Limits	
	ith the Marylar or 28a-f show	Director	Maryland Anne Ar		Pasade						1 ☐ Yes 2 🖄 No	
	23a or 24		10e. Street end Number 1568 Park Lane	2	10f. Zip Code 21122				10g. Citizen of V USA	Whet Count	ry?	
020	within 72 hours after deeth with the Maryland ene. than "natural", or Items 23a or 28af show he Medical Examinet must be northed at	by Funeral	11. Meritel Status  1 □ Never Merried 2 ☒ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever in U, Armed Forces? 1 [XYes 2 □ No tf Yes, Give 1963		Was Decedent of Yes, specify Control of Yes action	of Hispenic Origin? (Spe uben, Mexican, Puerto lo <i>Specify</i> :	ecify Yes or No- Rican, etc.)	14. Rec Bled Specify	e - America ck, White, e		
5-0	72 ho	ted	15. Decedent's Educ (Specify only highest grade	cation	16a. Dece	dent's Usuel Occ	cupation ne during most of worki ired)		16b. Kind of Bu	usiness/Indi	ustry	
21215-0020	within one.	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)			on Mechanic				P-GRUMMAN up-Grummins	
	Hygir Hygir		17. Fether's Name (First, Middle, Last)		11011	19014011			ile, Meiden Sumame)			
lan	should be filed and Mental Hygi marked other matic event, I	To Be	James A. Mnielo	czarek, Sr.			Margar	et I.	Stokes	3		
Maryland	2 8 4 8	-	19e. Informent's Neme/Reletionship (Type Mrs. Josephine M.				Lane, Pasa	al Route Numbe	er, City or Town,	Stete, Zip		
Baltimore,	Pages 1 and ient of Health mt: If item 27 ry or other tr		20e. Method of Disposition  1 🔀 Buriei 2 🗆 Cremetion 3 🗆 R  4 🗆 Donetion 5 🗆 Other (Specify)	emovel from Stete	lece of Dispo emetery, crer	sition (Neme of metory or other p		Dete	20c. Location -	City or Tov	m, State Maryland	
Balti	permit. Pa Departmen Important: any injury		21. Signature of Funeral Service Lifense	Elmih	M 2	Name end Add CCully I 37 E. Pa	Funeral Homatapsco Ave	ne of Br	rooklyn timore,	Md. 2	21225-1856	
	Physician		23a. PartY. Enter the disease, or compli- shock, or heart failure. List only on	cations that caused the deet to outline on each line.	h. Do not ent	er the mode of o	fying, such es cardiac d	or respiratory er	rest,		Approximete Interval Between Onset and Deeth	
1	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	CARDIO6	ENIC	SHO	CK				2 days	
		6			r es e consec		4.1-				2 days	
	petr Insit	F	_ b				- INFA	RCTION	U	<u> </u>	4 days	
68760,	ificete be executed physician and as the burial-transit	ai Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initleted events	Due to (o	quence of):							
	75 CD 65	Medical	resulting in death) Lest		r es e conseq	uenca of):						
Box	eath certi	cian										
s, P.O.	that the d	by Physician/M	hypertension	tributing to death but not resu	ulting in the u	nderlying cause	given in Pert i.	23b. Dld 1	_		the cause of death?	
of Vital Records	been si	Completed b	£ #					24e. Wes perfo	an autopsy med?	con	re sutopsy findings ilable prior to appletion of cause leeth?	
l Re	The lav	mo						101	es 2 No		Yes 20 No	
/ita		BeC	25. Wes case referred to medical examiner?				26. Place of Deet	h (Check only o	ne)			
of V	Physician: this certific ral director,	To I	1 Yes 28 No H	ospitel: 1 Inpatient 2 🗆	ER/Outpetier	nt 3 DOA	Other: 4 Nursing Ho	me 5 Resid	lence 8 🗆 Oth	er (Specify)	)	
	Affection		27. Menner of Deeth  1 Neturei 5 □ Pending 2 □ Accident Investigation	28e. Dete of injury (Month, Dey Year)	28b. Time of injury	V	njury et Vork? ☐ Yes 2 ☐ No	28d. Describe t	now injury occur			
Division	or Attend after death Director:	ertification:	3 Sulcide 6 Could not be determined	28e. Piece of injury - At he building, etc. (Specify		eet, fectory, office	ca	28f. Location (S City or Tov	Street end Numb vn, Stete)	er or Rurel	Route Number,	

6 ☐ Could not be determined 3 Sulcide 28e. Piece of injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

June 28

1996

29e. Certifier (Check only one) 29b. Signeture end title of certifier

T. Lorch

31. Dete filed (Month, Dey, Year) 0 2 1996

The Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, and due to the cause(s) end menner as steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, death occurred et the time, date end piece, end due to the cause(s) end manner steted. 29c. License number 29d. Dete signed (Month, Dey, Year)

30. Name and eddress of person who completed cause of deeth (item 23a) (Type, Print)

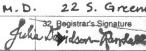
22 S. Greene St, Baltimore, HD 21201

P06829

State Registrar

Certification: To

Medical



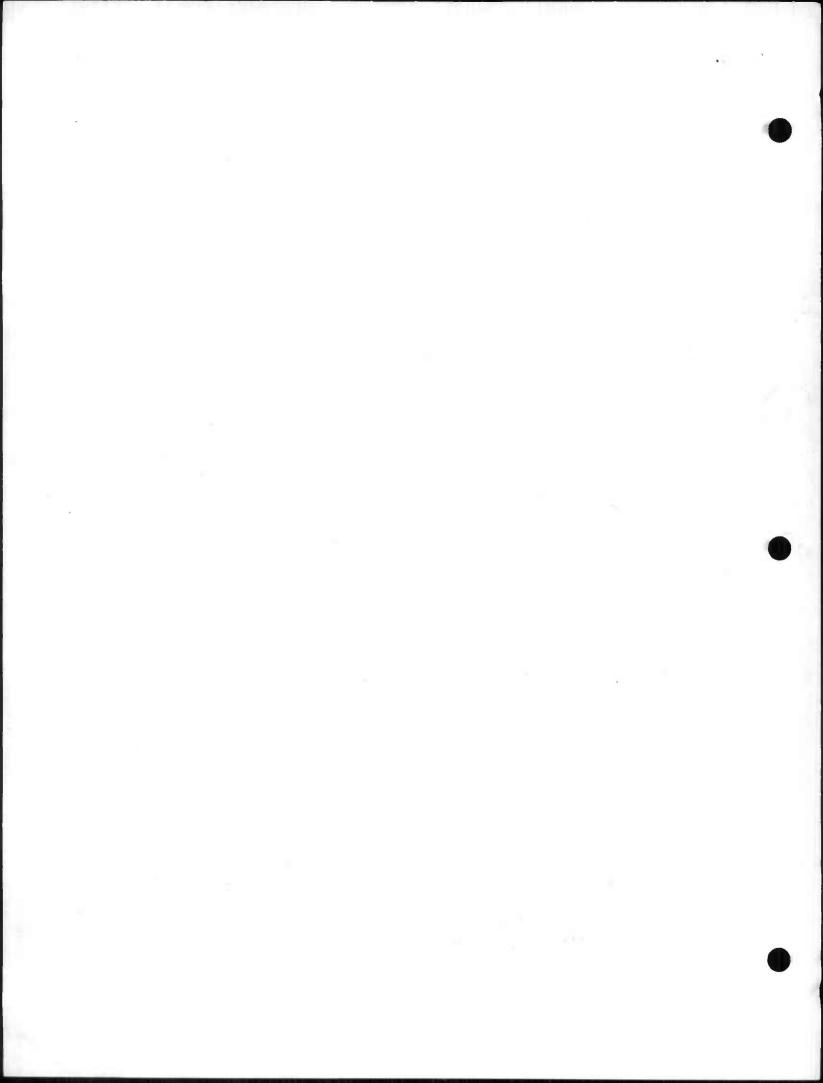
MABALTIMORE, WARY AND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
SUKA DANASA-RANDARE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) DATE OF DEATH 3. TIME OF DEATH 12:50 MARKLEY Margaret 4. SOCIAL SECURITY NUMBER 8. AGE (In vrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 81 1 M 2 KF 213-01-6713 Feb. 2,1915 Maryland 9a. FACILITY NAME (If not Institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Stella Maris Hospice Towson Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Road 4200 Darleigh Avenue 21236 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11, MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only his Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Teletype Operator Health Insurance 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles William Raspe Jenny NMN Tul1 BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and pumber or Rural Route Number, City or Town, State, Zip Code) 2 Anna Edna Norris 4200 Darleigh Avenue Baltimore, Maryland-21236 20s. METHOD OF DISPOSITION
1 Disposition 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 4 Donation 5 Other (Specify) Hilltop Crematory 7-3 Towson, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 6415 Belair Road John C. Miller, Inc. Baltimore, MAryland-2120 23. PART I. Enter the d Enter the diseases or complication, that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory stress, shock, or heart feliume. List only one couse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition HEPATOCELLULAR CANCER amos. resulting in deeth) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF)that initiated eventa resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO CHRONIC HEPATITIS SINCE 1976 COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 TNO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \Boxed{X}\) UNCERTAIN \( \Boxed{1}\) PHYSICIAN: 26. PLACE OF DEATH (Check only of 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 TES 2 NO 1 Department 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Xother (Specify) HOSPICE 27. MANNER OF DEATH 26a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred st the time, date and piece, and due to the cause(e) end manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the beals of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Kendale Staul beurs 25643 196 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD. TOWSON, MD 21204



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Film G737 item 1 per FH 7-11-96 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth 3. Tima of Death Fred Willard Naill Dey 1996 Month June Yaar **Physician** 30, Fred 3:21 P.M. /Medical 4b. City, Town, or Location of Deeth 4e. Facility Nama (If not institution, giva street and number) 4c. County of Deeth **Examiner** Frederick Memorial Hospital Frederick Frederick County if Under 24 Hrs. 8. Data of Birth8, 1916
Hours Min. (Month, Day, Year) If Under 1 Yeer 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (Stata or Foreign Country) **Funeral** Months Deys 1√0 M 2 □ F 79 Yrs. 212-14-8110 Director Feb. 7, 1917 Maryland Usual Rasidance of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygisne. Important: If items 23a or 28a-f ahow any Injury or other traumatic avent, the Medical Experience. 10e. Stete 10c. City, Town or Location 10b. County 10d. Insida City Limits 1 ☐ Yas 2 ☐ No Director MD Frederick Mt. Airy 10e. Street and Number 10f. Zip Code 10o. Citizan of What Country? 14417 Peddicord Rd. 21771 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 Q 4 2 Was Decedent of Hispanic Origin? (Specify Yes or No. If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - American Indien, Biack, Whita, atc. 11. Meritei Stetus 1 DXYes 2 No 1942— If Yes, Giva 1943 Yaar or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 € No Specify: White þ 3 □Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 3rd Grade Roofer Naill Company 17. Fsthar's Nema (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Sumama) Be Clarence Naill Unknown 9 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 14417 Peddicord Rd. Mt. Airy, MD Alice Nailll (Cousin) 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 XBurial 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Locust Grove Cemetery 7/3/96 Mt. Airy, MD 21. Signature of Funeral-Service 22. Nama and Addrass of Facility Burrier-Queen Funeral Home 1212 W. Old Liberty Rd. Winfield, MD 21784 1307 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset end Death Physician Immediata Causa (Final disaasa or condition rasulting In death) /Medical Examiner Examiner The lew requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to Immediata cause. Entar Underlying Causa (Diseese or injury that initiated evants rasulting in death) Lest and ettending physician for use as the burie Physician/Medicai Due to (or as a consequence of): deteched Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detect 1 Yes 2 No 3 Probably 4 Unknown ģ should I 24b. Wera eutopsy findings evailable prior to completion of causa of death? 24a. Was an autopsy performed? Completed has 2 1 No 1 ☐ Yes 2 ☐ No certificate 25. Was casa rafarred to medical Be 28. Place of Death (Check only ona) axaminar? Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 2 1 Yas 2 No 1 Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA After this funeral 28a. Data of Injury (Month, Day Year) 27. Manylar of Death Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Naturai 5 Pending invastigation 1 Yes 2 No 2 Accidant 6 Could not be datarminad 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Placa of Injury - At homa, farm, street, fectory, offica building, etc. (Specify)

Box 68760. o Division of Vital Records. Attending Physician: death. if or Attend after death Director: E 24 hodes

Within 2 To the

29c. Licansa number

Certifying Physicisn: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner stated.

29d. Data bigned (Month, Day, Year)

30. Nama and addrass of person who completed causa of death (itam 23a) (Type, Print)

Timothy F. Hickey, MD 1564 Opossumtown Pike Frederick, MD 20701

31. Data filed (Month, Day, Year)
JUL 0 2 1996 State Registrar

4 Homicida

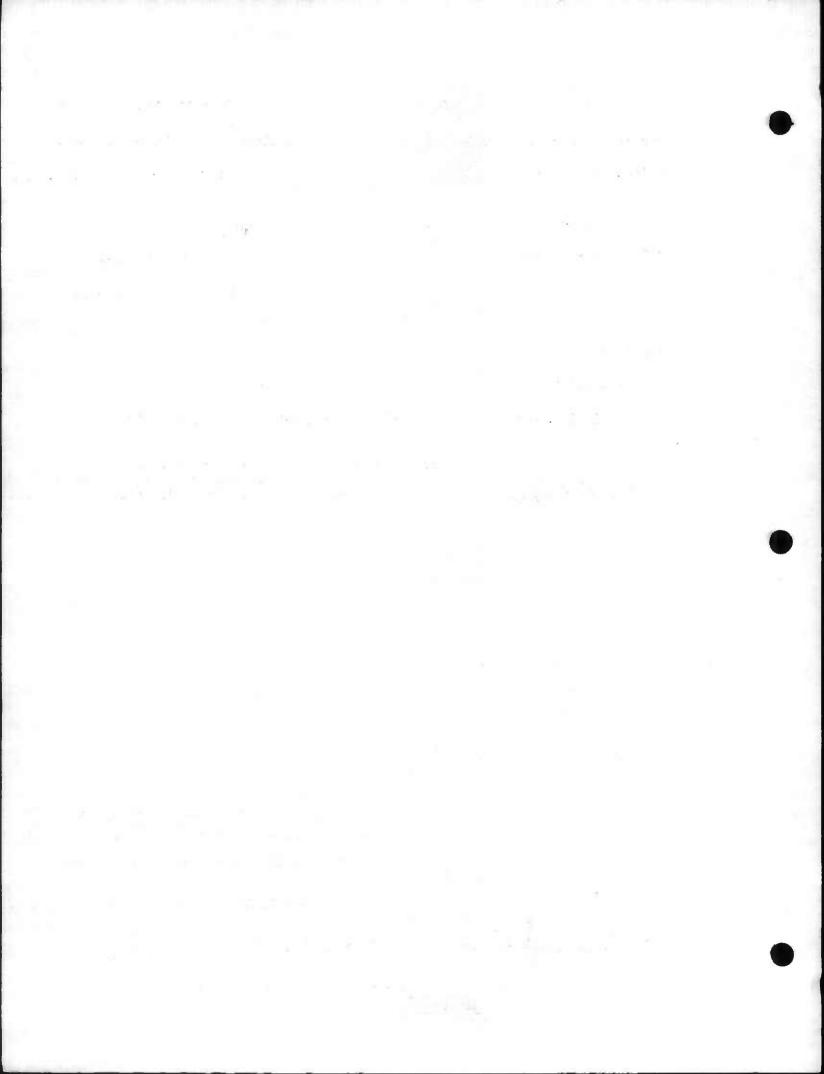
(Check only one)

29b. Signature and filla of certifia

29e. Certifier

Medical





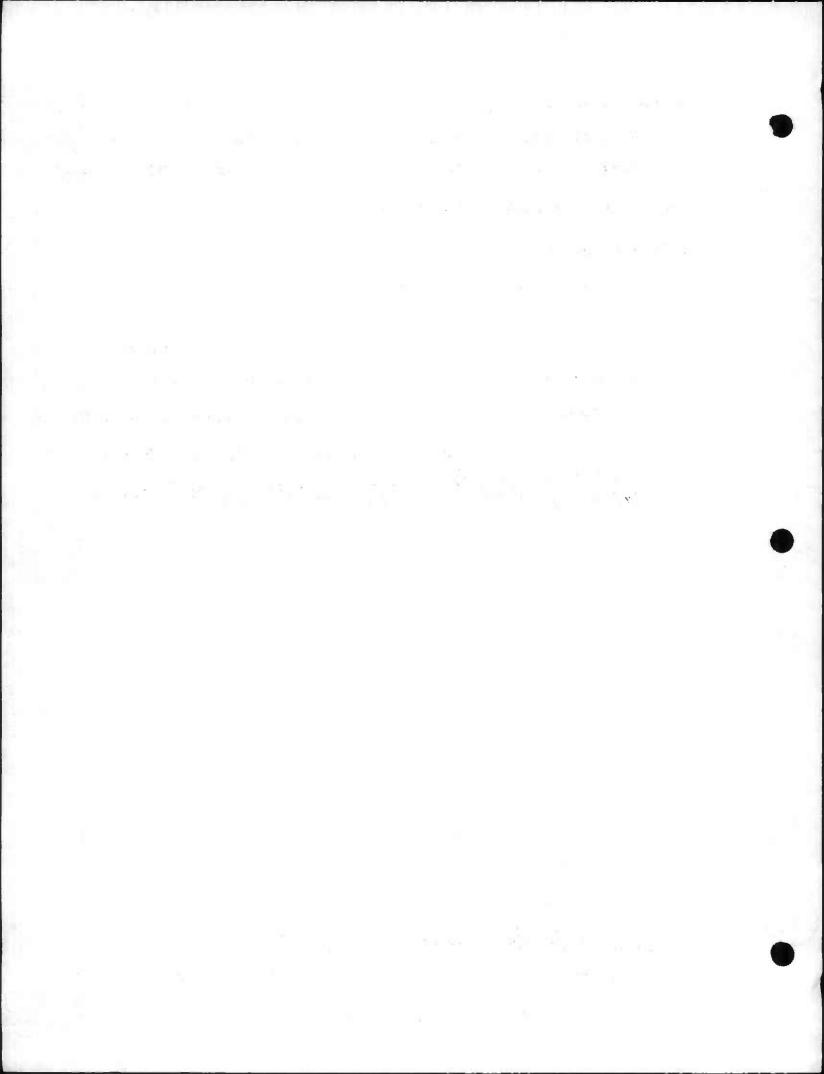
#### Please Type or Print In Black Indelible Ink. Assure All Copies Are LegIble.

State of Maryland / Department of Health and Mental Hygiene 9 5 191,95

					Cei	tificate of	Death		Reg. No.	0 1	2470	
Physicia	. n	1. Decedent's Neme (First, Middle,	•					2. Dete of De Month	eth Dev	Yeer	3. Tima of Deeth	
/Medic		Wilbur Cyrus (						June 2	9, 199		1530	
Examin		4e. Fecility Neme (If not Institution, Anne Arundel I	giva street and number)	2240	-		4b. City, Town, or					
Funeral				e (In yrs. I	last birthday)	If Under 1 Year Months Deys	Annapo		Anne	9. Birthplec	del e (Steta or Foreigr York	
Director			TOLM 2LIF	72	Yrs.			Apr. 2	0,7924	New.	York	
Meryland f ahow	or	Usual Rasidence of Decedent  10a. Stete 10b. County Anne A	rundel	10c City Edge	, Town or Lo ewate:	cation				10d.	Insida City Limits	
after deeth with the Menylen or Items 23a or 28a-f show miner must be notified at	Funeral Director	10e. Street end Number 1606 Bentley F	load			10f. Zip Code 2103	7		10g. Citizan of V USA	What Country	?	
72 hours after deeth with the Meryland natural', or Items 23s or 28s-f show deal Examiner must be notified at	þ	11. Maritei Status  1 ☐ Nevar Married 2 ☑ Marrie 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces?  1 Yas 2 1 If Yes, Give Yaar or Datas:	No	ľ	Ves Decedent of I Yas, specify Cub	an, Mexican, Pue	Specify Yes or No rto Rican, etc.)		e - Amarican ck, White, etc		
n 72 hours "natural",	ted	15. Decedent's	Education			ant's Usuel Occup	pation		16b. Kind of Bu	usiness/Indus	itry	
filed within 7 Hygiene. other then "n	Completed	(Spacify only highast Elementary/Secondery (0-12)	grade completed) College (1-4or 5	5+)		lant's Usuel Occup kind of work done DO NOT use retire Mason		orking	Con	struc	tion	
Hei H	To Be C	17. Father's Neme (First, Middle, Li Wilbur Cyrus	Osman Sr.					d. Mother's Neme (First, Middle, Meiden Surnema) Sadie Pearl Shell				
1 end 2 should Health end Men em 27 ia marke other traumatic		19e Informant's Neme Reletionshi Helen B. Osmar	o (Type, Print)			g Address (Streat Bentle					ete, Zip Code) 21037	
permit. Peges 1 end Department of Health montant: If Item 27 Iny Induty or other it		20e. Method of Disposition  1 □ Buriel 2 □ Crametion 3  4 □ Donetion 5 □ Othar (Spe		CE	emetery, cren	sition (Name of netory or other ple t Cemet	ery	7 / 2	20c. Location -			
permit. Peges Department of Important: If it any Injury or once		21. Signature of Euneral Service Li		//	Ha	Name end Addre ardesty 2 Ridge	Funera	l Home	, P.A.	MD 2	1401	
o Physician		23a. Pert1. Enter the disease, by c shock, or heart feilure. List of	omplications thet caused ly one cause on each lie		. Do not anti	ar tha mode of dyl	ng, such es cardie	oc or respiretory e	rrast,	Ar In	pproximete tervai Between nsal and Deeth	
/Medical Examiner		immediate Cause (Fine) disease or condition rasulting in death)	θ			avciuo	oud c	+ loug	<u></u>		suies	
D =	luer		<b>.</b> b	Due to (or	es a conseq	uence of):						
ifficate be g physicla es the bur	Medical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Undartying Cause (Disease or injury that initieted events rasulting in death) Lest	c		es e consequas as a consequ							
that the death cert ed by the ettendin deteched for use	Physician/	Pert ii. Other significant condition	contributing to death by	ut not resu	ulting In the ur	ndarlying causa di	van in Part I	23h Did	tobacco usa co	ntribute to th	e cause of death	
that the ed by th deteche	by Phys					outlying outburg.	valini i otti.	1/8	Yes 2□ No		oly 4 Unknow	
e lew requires hes been sign ge 2 should be	Completed							24a. Wes	en eutopsy ormed?	availe	autopsy findings oble prior to eletion of cause onth?	
The fa	000							10	Yes 20 No	1 🗆 Y	'es 2□ No	
Physician: The	Be	25. Wes case referred to medical examiner?					28. Piece of De	eth (Check only	one)			
hysical dire	2	1 ☐ Yes 2 No	Hospitei:		ER/Outpatien	t 3□ DOA Ott	her: 4 Nursing	Home 5 ☐ Resi	dence 6 □Oth	er (Specify)		
Attending Physician: ar death. ector: After this certific by the funeral director,	Certification:	27. Menner of Deeth  1 ☑ Neturei 5 ☐ Pending 2 ☐ Accident investiga	ion	28a. Date of injury (Month, Day Year)  28b. Time of 28c. injury et Work?  Injury  M 1 Yes 2 No					28d. Describe how injury occurred			
al or Attences effer death	Certifi	3 Suicide 6 Could no determin	28e. Piece of inju- building, etc	ury - At hor c. (Specify	me, ferm, str	eet, fectory, office		28f. Location ( City or To	Street and Numb wn, Stete)	er or Rural R	oute Number,	
he Hospi in 24 hou he Funer pletely fill	edical		Physician: To the best of aminer: On tha basis of and menner ste	exemineti								
within Comp	M	29b. Signature and litia of certifier	Jelou	il,	uo	29c. Licans	sa number		29d. Date signed	d (Month, Day 196	v, Year)	
0		30. Name and address of person w	o completed cause of de	eeth (item	23e) (Type, I	Print) 9.00	9838 Bestgal	e Auu	apolis.	ud.	21401	

State Registrar

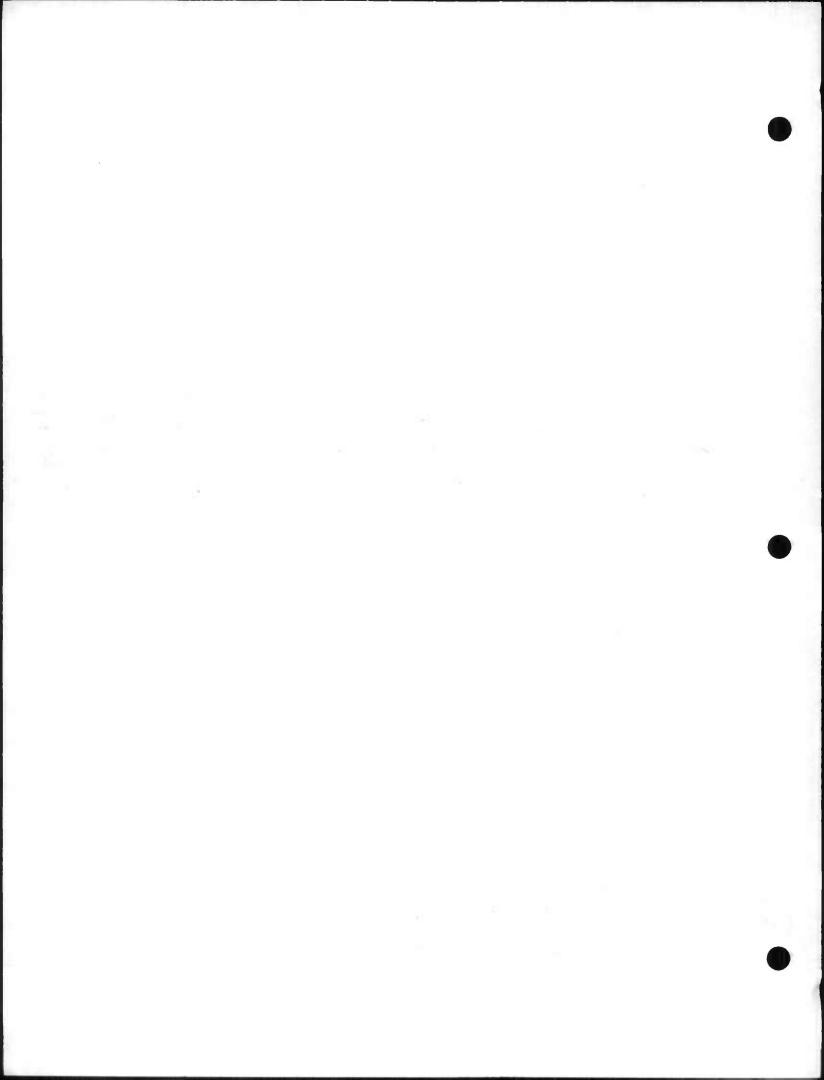
31. Dete filed (Month, Day, Year) JUL 02 1996



DHMH-18 Ray 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
---	--	--	--

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / Ce	DEPAR	TMENT	OF HE	ALTH .	AND N	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	1				0			2. DATE OF OEATN		20.1	3. TIME OF DEATN
	Ilya Pas	les							June 2	9 1	99G	3:50 PH
4		SEX 6.	AGE (In yrs. last	t birthday)	IF UNDER 1		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign
		X M 2 G F	62	YRS.	MONTHS .						BELA	
	9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY, 1	TOWN OR	LOCATIO	N OF DE	ATN	9c. COL	INTY OF DE	EATN
500	SINAI HOSPITAL						BA	LTI	MORE N/A			
	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			10c. CIT	Y. TOWN OR	LOCATIO	iN.					10d. INSIDE CITY
	MARYLAND	N/A		BALTIMODE								LIMITS?
- 1	10e. STREET AND NUMBER	N/ A		BALTIMORE  101. ZIP CODE						10a. CIT	IZEN OF W	HAT COUNTRY?
	3601 FORDS LANE, AP	m. 111					21	215			USSIA	
UNERAL	11. MARITAL STATUS 12.	. WAS DECEDENT E	VER IN U.S. AR	MED	13. W	AS DECEN	IDENT OF	F HISPAN	IC ORIGIN? (Specify Yes			— American Indian, , Whita, etc.
-	1 Never Married 2 Married	FORCES? 1	OR DATES	10		yes, speci			n, Puerlo Rican, atc.)		Black Specii	
	3 Widowed 4 Divorced						73					WHITE
<u> </u>	15. DECEDENT'S EDUCATIO (Specify only highest grade com	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				CUPATION iring most	of working	7	16b. KIND OF BUSI	NESS/IN	DUSTRY	
ا ا		ollege (1-4 or 5 +)		Do NOT us								
OMPLE	12 17. FATNER'S NAME (First, Middle, Last)		H	OUSE	PAIN				PAINTIN			
)									ME (First," Middle, Maiden S			947
	LAZAR  19a. INFORMANT'S NAME (Type/Print)	PA	LES	MAILING	1000500	(Dan - 0		AKHI	loute Number, City or Town,	-	AMOVI	CH
2		TED)								100		
	MRS. FAINA PALES (W.		20b. PLACE		PORDS			P.I.			- City or To	
	20e METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Removal  4 Donation 5 Other (Specify)	from State	BALT				001		7-1-1996 R			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /	-				AODRES	S OF FAC		_	LUINOL	ONLY IID
	> Acotto	list	4//						BROS., IN			
	23. PART I. Enter the diseases, or com	- COOP	un	-th Do a				_	OWN ROAD P			
1	shock, or heart fellure. Liet	only one cause	on each line		not enter t	ne modi	or cryn	ng, suci	as cardiac or respir	mtory a	neat,	Approximate Interval Between
	disease or condition											Onaet and Death
	disease or condition resulting in death) s. Parcha 4.5											8 days
,	OUT TO THE ME A CONSCIONATE OF S.											
NO INC	Sequentially list conditions, If any, leeding to immediate	DUE TO (OF	R AS A CONSE	DUENCE O	F):							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury											
	that initieted eventa	DUE TO (OF	R AS A CONSE	DUENCE O	F);							
	resulting in death) LAST			V.								
ן נ	PART II. Other significent conditions co	ontributing to de	ath but not r	eeulting	In the unc	lerlying	cause g	lven in	Part I, 24s. WAS AN /	UTOPSY	24b.	. WERE AUTOPSY FINDINGS
5	adult 1050		/	/	277			non	PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
NE D		7		3776		79	rical	On	9 1 TYES 2	KNO		OF DEATH?
	DID TOBACCO USE CONTRIB	UTE TO CAU	SE OF DEA	TH YE	ES 🗇 N	ОП	UNC	ERTAIN	<u> </u>			1 125 2 (NO
1	25. WAS CASE REFERRED TO MEDICAL				TH (Check o		0.10					
HTSICIAN:	EXAMINER?	OSPITAL:	R/Outpetient 3	□ DOA	OTHER		5 🗆 Re	sidence	8 Other (Specify)			
	27. MANNER OF DEATN	28a. DATE OF IN.	JURY	28b. TIM	-	28c. INJUI	RY AT		28d. DESCRIBE HOW IN	JURY O	CCURED	
-	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	resty	liv.	M	1 YE		NO .				
2	3 Suicida 8 Could not be	28a. PLACE OF II building, ato	NJURY — Al ho	me, farm,	street, facto	ry, offica			281. LOCATION (Street as City or Town, State)	nd Numb	er or Rural F	Route Number,
ED	4 Homicide determined		. (0,000.))						City or lowin, State)			
7	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN	N: To the best of my	knowledge, de	ath occurr	red at the tin	na, deta a	nd placa,	and dua	to the cause(a) and mani	ner as at	sted.	
200	one) 2 MEDICAL EXAMINER: 0											) and manner as stated.
5	296. SIGNAFORE AND TITLE OF CERTIFIER					T	29c. LICE	NSE NUN	IBER I	29d. DA	TE SIGNED	(Month, Day, Year)
0	Down Las	Porto	MA	>			1-11	1117-	estracto	1	-	79 100
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE	OF DEATH (ITE	М 27) (Тура	e, Print)		7/	77-	J 722 17/1/18		- 14	10 21, 1776
	Dawn la Port	e 5	Train	14	250	160	0	1	20 San	20	W	exceland.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	. 11	1					1		
	20LUZ 1996 3-	in Davidson	v-gandal	2								



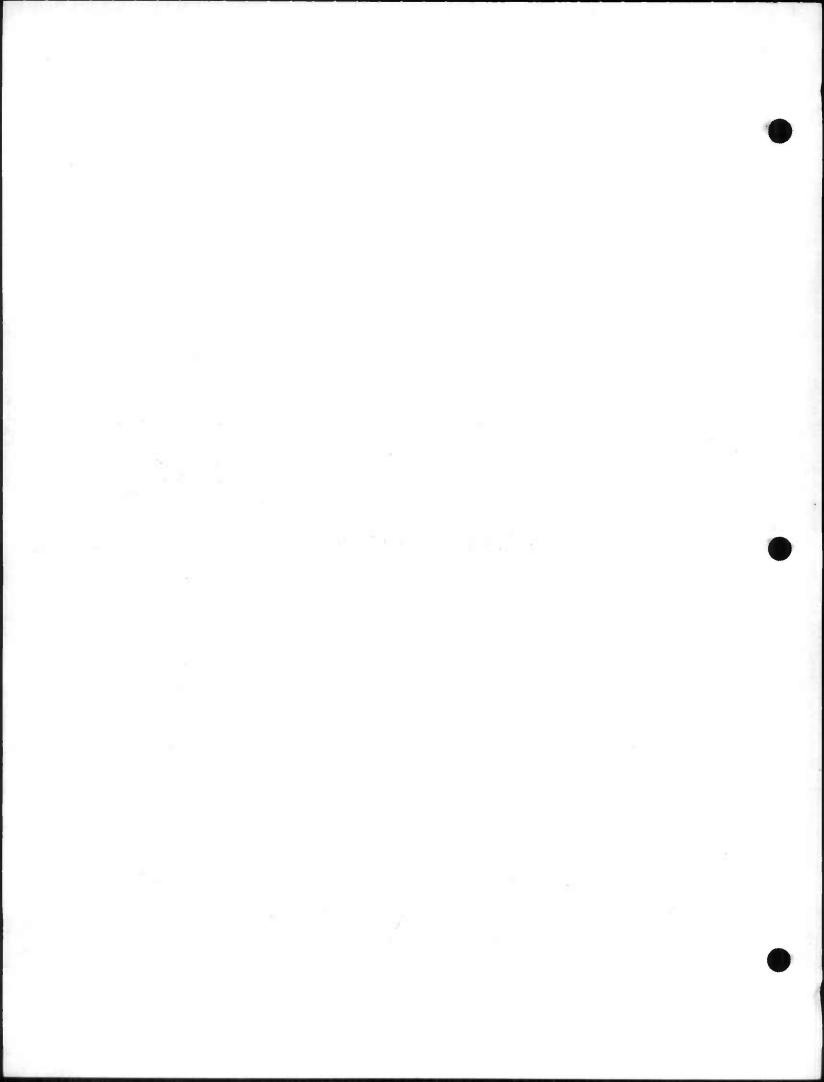
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND OF DEATH	MEN	TAL HYGIEN	E				
8	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH			3. TIME OF DEATH		
13	ESTHER RUI	TH P/	ANCER				NE 27,	199	6	8:37 A. M		
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.		TE OF BIRTH		BIRTHP	LACE (State or Foreign		
Ĭ	214-26-9000  9a. FACILITY NAME (If not institution, give s	1 M 2 F 6	7 YRS.	MONTHS DA	WN OR LOCATION OF D	FEE	3. 9,	1929		TIMORE, MD		
Œ	STELLA MARIS HOS				SON	CAIN		9c. COUNTY OF OEATH BALTIMORE				
DIRECTOR	RESIDENCE OF DECEDENT	<u> </u>		TONDON						BALTIFORE		
Ä	10a. STATE 10b. COUNT	Υ	10c. CI	10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY LIMITS?		
5	MD	HARFORD		ABINGDON						1 YES 2 NO		
AL	10e. STREET AND NUMBER				10f. ZIP CODE		_	10g. CITIZEN OF WHAT COUNTRY?				
ER	201-C OAK LEAF	CIRCLE			210	009		U.S.A.				
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 V NO	If ye	OECENDENT OF HISPA	an, Pua		or No — 14	Black,	— American indian, Whita, atc.		
D BY	3 Widowed 4 Divorced  15. DECEDENT'S EDU		16a. DECEDENT'S		YES 2 NO Speci	ny:	16b. KIND OF BU	PINESS (INC. IS		WHITE		
COMPLETED	(Specify only highest grade	e completed)		work done durin	g most of working		100. KIND OF BU	SINESS/INDUS	11743			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	ADMINIS				REAL ES	ישיים				
M	17. FATHER'S NAME (First, Middle, Last)	110111111	TIGITOR		AME /El	st. Middle, Maiden						
	MATTHEW	,	WOLPERT		ETHEL	HARE (F)	st, Middle, Malden		BERT			
B	19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (S)	reet and Number or Rural	Boute A	lumber Chu or Tou					
임	DEBBIE PALADINO	- DATICHTER								126		
	DEBBIE PALADINO - DAUGHTER 14 MYCROFT COURT REISTERSTOWN, MD 2113  200. METHOD OF DISPOSITION DATE 200. LOCATION - City of Town, St.											
	1 XBuriel 2 Cremation 3 Rem	noval from State Cen	netery, cremetory or	other place)		1						
	21. SIGNATURE OF FUNERAL SERVICE LI		TTAT HTS		E AND ADDRESS OF F		28/96	BALI				
	SOL LEVINSON & BRO 8900 REISTERSTOWN ROAD PIKESVILLE, 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat,											
	23. PART /. Enter the diseases, or	complications that cause	d the death. Do	not enter the	mode of dying, su	ch as	cardiac or resp	iratory srres	ıt,	Approximsta		
	iMMEDIATE CAUSE (Final disease or condition	List only one cause on a	T C	HYE	R					Interval Batween Onset and Death  A MOS.		
	resulting in death)		CONSEQUENCE							71103.		
_												
CERTIFICATION	Sequentially list conditions, if any, isading to immediate											
S	Cause, Entar UNDERLYING CAUSE (Disease or injury											
E	that initiated events	DUE TO (OR AS	CONSEQUENCE	OF):								
ER	resulting in death) LAST	d										
	PART ii. Other aignificant conditio	na contributing to death it	out not reaulting	in the unda	riving cause given in	Part	. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL					,,		PERFO	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
EDI							1 TYES	NO NO		OF DEATH?		
Σ	DID TOBACCO USE CONT	TDIDLITE TO CALICE C	NE DEATH V	ES T NO	UNCERTA	IN 1 N7	,			1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAUSE C	26. PLACE OF DE			IN K						
2	EXAMINER?	HOSPITAL:		OTHER:		37		TT				
IYS	1 YES 2 NO 27. MANNER OF DEATH	1 inputiant 2 ER/Out	patient 3 L DOA		Home 5 Residence	T		Hospi				
	1 Netural 5 Pending	(Month, Day, Year)		JURY	c. INJURY AT WORK?	26d.	DESCRIBE HOW	INJURY OCCU	RED			
BY	2 Accident Investigation	28e. PLACE OF INJURY	/ _ At home form		YES 2 NO	201	LOCATION (Obj.)		0 1 0			
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	cify)	, street, factory,	Offica	201.	LOCATION (Street City or Town, State,	and Number or )	HURET HIS	oure Number,		
PLE	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	rledge, death occur	rred at the time	, date and place, and du	a to the	cause(a) end ma	nner as stated				
W C	1000	IER: On the basis of examination								and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIE	ER- C			29c. LICENSE NI	IMRER		294 DATE	SIGNED	(Month, Day, Year)		
BE	Rendril.	P/ Mel I	MOIN	^			43	. /	(a)	191-		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	pe, Print)						/ 110		
	DR. KENDALL F	AULKNER 2	300 DUI		VALLEY H	RD.	· TOWS	ON, M	1D	21204		
JUL 02 1996 July Davidson Handele												



22. 1. PER F'.H. F'ILM G-737 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: State of Maryland / Department of Health and Mental Hygiene 7/2/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death LARRY LEON PERKINS 2. Dete of Deeth 45 AM **Physician** Month Yeer - PERKINS 96 6 30 /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner NORTH ARUNDEL GLEN BURNIG MOANNE ARUNDEL HOSPITAL If Under 24 Hrs. 8. Dete of Birth (Month, Day.) 1 / 25 / 52 If Under 1 Yeer 5. Sociel Security Number 9. Birthplece (State or Foreign Country) FLORIDA 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 X M 2 □ F Deys Yrs. Director 265-08-4815 Usuel Residence of Decedent filed within 72 hours after death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits realt be notified at 1 Yes 2 No Directo MARYLAND ANNE ARUNDEL SEVERN 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1714 VILLAGE SOUARE COURT 21144 U.S.A. 12. Wes Decedent Ever in U,S.
Amed Forces?
1 ½Yes 2 □ No
1f Yes, Give
Yeer or Detes:1972-1988 14. Race - American Indien, Bleck, White, etc. r than "natural", or items the Medical Examiner in Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Merried 2 Married Specify: BLACK altimore, Maryland 21215-0020 1 ☐ Yes 2 🛣 No Specify: þ 3 Widowed 4 Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) NONE 7 is marked other than traumatic event, tre M Elementery/Secondery (0-12) 12 MECHANIC OVERHEAD DOORS 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) . Peges 1 and 2 should be filt imant of Health and Mental Hant; if Item 27 is marked oth jury or other traumatic even Be McCRAY LEON FRANCINE PERKINS 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JANIE PERKINS (WIFE) 1714 VILLAGE SQUARE COURT, SEVERN, MD 21144 20b. Plece of Disposition (Neme of cametery, cremetery or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 N Burial 2 ☐ Cremetion 3 ☐ Removei from State **Departmant** GARDEN OF PEACE 7/6/96 PLANT CITY, FLORIDA 5 Other (Specify) SINGLETON FUNERAL HOME WASHINGTON FUNERAL CH. GLEN BURNIE, MO. 27061 F. PLANT CITY, FLORIDA 21. Signature of Runeral Service Lice 22 Name and Address of Facility 1 SECOND AVE. S.W. plications thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest one cause on each line. Intervel Between Onset end Deeth **Physician** /Medical Immediel Cause (Fine dan disease or condition resulting in deeth) Examiner -Jailuse Examiner requires that the death certificate be assecuted physician and the buriel-transit Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequença of) 65 USB signed by the aid be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown ara þ 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 06 01 paga 2 i certificate has 25. Wes case referred to medical 1 ☐ Yes 20 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifice Be 26. Pleca of Deeth (Check only one) exeminer? Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Impatient 2 ER/Outpetient 3 DOA funaral 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be 3 ☐ Suicide 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner as steted. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the To th 29b. Signature and title certifier 29c. License number 29d. Date signed (Month, Dey, Year) MD 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) SAWHNEY 325 HOSPITAL DRIVE 202, MD - 21061 GURMEET 32. Registrer & Signature Randall 31. Dete filed (Month, Dey, Year) -State JUL n 2 Registrar

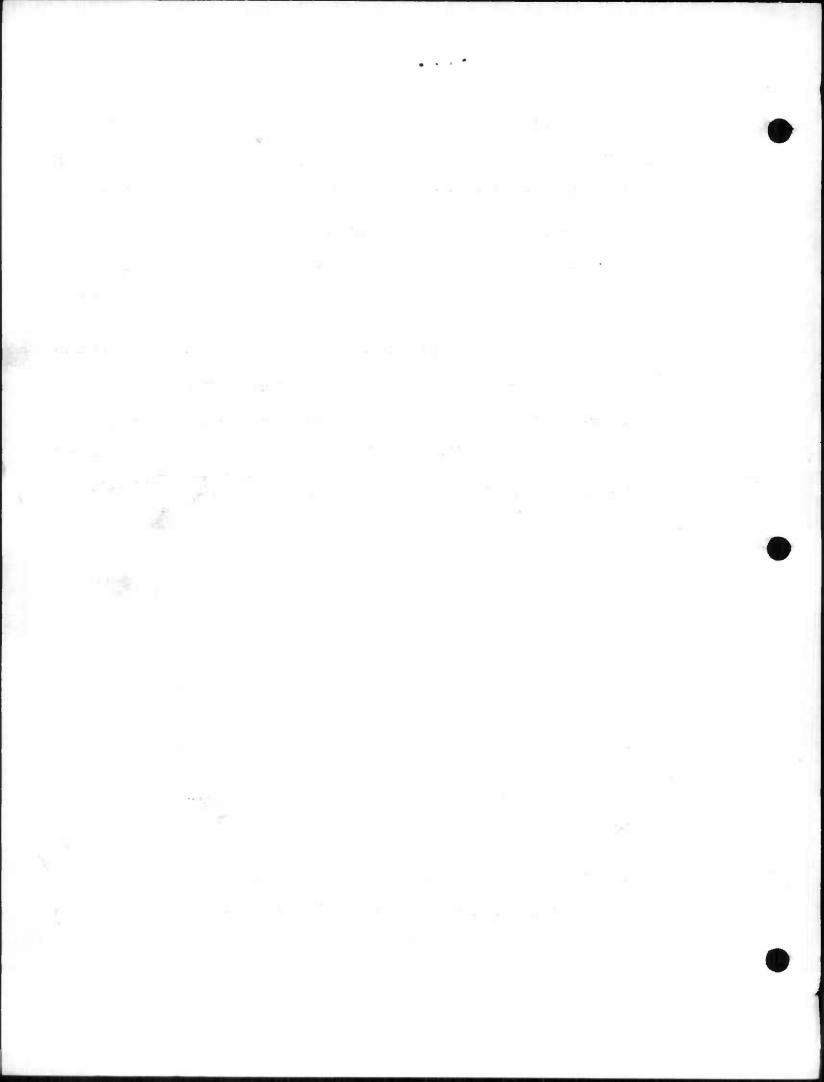
100
S
oc
<u></u>
$\mathcal{L}$
O
II.
æ
7
4
E
VITAL RECO
OF
0
-
SION
0
70
97
>
<u> </u>

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com	Med within 72 h	MPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0	2	۲	MP

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	ICATE C	F DEATH	R	EG. NO.				
R	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATN			3. TIME OF DEATH	
(1	L	ucia R.	Parsons				June 29, 19			YEAR	12:10 P	M
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF E	BIRTN		8. BIRTN	PLACE (State or Forei	
	025-18-3478	1 □ M 2 🔀 F	86	YRS.	MONTHS DAY	B HOURS MIN.	(Month, Da 6-2-			Mas	w sachusett	s
	9a. FACILITY NAME (If not institution, give s	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE					EATN					
	Manor Care Ruxton Nursing Home Ruxton Baltimo								more			
	10a. STATE 10b. COUNT	4		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY	
	Maryland Carr		Westminster							LIMITS?	0	
	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN OF			WHAT COUNTRY?	
	205 St. Mark Way				21158			U. S			Α.	
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	EVER IN U.S. AR YES ZYZA	If yes, specify Cuban, Maxican, Puerto Rican, etc.)			or No—		E — American Indian, k, White, atc.	9			
	15. DECEDENT'S EDU	16a. DE	CEDENT'S	USUAL OCCUP	ATION	I 16b, KIND OF BUS			SINESS/INDUSTRY		-	
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.)								
7	Entration proceeding (0-12)		Libraria		an		Baltimore County			V Librari	.es	
BE COM	17. FATNER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middl	le, Maiden S	Surname)			
	Lynn	Ranger				Flo	rence	Your	ng			
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Str	et and Number or Rural	Aoute Number, (	City or Town	, State, Zij	o Code)		
일	Lynn H. Parsons	(Son)	2	4 Ha	venwood	Drive, B	rockpo:	rt. N	lew 3	ork	14420	
	20a. METHOD OF DISPOSITION 1  Burlel 2  Cremation 3  Ram		20b. PLACE	AND DATE	OF DISPOSITION	(Name of	DATE	20c. LOC	CATION —	City or To	own. State	
	4 Donetion 6 Other (Specify)	OVER FROM STATE	Hille	p Se	ervice	Corp. Jul	ly 02,	1996	r	owso	on, Maryl	and
	1 Buriel 2 **Cremetion 3 Removed from State   Removed from State   Remoter Communication   Remoter Com											
	11.700	I foot			1050	York Roa	d, Tow:	son,	Md.	2120	)4	
	23. PART Enter the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  a. List only one cause on sech line.								Approximate Interval Bate Onset and I	ween Death		
	resulting In death)	DUE TO (	OR AS A CONSE	DUENCE C	P):	013011	3				year	12_
CERTIFICATION	Sequentially list conditions,  Due to (or as a consequence of):											
AT	If any, leading to immediate cause. Enter UNDERLYING											
H	CAUSE (Disease or injury that initiated svents DUE TO (OR AS A CONSEQUENCE OF):									-		
F	resulting in death) LAST	d.										
	DART II Other steeldseet condition			4.0								
EDICAL	PERFORMED? AN								AVAILABLE PRIOR TO COMPLETION OF CA	0		
ED	Lindad	im al	1,000		Jince	000000	—   ''	YES 2	NO		OF DEATH?	
Σ	- Cong									1 YES 2 NO	0	
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. PLACE OF DEATH (Check only one)											
SIC	EXAMINER?	HOSPITAL:	ED/Outpetlant 2	□ pos	OTHER:		20400					
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF I		26b. TH		g Home 5 Rasidenca 8 Other (Specify)  8c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED				-		
	1 Netural 5 Pending	1 Netural 5 Pending (Month, Day, Year)				WORK?		200. SEQUINOE NOW MOON! COOKIES				
D BY	Accident Investigation  3 Suicide 2 Could not be 28e. PLACE OF INJURY — At home, far						281. LOCATION (Street and Number or Rural Route Number,					
Ш	4 Homicide detarmined building, atc. (Specify)											
E	29a. CERTIFIER CERTIFYING PNYS	ICIAN: To the best of I	my knowledge de	ath occur	and at the time	data and place, and du	to the source	) and man				
COMPLET		Check ent (Check ent one) (Che										
	ON SUMMING AND THE ST CONTROL OF											
BE	296. SIGNATURE AND THILE OF CONTIFIER					29c. LICENSE NU						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED AUGUS OF DEATH HERE 27) (Stope Print)							160				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED ADDRESS OF DEATH STEP 27) (Type, Print)  Anthony Riley, M. D. 6565 N. Charles Street, Towson, Md. 21204											
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  Julia Davidson-Pandelle											





# Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legibie.

19500

					Certificate of	f Death	Reg. No.			
	Dhusia	ian	1. Decedent's Nama (First, Middle, Last	) 0 0			2. Date of Death Month Day	3. Time of Death		
	Physic /Medi		HELEN M.	PHILLIP:	5		July 1	1996 1:00 PM		
W	Exami		4a. Facility Name (If not Institution, giva	street end number)		4b. City, Town, or Lo		nty of Death		
	Funeral Director		5. Social Sacurity Number 6. Se	T. Ct. 7. Aga (In yrs. le	ost birthday) If Undar 1 Yaa Months Day		8. Date of Birth (Month, Dey, Year)	9. Birthplace (State or Foreign		
	. Pages 1 and 2 should be filed within 72 hours after death with the Maryland ment of Health and Mental Hygiene. Lant: If item 27 is marked other than "natural", or items 23s or 28s 4 show jury or other traumatic avent, the Medical Examiner must be notified at		Usuai Residence of Decedent	100 000	Town and acation					
		Director		Axundel	FRIENDS	skip		10d. fnslda City Limits 1 ☐ Yes 2 No		
		erai Dir	10e. Street and Number 6436 Scrivner			758	U	of What Country?  C. S. A.		
5-0020		d by Funeral	11. Marital Status  1 Navar Marriad 2 Married  3 Widowed 4 Divorced	12. Was Decedant Ever In U,S Armed Forcas? 1 Yas 2 No If Yes, Give Yaar or Datas:	13. Was Decedent of If Yas, specify Cu	Hispanic Origin? (Spe lban, Maxican, Puarto ( Specify:	city Yas or No- Rican, etc.) 14. H B	lace - American Indian, plack, White, etc.		
15-		lete	15. Decedant's Edu (Specify only highast grad	ication la <i>completed</i> )	16a. Decedant's Usual Occ (Giva kind of work don	upation e during most of working red)	16b. Kind of	Business/Industry		
2121		Completed	Eiementary/Secondary (0-12)	Coilege (1-4or 5+)	Nurses F	15515tAN	of PA.	State School		
yland		To Be C	17. Father's Name (First, Middla, Last) Times B	. Mc CA	ety	18. Mother's Name	(First, Middle, Maldan Sum FRU Le	Mc Coy		
Mary			19a. Intermant's Name/Raiationship (T)	rpe, Print)	7		Routa Number, City or Tox			
ď			JUDY Whit	bred	1640 5e ace of Disposition (Neme of	et rtm.	At Drive	ANNAPOLIS, MA		
Baltimor			1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	Removal from State	metery, cremetory or other p	Cey.	-4-96 John	s found fr		
Bal	permit. Pa Departmen Important: any Injury pnce.		21. Signature of Funeral Service Licens	Zouner	22. Name and Add HARDE /Z	ress of Facility Fun STY Ridgly	AURNUR	me P.A. Annap. Md.		
			23e Part Enter the disease, or composition, or heart failure. List only o	ic rions that caused tha daath.  cause on aach line.	Do not enter tha moda of d	ying, such as cardiac o	r respiratory arrest,	Approximata Interval Between		
ا و-	Physician /Medical		fmmediata Cause (Final	11=-00			1.10=0	Onset and Death		
	Examiner		disease or condition resulting In death)		ttic Co	LON	ANCER	3 YEARS		
2	W.S.	ē		Due to (or	es a consequence of):					
,	law requires that the death certificate be executed as been signed by the attending physician and a 2 should be detached for use as the burlal-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury	b. — Due to (or as a consequenca of):						
Box 68760,			Cause (Disease or Injury that initiated events resulting in deeth) Last	Due to (or a	as a consequence of):					
W.	death e atte	sicla	Part II. Other significant conditions cor	ntributing to death but not resui	ting in the underlying cause (	given in Part I.	23b. Did tobacco use	contribute to the cause of death?		
P.0	The ate h	Physician/	•	•		1 Yes 2 No 3 Probably 4 Unkr				
ls,		þ	A							
of Vital Records,		Completed					24a. Was an autopsy performed?	24b. Wera autopsy findings available prior to completion of cause of death?		
E H		Cou					1 ☐ Yas 2 No	1 ☐ Yes 2 ☐ No		
Vita	ysician: The s certificate director, pag	To Be	25. Was case reterred to medical axaminer?	lospital:	10	26. Place of Death	(Check only one)			
of	intal or Attending Physical Color and Color After this filled in by the funeral di		1 Yes 2 No	1 L Inpatient 2 LE	Produpatient 3L DOA	ther: 4 Nursing Hor	ne 5 Residence 6 C			
on		tion	1 Natural 5 Pending 2 Accident Investigation	(Month, Day Year)	Injury W	ork? ☐ Yes 2 ☐ No	edd. Describe now injury occ	urred		
-		Certification:	3 Suicide 6 Could not be determined	28a. Placa of Injury - At hon building, etc. (Specify)	ne, term, street, tactory, office	28t. Location (Street and Number or Rural Route Number, City or Town, State)				
4		edical C	29e. Certifier  (Check only one)  Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated.  Medical Examinar: On the bests of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.							
	warten Vertre h Completely	Me	29b. Signature and title ot certitier	101-	29c. Lica	nsa number	29d. Data sig	ned (Month, Dey, Year)		
	1		Cusul	1 Collin	MD DI	16354	JULY	11,1996		
	0		Enserw.	projected cause of death (Item 2	700 Best	SALERO	ANNARO	is MD240		
	Sta Registr		31. Date tiled (Month, Day, Year)  JUL 0 2 199	32. Registrar's Signatu	bon-Randelle		,			

